

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services 7500
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**Center for Medicare
Office of Information Services**

DATE: December 2, 2010

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

FROM: Cheri Rice /s/
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**SUBJECT: Announcement of the MARx System Redesign & Modernization
Software Release in April 2011**

The Centers for Medicare & Medicaid Services (CMS) is continuing to implement software improvements to the enrollment and payment processes that support the Medicare Advantage and Prescription Drug (MAPD) programs. This letter provides detailed information regarding the planned release of system changes scheduled for April 2011. This release will focus on improving the efficiency of our systems with improvements that will also affect plan processing.

The changes included in the April 2011 release are categorized as follows and will require plan action:

1. Enrollment Transaction Type Code consolidation
2. Calendar Month Transaction submission schedule
3. Enrollment and Disenrollment Cancellation Transactions
4. Communication enhancements regarding the Number of Uncovered Months data
5. Daily Transaction Reply Reports and associated changes to other reports
6. Plan Reported Residence Address mechanism
7. Plan User Interface role for limited on-line update capability

To provide the details describing these changes, CMS is introducing the MARx Redesign & Modernization Handbook attached to this letter. The Handbook includes the information necessary for Plans to program their systems prior to the migration of the MARx changes scheduled for April 2011, including the detailed record layouts, enrollment transaction type code changes, new discrete miscellaneous change transaction type codes, new transaction reply codes, and transaction reporting enhancements.

Please direct questions or concerns to the MAPD Help Desk at mapdhelp@cms.hhs.gov or 1-800-927-8069. Plans may also contact the R&M Project Team by email at: R_M_Projects@cms.hhs.gov.

Medicare Advantage and Prescription Drug (MARx)

MARx

Redesign & Modernization Handbook
for Medicare Advantage Organizations
and Prescription Drug Sponsors

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The Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



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1.0 Introduction

1.1 Document Intent

The 2011 Medicare Advantage and Prescription Drug system (MARx) Redesign & Modernization Handbook presents the system enhancements resulting from the Center for Medicare & Medicaid Services' MARx Redesign & Modernization (R&M) initiative. This document is not intended to be a complete set of MARx requirements but is representative of the modifications and functionality added to the MARx application.

The intended audience for this information includes Medicare Advantage (MA) Organizations, Medicare Prescription Drug Plans (PDP), Cost-based plans, Program of All-inclusive Care for the Elderly (PACE) and other health plan organizations that use the MARx system.

This Handbook provides an overview of how Plans will exchange data with CMS, describing the input received from the Plans and the report and data files that are sent in response from CMS to the Plans.

MARx R&M will include new functionality for Plans by providing online User Interface access to update certain limited enrollment, disenrollment, and residence address data for Plan membership. The detailed information describing these new enhancements will be provided separately in the spring of 2011.

1.2 Document Organization

The Guide includes the following information:

- **Section 1, Introduction**, provides general information about the organization of this document, the functional and business purposes, and the solution groups that were created to help accomplish the MARx R&M initiative.
- **Section 2, Overview of MARx**, discusses the concept behind the MARx R&M project. Information on the new framework structure, particularly the de-coupling of the Enrollment, Premium, and Payment functions, is also provided.
- **Section 3, Enrollment Processing**, provides information on the Enrollment and Disenrollment processes.
- **Section 4, Miscellaneous Change Records**, covers the structure for Miscellaneous Update Record transaction processing and the Automatically Reset of the Number of Uncovered Months.
- **Section 5, Transaction Replies**, provides information on Transaction Reply Codes; including Transaction Reply Code Reporting.

- **Section 6, Payment**, provides information on the Payment system; including Independent Payment Functions and the Payment Exception Report.
- **Section 7, Appendix**, provides definitions and terms used throughout the guide, as well as, acronyms and important weblinks.

2.0 Overview of MARx

2.1 Enrollment Transaction Processing System Architecture

Plans submit transaction files for processing and receive reports detailing the disposition of these transaction files and transaction records contained within the files. Plans also have the ability to query and update information on a beneficiary using a user interface (UI). Interaction with the enrollment processing system is accomplished by using the Internet using a Web Browser to access the UI. Further information on the UI can be found in later in the Handbook.

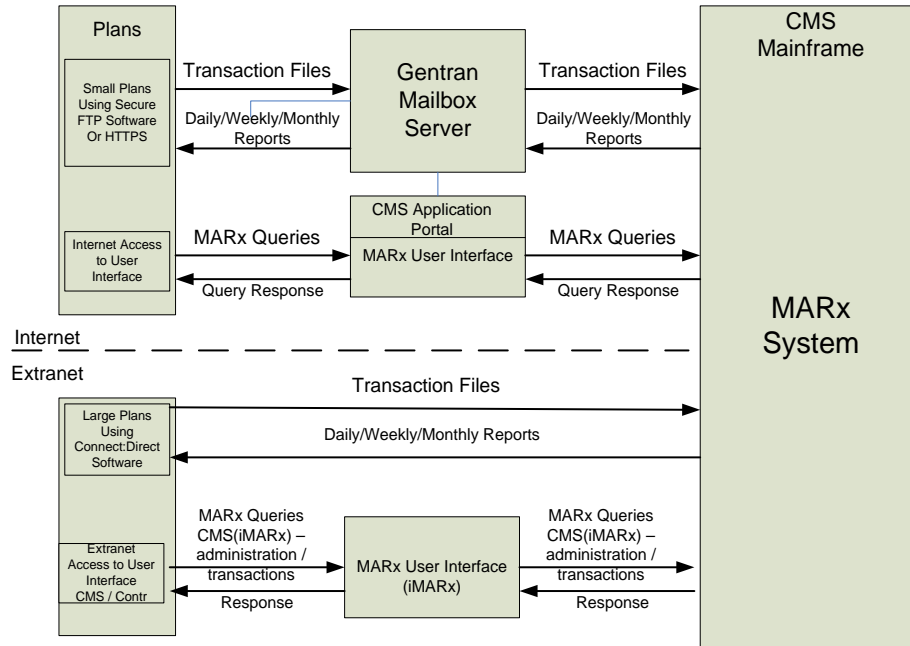


Figure 1 MARx Context Diagram

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3.0 Enrollment Processing

3.1 Independent Enrollment Processing

Enrollment processing will operate independent of Premium and Payment processing, which means that Premium and Payment processing failures will no longer prevent the system from enrolling a beneficiary in a Plan when all the requirements for a successful enrollment have been met. Premium and Payment data will be calculated subsequent to the beneficiary being successfully enrolled.

The enrollment processes will generate Transaction Replies and communicate via a Daily Transaction Reply Report (TRR) to all Plans that are affected by the outcome of an enrollment action as well as other CMS notifications from interfacing systems.

3.2 Current Calendar Month Schedule for Enrollment/Disenrollment/ Cancellation Submission

Prior to the implementation of the MARx redesign system enhancements, the effective date range for transactions submitted to MARx was tied directly to the Current Payment Month (CPM) cycle for plan payment calculation. In the new MARx environment, transaction processing is decoupled from payment calculation thereby allowing the schedule for transaction processing to be separate from the CPM. The enhancement of calendar-based transaction processing will align the processing availability in MARx with the CMS enrollment policies that govern the timing of plan activities that result in the need for the submission of transactions. The CPM cycle will still exist as it is integral to the operations that support payment calculation and validation, however, the CPM will no longer restrict the effective dates that may be submitted to MARx.

Following implementation, MARx will accept enrollment, disenrollment and cancellation transaction effective dates based on the Current Calendar Month (CCM) in which a transaction is received by MARx for processing, as determined by the time and date stamp assigned by MARx upon acceptance of the transaction for processing. The CCM for enrollment and disenrollment transaction effective dates requires that the effective date be within a 5-month parameter based on the current calendar month, with an additional 2 months of retroactivity for appropriate employer group plan actions. The range for non-employer group activity begins with the month prior to the current calendar month and ends with the 3rd month following the current calendar month. The range for employer group activity begins 3 months prior to the current month, and ends with the 3rd month following the current calendar month. The ranges are expressed by the following formulas:

CCM = Current Calendar Month

The standard range for normal enrollment and disenrollment activity is: CCM -1 through CCM + 3.

The range for Employer Group Health Plan (EGHP) enrollment and disenrollment activity is: CCM -3 through CCM + 3

For example, on any day in the current calendar month of May 2010 a Plan may submit an enrollment or disenrollment transaction with an effective date of:

- April 1, 2010
- May 1, 2010
- June 1, 2010
- July 1, 2010
- August 1, 2010.

Additionally, Plans may directly submit enrollment and disenrollment for Employer Group Health Plan (EGHP) members up to 2 additional months retroactive to the current calendar month range. Continuing with the example above, the additional 2 months would be March 2010 and February 2010. MARx will recognize the EGHP flag on the enrollment transaction and make the additional 2 months of retroactivity available.

This functionality eliminates the need for the special Transaction Code 60 previously in use. MARx will also recognize the EGHP flag on a beneficiary enrollment record and permit a disenrollment transaction with these additional 2 months of retroactivity as well. This new functionality eliminates the need for plans with EGHP retroactive disenrollments, as permitted by CMS guidance, to request permission to submit batch retroactive files for these actions.

This structure also eliminates the need for the special Transaction Code 62 previously in use to submit one month of retroactivity that resulted from required processes as/per the CMS Enrollment guidance. The new calendar month range as described above includes the range necessary to accommodate this work.

A Current Calendar Month schedule (**Table 1**) has been developed to illustrate the proper transaction effective dates that will be accepted by MARx based on CCM. This table assumes the transaction is in all other ways valid and in compliance with the CMS enrollment policies governing this work. In return, Plan users must note that the transmission file's header record date for batch submitted records must reflect the CCM and not the CPM.

Table 1 Transaction Effective Dates using the Current Calendar Month

Current Calendar Month [CCM]	File Submission Window	Effective Date for -3 CCM, & -2 CCM [EGHP Only]	Effective Date for -1 CCM	Effective Date for Current Calendar Month [CCM]	Effective Date for +1 CCM	Effective Date for +2 CCM	Effective Date for +3 CCM
April 2011	April 18th to 30th	January 1, 2011 or February 1, 2011	March 1, 2011	April 1, 2011	May 1, 2011	June 1, 2011	July 1, 2011
May 2011	May 1st to 31st	February 1, 2011 or March 1, 2011	April 1, 2011	May 1, 2011	June 1, 2011	July 1, 2011	August 1, 2011
June 2011	June 1st to 30th	March 1, 2011 or April 1, 2011	May 1, 2011	June 1, 2011	July 1, 2011	August 1, 2011	September 1, 2011
July 2011	July 1st to 31st	April 1, 2011 or May 1, 2011	June 1, 2011	July 1, 2011	August 1, 2011	September 1, 2011	October 1, 2011
August 2011	August 1st to 31st	May 1, 2011 or June 1, 2011	July 1, 2011	August 1, 2011	September 1, 2011	October 1, 2011	November 1, 2011
September 2011	September 1st to 30th	June 1, 2011 or July 1, 2011	August 1, 2011	September 1, 2011	October 1, 2011	November 1, 2011	December 1, 2011
October 2011	October 1st to 31st	July 1, 2011 or August 1, 2011	September 1, 2011	October 1, 2011	November 1, 2011	December 1, 2011	January 1, 2012
November 2011	November 1st to 30th	August 1, 2011 or September 1, 2011	October 1, 2011	November 1, 2011	December 1, 2011	January 1, 2012	February 1, 2012
December 2011	December 1st to 31st	September 1, 2011 or October 1, 2011	November 1, 2011	December 1, 2011	January 1, 2012	February 1, 2012	March 1, 2012

3.3 Single Enrollment Transaction (Transaction Type Code 61)

All current enrollment transaction type codes will be consolidated into a single enrollment transaction type code, Transaction Type Code 61, to indicate enrollment is being processed. This change will result in the elimination in the use of the Transaction Type Codes 60 (EGHP enrollment), 62 (Retroactive 1 Month enrollment), and 71 (PBP enrollment). MARx will continue to provide the same Transaction Reply Code (TRC) that relate to the different Transaction Type Codes previously in use.

Plans may not continue to use the Transaction Type Code 60, 62, and 71 to report enrollment activity after the implementation of the MARx R&M initiative as these Transaction Type Codes will be rejected. Only the Transaction Type Code 61 will be accepted and processed appropriately by MARx.

3.3.1. Single Enrollment Transaction (TC 61) Detailed Record Layout

The Enrollment Transaction Type Code 61 record layout has not changed. This illustration of the layout is to inform Plans of what fields are Required or Optional when populating to the record. Refer to Section 7.2 to view a listing that defines each field within the record layout.

Table 2 Single Enrollment Transaction (TC 61) Detailed Record Layout

Item	Field	Size	Position	Single Enrollment Transaction (61)
1	HIC#	12	1 – 12	Required
2	Surname	12	13 – 24	Required
3	First Name	7	25 – 31	Required
4	M. Initial	1	32	Optional
5	Sex	1	33	Required
6	Birth Date (YYYYMMDD)	8	34 – 41	Required
7	EGHP Flag	1	42	Required: for Plan submitting EGHP enrollment of any effective date
8	PBP #	3	43 – 45	Required if Plan has PBPs
9	Election Type	1	46	Required: only for Plans with statutory election periods except as indicated in Note 1
10	Contract #	5	47 – 51	Required
11	Application Date	8	52 – 59	Required
12	Transaction Code	2	60 – 61	Required
13	Filler	2	62 – 63	N/A
14	Effective Date (YYYYMMDD)	8	64 – 71	Required
15	Segment ID	3	72-74	Required: for segmented MA Plans
16	Filler	5	75-79	N/A
17	ESRD Override	1	80	Required: for MA Plans to successfully enroll ESRD exceptions
18	Premium Payment Option/ Parts C-D	1	81	Required (required for all plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MSA/MA and MSA/demo plans)
19	Part C Premium Amount (XXXXvXX)	6	82 – 87	Required (required for all plan types except HCPP, COST 1, COST 2, CCIP/FFS demo, MSA/MA and MSA/demo plans)
20	Filler	6	88 – 93	N/A
21	Creditable Coverage Flag	1	94	Required: for all Plans that include Part D
22	Number of Uncovered Months	3	95-97	Required: for all Plans that include Part D
23	Employer Subsidy Enrollment Override Flag	1	98	Required if beneficiary has Employer Subsidy status for Part D and a previous enrollment transaction had been returned with a TRC 127; otherwise blank

Medicare Advantage Prescription Drug (MARx) System Redesign & Modernization

Item	Field	Size	Position	Single Enrollment Transaction (61)
24	Part D Opt-Out Flag	1	99	Required: for a PBP change (Y when Opting Out for Part D; N when Opting in for Part D); otherwise blank
25	Filler	35	100-134	N/A
26	Secondary Drug Insurance Flag	1	135	Optional
27	Secondary Rx ID	20	136-155	Optional
28	Secondary Rx Group	15	156-170	Optional
29	Enrollment Source	1	171	Required (for POS submitted enrollments transactions); otherwise Optional
30	Filler	38	172-209	N/A
31	Transaction Tracking ID	15	210-224	Optional
32	Part D Rx BIN	6	225-230	Required (for all Part D plan except PACE National); otherwise blank
33	Part D Rx PCN	10	231-240	Optional (for all Part D plans except PACE)
34	Part D Rx Group	15	241-255	Optional (for all Part D plans except PACE)
35	Part D Rx ID	20	256-275	Required (for all Part D plan except PACE)
36	Secondary Drug BIN	6	276-281	Required if secondary insurance; otherwise blank
37	Secondary Drug PCN	10	282-291	Required if secondary insurance; otherwise blank
38	Filler	9	292-300	N/A

3.4 Cancellation of Enrollment Transactions (Transaction Type Code 80)

Prior to the MARx R&M initiative, there was no explicit enrollment cancellation transaction. When Plans submit a Disenrollment Transaction Type Code (TC 51) containing the same effective date as a previously submitted enrollment Transaction Type Code (TC 61), the enrollment was considered to be effectively cancelled.

The practice of using a Disenrollment Transaction Type Code 51 to cancel an enrollment often requires manual correction. For example, the Plan submitted disenrollment may reject because of inaccurate election period counters.

With the implementation of MARx R&M, the new Cancellation Transaction Type Code (TC 80) will be instituted to explicitly process an enrollment cancellation request as opposed to using a Disenrollment Transaction Type Code 51. Creating a separate and distinct cancellation transaction type code for enrollments will replace the implied Transaction Type Code 51 cancellation. Therefore, plans may not use a Transaction Type Code 51 for this purpose.

Also, Plans who submit a Disenrollment Transaction Type Code 51 for the purposes of cancelling a previously submitted enrollment transaction after the MARx R&M implementation will receive a Transaction Reply Code (TRC) on the Daily Transaction Reply Report (TRR) indicating the rejection of the submitted transaction.

Transaction Type Code 80 will allow current, prospective, and retroactive enrollment cancellations to be processed. Plans will only have the ability to cancel their own submitted transactions. This new Transaction Type Code will not provide the ability for Plans to cancel other Plans, CMS, nor MARx system initiated transactions.

Plans will adhere to the Current Calendar Month (CCM) schedule and time limit for the submission of Transaction Type Code 80 transactions:

- a) CCM -1 thru Current Calendar Month +3
- b) CCM-3 for Employer Group Health Plan enrollments

Transaction Type Code 80 Criteria

The following criteria must be used by Plans when generating a Cancellation Transaction Type Code 80 transaction:

- The transaction will contain a unique Transaction Type Code (80) for cancelling an enrollment (there is a different code for cancelling a disenrollment).
- The effective date on the TC 80 transaction must be equal to the effective date of the TC 61 transaction being cancelled.
- Plans will only submit enrollment cancellation transactions for an enrollment of that Plan.

- Enrollment cancellation transactions will reinstate the beneficiary's prior state of enrollment only if the current enrollment resulted in an auto-disenrollment from the prior Plan.
- Election period editing will not occur for enrollment cancellations. If an election period was charged to the beneficiary for the enrollment which is now being canceled, this election will be backed out, and therefore remain available for use.
- Plans will be notified of the disposition of canceled enrollment transactions via Transaction Reply Codes on the Daily Transaction Reply Report upon completion of processing.

Transaction Type Code 80 Rejections

Plan submitted cancellation transactions will be rejected for the following conditions:

- The enrollment being canceled is a CMS generated Rollover action.
- A Plan submitted enrollment cancellation transaction will reject for an enrollment that was created by CMS
- The enrollment being canceled is a CMS Auto/Facilitated enrollment.
- The system will reject redundant/multiple enrollment cancellation transactions (same beneficiary, Plan and effective date).

3.4.1. Cancel Enrollment Transaction (TC 80) Detailed Record Layout

Table 3 Cancel Enrollment Transaction (TC 80) Detailed Record Layout

Item	Field	Size	Position	Cancellation of Enrollment Transaction (80)
1	HIC#	12	1 – 12	Required
2	Surname	12	13 – 24	Required
3	First Name	7	25 – 31	Required
4	M. Initial	1	32	Optional
5	Sex	1	33	Required
6	Birth Date (YYYYMMDD)	8	34 – 41	Required
7	Filler	1	42	N/A
8	PBP #	3	43 – 45	Required: Required if Plan has PBPs
9	Filler	1	46	N/A
10	Contract #	5	47 – 51	Required
11	Filler	8	52 – 59	N/A
12	Transaction Code	2	60 – 61	Required
13	Filler	2	62 – 63	N/A
14	Effective Date (YYYYMMDD)	8	64 – 71	Required
15	Filler	138	72-209	N/A
16	Transaction Tracking ID	15	210-224	Optional
17	Filler	76	225-300	N/A

[\(See Note 1 in Appendix 7.4\)](#)

3.5 Cancellation of Disenrollment Transactions (Transaction Type Code 81)

Prior to the MARx R&M initiative, there was no explicit disenrollment cancellation transaction. When Plans submit an Enrollment Transaction Type Code (TC 61) containing the same effective date as the Disenrollment Transaction Type Code (TC 51), the disenrollment was considered to be cancelled. However, this practice often required subsequent manual correction.

After the implementation of MARx R&M, the new Cancellation Transaction Type Code (TC 81) will be instituted to explicitly process a disenrollment cancellation request as opposed to using an Enrollment Transaction Type Code 61. Creating a separate and distinct cancellation transaction type code for disenrollments will replace the implied Transaction Type Code 61 cancellation. Therefore, Plans may not use a Transaction Type Code 61 for this purpose.

Plans who submit an Enrollment Transaction Type Code 61 for the purposes of cancelling a previously submitted disenrollment transaction after the MARx R&M implementation will receive a Transaction Reply Code (TRC) on the Daily Transaction Reply Report (TRR) indicating the rejection of the submitted transaction.

Transaction Type Code 81 will allow current, prospective, and retroactive disenrollment cancellations to be processed. Plans will only have the ability to cancel their company's submitted transactions. This new Transaction Type Code will not provide the ability for Plans to cancel other Plans, CMS, nor MARx system initiated transactions.

Plans will adhere to the Current Calendar Month schedule and time limit for the submission of Transaction Type Code 81 transactions:

- a) CCM-3 for Employer Group Health Plan enrollments
- b) CCM -1 thru CCM +3

Transaction Type Code 81 Criteria

The following criteria should be considered by Plans when generating a Cancellation Transaction Type Code 81 transaction:

- The transaction will contain a unique Transaction Type Code (81) for cancelling a disenrollment.
- The effective date on the TC 81 transaction must be equal to the effective date of the TC 51 transaction being cancelled.
- The system will only allow a Plan to submit disenrollment cancellation transactions for a disenrollment of that Plan.
- Disenrollment cancellation transactions will reinstate the beneficiary's prior state of enrollment.
- Election period editing will not occur for disenrollment cancellations. If an election period was charged to the beneficiary for the disenrollment which is now being canceled, this election will be backed out and therefore remain available for use.
- Plans will be notified of the disposition of canceled disenrollment transactions via Transaction Reply Codes on the Daily Transaction Reply Report upon completion of processing.

Transaction Type Code 81 Rejections

Plan submitted cancellation transactions will be rejected for the following conditions:

- The system will reject duplicate TC 81 disenrollment cancellations (same beneficiary, Plan and effective date).
- The system will only allow a Plan to submit disenrollment cancellation transactions for disenrollments submitted by that Plan (and previously accepted by MARx).
- A Plan submitted disenrollment cancellation transaction will reject for a disenrollment that was created by CMS or if an enrollment subsequent to the disenrollment has been applied.

Table 4 Cancellation Disenrollment Transaction (TC 81) Detailed Record Layout

Item	Field	Size	Position	Cancel Disenrollment (81)
1	HIC#	12	1 – 12	Required
2	Surname	12	13 – 24	Required
3	First Name	7	25 – 31	Required
4	M. Initial	1	32	Optional
5	Sex	1	33	Required
6	Birth Date (YYYYMMDD)	8	34 – 41	Required
7	Filler	5	42 -- 46	N/A
8	Contract #	5	47 – 51	Required
9	Filler	8	52 – 59	N/A
10	Transaction Code	2	60 – 61	Required
11	Filler	2	62 – 63	N/A
12	Effective Date (YYYYMMDD)	8	64 – 71	Required
13	Filler	138	72 – 209	N/A
14	Transaction Tracking ID	15	210 – 224	Optional
15	Filler	76	225– 300	N/A

[\(See Note 1 in Appendix 7.4\)](#)

Refer to Section 7.2 to view a listing that defines each field within the record layout.

Reinstatement of Enrollment/Disenrollment

Transaction Type Codes 80/81 will remove a prior successfully processed enrollment or disenrollment action submitted by the current Plan and reinstate the beneficiary’s enrollment to its prior state when MARx enrollment edits permit. Payments and premiums will also be re-calculated.

Reinstatement Criteria

The following criteria should be considered by Plans when MARx reinstates an enrollment period:

- Prior to beneficiary reinstatement, the MARx will evaluate the status of the beneficiary and Plan to ensure all values are within eligibility limits. The beneficiary will not be reinstated for any month in which eligibility requirements are not met for the following subject areas:
 - Death of the beneficiary,
 - Medicare entitlement and Part D eligibility,
 - Beneficiary does not meet the health status requirements of the Plan, and
 - Plan is not open and active.

- A reinstated enrollment will not be evaluated against the same rules as a new enrollment, such as timeliness of submission, Plan enrollment status, or election periods. The qualifications for reinstatement are similar to the qualifications for remaining enrolled. For example, an enrollment will not be reinstated when the beneficiary does not have sufficient entitlement or eligibility.

- MARx will recalculate all beneficiary payments and premiums.

3.6 Reinstatement of Enrollment From Erroneous Auto Disenrollments

Changes to a beneficiary's date of death (DOD) trigger an automatic disenrollment in MARx. Sometimes these changes are reversed or refined by subsequent updates, such that the original disenrollment is no longer appropriate.

The MARx R&M initiative will establish a mechanism within MARx to automatically reinstate enrollments for beneficiaries who were auto-disenrolled by a report of DOD where there has been a subsequent DOD correction that impacts the plan enrollment.

In conjunction with the reinstatement of enrollment, Plans will receive appropriate Transaction Reply Codes (TRC 287, Enrollment Reinstated) that will contain the information on the updated DOD and reinstated enrollment. Refer to Section 5.6 to review the definition of the TRC 287.

Reinstatement Resulting from Erroneous Auto Disenrollment Criteria

- Changes to the effective date for DOD are applicable to auto reinstatement where Plan enrollment is impacted.
- All Plans affected will receive a communication concerning reinstated enrollments.
- A reinstatement of enrollment will not exhaust or count against a beneficiary's usage of an election period.
- A corrected DOD that results in an earlier DOD will also adjust the Plan disenrollment accordingly.

4.0 Miscellaneous Change Records

Plans will be required to submit an individual batch Miscellaneous Change record for specific functions. MARx R&M has created function specific transactions for the ease of determining what type of action a Plan is requesting for MARx to process. The Plans have found one transaction used for multiple purposes in design confusing to work with and have encountered many rejections due to mixed fields being populated. The MARx R&M initiative will exercise an alternative approach for accomplishing these eight functions.

Since the data for each change function is distinct, separate Transaction Type Codes are required.

- TC 72 = 4Rx Data Change
- TC 73 = Number of Uncovered Months Change
- TC 74 = EGHP Change
- TC 75 = Premium Payment Option Change
- TC 76 = Residence Address Change
- TC 77 = Segment ID Change
- TC 78 = Part C Premium Change
- TC 79 = Part D Opt-Out Change

In the following pages, Plans will find any new requirements associated to Transaction Type Codes listed below the appropriate subsection. Also, file layouts are consolidated to display a more simplistic reference to the data fields within the transaction. These file layouts are structured in a way to only contain relevant data to its change function. Refer to Section 7.2 to view a listing that defines each field within the record layout.

Please note that only two of the miscellaneous change records will be processed according to the CPM rules. They are the TC 75 Premium Payment Option Change and the TC 78 Part C Premium Change. All other miscellaneous change records will be processed according to the CCM rules. Yet, Plans should still use the CCM as the date within the header record when submitting batch transaction files.

4.1 4RX Data Change (Transaction Type Code 72)

Plans must submit the transaction using the following record layout, when applicable, after an initial enrollment transaction has been successfully processed. Refer to Section 7.2 to view a listing that defines each field within the record layout.

Basic Rules for the 4Rx Change:

- Batch submitted 4Rx periods consist of an effective date with no end date; the effective date must fall within the designated PBP enrollment period
- When the new 4Rx period overlaps an existing 4Rx period for the same PBP enrollment:
 - The new 4Rx period will replace any existing 4Rx period having the same 4Rx effective date
 - The new 4Rx period will close an existing period that has an earlier 4Rx effective date; the prior period will be ended one day prior to the new 4Rx effective date.
 - The new 4Rx period will be closed one day prior to any existing 4Rx period with a later effective date.

Table 5 4Rx Change (TC 72) Detailed Record Layout

Item	Field	Size	Position	4Rx Change (72)
1	HIC#	12	1 – 12	Required
2	Surname	12	13 – 24	Required
3	First Name	7	25 – 31	Required
4	M. Initial	1	32	Optional
5	Sex	1	33	Required
6	Birth Date (YYYYMMDD)	8	34 – 41	Required
7	Filler	1	42	N/A
8	PBP #	3	43 – 45	Required
9	Filler	1	46	N/A
10	Contract #	5	47 – 51	Required
11	Filler	8	52 – 59	N/A
12	Transaction Code	2	60 – 61	Required
13	Filler	2	62 – 63	N/A
14	Effective Date (YYYYMMDD)	8	64 – 71	Required
15	Filler	63	72-134	N/A
16	Secondary Drug Insurance Flag	1	135	Blank or new value. Blank does not remove or replace existing data.
17	Secondary Rx ID	20	136-155	Blank or new additional value. Blank does not remove or replace existing data.
18	Secondary Rx Group	15	156-170	Blank or new additional value. Blank does not remove or replace existing data.
19	Filler	54	171-209	N/A
20	Transaction Tracking ID	15	210-224	Optional
21	Part D Rx BIN	6	225-230	Required together with Part D Rx ID when changing 4Rx primary insurance information. Must either be the beneficiary's current field value or the change-to value. Can only be blank when not changing a beneficiary's 4Rx primary insurance information.
22	Part D Rx PCN	10	231-240	Change-to value, either a new value or a blank. Blank will remove the beneficiary's existing value.
23	Part D Rx Group	15	241-255	Change-to value, either a new value or a blank. Blank will remove the beneficiary's existing value.
24	Part D Rx ID	20	256-275	Required together with Part D Rx BIN when changing 4Rx primary insurance information. Must either be the beneficiary's current field value or the change-to value. Can only be blank when not changing a beneficiary's 4Rx primary insurance information.
25	Secondary Drug BIN	6	276-281	Blank or new additional value. Blank does not remove or replace existing data.
26	Secondary Drug PCN	10	282-291	Blank or new additional value. Blank does not remove or replace existing data.
27	Filler	9	292-300	N/A

4.2 Number of Uncovered Months Change (NUNCMO, Transaction Type Code 73)

Plans must submit the transaction using the following record layout, when applicable, after an initial enrollment transaction has been successfully processed. Refer to Section 7.2 to view a listing that defines each field within the record layout.

Table 6 NUNCMO Change (TC 73) Detailed Record Layout

Item	Field	Size	Position	NUNCMO Change (73)
1	HIC#	12	1 – 12	Required
2	Surname	12	13 – 24	Required
3	First Name	7	25 – 31	Required
4	M. Initial	1	32	Optional
5	Sex	1	33	Required
6	Birth Date (YYYYMMDD)	8	34 – 41	Required
7	Filler	1	42	N/A
8	PBP #	3	43 – 45	Required
9	Filler	1	46	N/A
10	Contract #	5	47 – 51	Required
11	Filler	8	52 – 59	N/A
12	Transaction Code	2	60 – 61	Required
13	Filler	2	62 – 63	N/A
14	Effective Date (YYYYMMDD)	8	64 – 71	Required
15	Filler	22	72-93	N/A
16	Creditable Coverage Flag	1	94	Required
17	Number of Uncovered Months	3	95-97	Blank or change-to value
18	Filler	112	98-209	N/A
19	Transaction Tracking ID	15	210-224	Optional
20	Filler	76	225-300	N/A

4.3 Automatic Resetting the Number of Uncovered Months

Plans will no longer need to reset a beneficiary's number of uncovered months to zero by submitting the Number of Uncovered Months (NUNCMO) Change (Transaction Type Code 73) due to an additional IEP/D or Low Income Subsidy (LIS) status. When MARx processes detect the new Part D Initial Enrollment Period (IEP/D) or LIS status, the beneficiary's Number of Uncovered Months will be automatically set to zero as of the first day of the beneficiary's new IEP at the attainment of the age 65 or as of the first day of the beneficiary's LIS period.

To summarize:

- When the beneficiary who is already enrolled in a drug Plan and becomes entitled to a new Part D Initial Enrollment Period (IEP) at the attainment of the age 65, MARx will automatically reset the number of uncovered months to zero, effective with the start date of the IEP/D.
- When MARx processes a drug plan enrollment for a beneficiary who is not currently enrolled in a drug Plan, yet is entering into a new enrollment period, the system will check for a new Part D Initial Enrollment Period (IEP) in any gap prior to enrollment. If the beneficiary is entitled to a new Part D IEP, MARx will reset the number of uncovered months to zero as of the first day of the first month of the new Part D IEP.
- Plans will be notified via the Daily Transaction Reply Report when an automatic reset record for the beneficiary has been processed.
- When the beneficiary who is already enrolled in a drug plan becomes eligible for LIS via the CMS deeming processes or through the SSA application process, and that information is created in CMS systems, Marx will automatically reset the number of uncovered months to zero, effective with the start date of the LIS period.

4.4 Employer Group Health Plan (EGHP) Flag Change (Transaction Type Code 74)

Plans must submit the transaction using the following record layout, when applicable, after an initial enrollment transaction has been successfully processed. Refer to Section 7.2 to view a listing that defines each field within the record layout.

Table 7 EGHP Change (TC 74) Detailed Record Layout

Item	Field	Size	Position	EGHP Change(74)
1	HIC#	12	1 – 12	Required
2	Surname	12	13 – 24	Required
3	First Name	7	25 – 31	Required
4	M. Initial	1	32	Optional
5	Sex	1	33	Required
6	Birth Date (YYYYMMDD)	8	34 – 41	Required
7	EGHP Flag	1	42	Required change-to value
8	PBP #	3	43 – 45	Required
9	Filler	1	46	N/A
10	Contract #	5	47 – 51	Required
11	Filler	8	52 – 59	N/A
12	Transaction Code	2	60 – 61	Required
13	Filler	2	62 – 63	N/A
14	Effective Date (YYYYMMDD)	8	64 – 71	Required
15	Filler	138	72-209	N/A
16	Transaction Tracking ID	15	210-224	Optional
17	Filler	76	225-300	N/A

4.5 Premium Payment Option Change (Transaction Type Code 75)

Plans must submit the transaction using the following record layout, when applicable, after an initial enrollment transaction has been successfully processed. Refer to Section 7.2 to view a listing that defines each field within the record layout.

Table 8 Premium Payment Option Change (TC 75) Detailed Record Layout

Item	Field	Size	Position	Premium Payment Option Change(75)
1	HIC#	12	1 – 12	Required
2	Surname	12	13 – 24	Required
3	First Name	7	25 – 31	Required
4	M. Initial	1	32	Optional
5	Sex	1	33	Required
6	Birth Date (YYYYMMDD)	8	34 – 41	Required
7	Filler	1	42	N/A
8	PBP #	3	43 – 45	Required
9	Filler	1	46	N/A
10	Contract #	5	47 – 51	Required
11	Filler	8	52 – 59	N/A
12	Transaction Code	2	60 – 61	Required
13	Filler	2	62 – 63	N/A
14	Effective Date (YYYYMMDD)	8	64 – 71	Required
15	Filler	9	72-80	N/A
16	Premium Payment Option/ Parts C-D	1	81	Required change-to value
17	Filler	128	82 – 209	N/A
18	Transaction Tracking ID	15	210-224	Optional
19	Filler	76	225 - 300	N/A

4.6 Residence Address Change (Transaction Type Code 76)

The MARx system will accept and store Plan-supplied Residence Address information for enrollees of that plan. MARx will invoke an external process to translate these Residence Addresses into valid State and County Codes (SCC) for subsequent use in service area determination. When applicable, the submission of the Residence Address record will trigger the Plan's payment to be recalculated appropriately. This functionality will eliminate the process of Plans to submit State and County Code (SCC) changes to the Retroactive Processing Contractor. Regular compliance reviews of Plan-supplied Residence Address information will apply. Submission of a Plan-supplied Residence address does not remove or replace the existing address information in CMS systems, but is instead recorded separately. CMS will not accept Plan-supplied Residence Address information for all enrollees in a Plan; rather this mechanism is applicable only under the same conditions for which a Plan would previously have submitted a SCC correction request.

Plans must submit the TC 76 using the following record layout, when applicable and necessary, after an initial enrollment transaction has been successfully processed or for already enrolled beneficiary's for whom a SCC discrepancy must be corrected.

Transaction Type Code 76 Criteria:

- The Residence Address effective date must be within the range of the plan enrollment period.
- Plans may submit a Residence Address End Date to terminate an existing active Plan-supplies Residence address record. This will cause MARx to default to the existing non-Plan reported address.
- Plans will be notified via a TRC when a residence address is accepted or rejected. Refer to Section 5.5 to review definitions of TC 76 transaction reply codes.
- Residence address provided by the Plan will only apply to periods when the beneficiary is enrolled in that Plan and within the Residence Address effective dates, as submitted by the Plan.
- Residence addresses will supersede CMS/SSA address information only for the purpose of establishing the beneficiary's State and County Code (SCC) for use by MARx .
- Residence addresses will automatically terminate when the beneficiary disenrolls.
- Plans must submit specific intentions with each residence address update transaction through the use of two flag values, UPDATE and DELETE.
- UPDATE will be used for adding, changing, or replacing Plan addresses.
- Residence address UPDATE transactions will be rejected when a SCC cannot be determined.

- DELETE will be used for removing Plan addresses.
- Residence address DELETE transactions will be rejected when the supplied effective date does not match an existing residence address effective date.

Table 9 Residence Address Change (TC 76) Detailed Record Layout

Item	Fields	Size	Start Position	End Position	Residence Address Change (76)
1	HIC#	12	1	12	Required
2	Surname	12	13	24	Required
3	First Name	7	25	31	Required
4	M. Initial	1	32	32	Optional
5	Sex	1	33	33	Required
6	Birth Date (YYYYMMDD)	8	34	41	Required
7	Filler	5	42	46	N/A
8	Contract #	5	47	51	Required
9	Filler	8	52	59	N/A
10	Transaction Code	2	60	61	“76”
11	Filler	2	62	63	N/A
12	Effective Date (YYYYMMDD)	8	64	71	Required
13	Filler	3	72	74	N/A
14	Residence Address Line 1	65	75	139	Required when Address Update/Delete Flag is “Update”
15	Residence Address Line 2	65	140	204	Optional
16	Filler	4	205	208	N/A
17	Address Update/Delete Flag	1	209	209	Required,
18	Transaction Tracking ID	15	210	224	Optional
19	Residence City	57	225	281	Required when Address Update/Delete Flag is “Update”
20	Residence State	2	282	283	Required when Address Update/Delete Flag is “Update”
21	Residence Zip Code	5	284	288	Required when Address Update/Delete Flag is “Update”
22	Residence Zip Code+4	4	289	292	Optional
23	End Date	8	293	300	Optional

Refer to Section 7.2 to view a listing that defines each field within the record layout.

4.7 Segment ID Change (Transaction Type Code 77)

Plans must submit the transaction using the following record layout, when applicable, after an initial enrollment transaction has been successfully processed. Refer to Section 7.2 to view a listing that defines each field within the record layout.

Table 10 Segment ID Change (TC 77) Detailed Record Layout

Item	Field	Size	Position	Segment Id Change (77)
1	HIC#	12	1 – 12	Required
2	Surname	12	13 – 24	Required
3	First Name	7	25 – 31	Required
4	M. Initial	1	32	Optional
5	Sex	1	33	Required
6	Birth Date (YYYYMMDD)	8	34 – 41	Required
7	Filler	1	42	N/A
8	PBP #	3	43 – 45	Required
9	Filler	1	46	N/A
10	Contract #	5	47 – 51	Required
11	Filler	8	52 – 59	N/A
12	Transaction Code	2	60 – 61	Required
13	Filler	2	62 – 63	N/A
14	Effective Date (YYYYMMDD)	8	64 – 71	Required
15	Segment ID	3	72-74	Required
16	Filler	135	75-209	N/A
17	Transaction Tracking ID	15	210-224	Optional
18	Filler	76	225-300	N/A

4.8 Part C Premium Change (Transaction Type Code 78)

Plans must submit the transaction using the following record layout, when applicable, after an initial enrollment transaction has been successfully processed. Refer to Section 7.2 to view a listing that defines each field within the record layout.

Table 11 Part C Premium Change (TC 78) Detailed Record Layout

Item	Field	Size	Position	Part C Premium Change (78)
1	HIC#	12	1 – 12	Required
2	Surname	12	13 – 24	Required
3	First Name	7	25 – 31	Required
4	M. Initial	1	32	Optional
5	Sex	1	33	Required
6	Birth Date (YYYYMMDD)	8	34 – 41	Required
7	Filler	1	42	N/A
8	PBP #	3	43 – 45	Required
9	Filler	1	46	N/A
10	Contract #	5	47 – 51	Required
11	Filler	8	52 – 59	N/A
12	Transaction Code	2	60 – 61	Required
13	Filler	2	62 – 63	N/A
14	Effective Date (YYYYMMDD)	8	64 – 71	Required
15	Filler	10	72-81	N/A
16	Part C Premium Amount (XXXXvXX)	6	82 – 87	Required
17	Filler	122	88 – 209	N/A
18	Transaction Tracking ID	15	210-224	Optional
19	Filler	76	225-300	N/A

4.9 Part D Opt-Out Change (Transaction Type Code 79)

Plans must submit the transaction using the following record layout, when applicable, after an initial enrollment transaction has been successfully processed. Refer to Section 7.2 to view a listing that defines each field within the record layout.

Table 12 Part D Opt-Out Change (TC 79) Detailed Record Layout

Item	Field	Size	Position	Part D Opt-Out Change (79)
1	HIC#	12	1 – 12	Required
2	Surname	12	13 – 24	Required
3	First Name	7	25 – 31	Required
4	M. Initial	1	32	Optional
5	Sex	1	33	Required
6	Birth Date (YYYYMMDD)	8	34 – 41	Required
7	Filler	1	42	N/A
8	PBP #	3	43 – 45	Required
9	Filler	1	46	N/A
10	Contract #	5	47 – 51	Required
11	Filler	8	52 – 59	N/A
12	Transaction Code	2	60 – 61	Required
13	Filler	2	62 – 63	N/A
14	Effective Date (YYYYMMDD)	8	64 – 71	Required
15	Filler	27	72-98	N/A
16	Part D Opt-Out Flag	1	99	Required
17	Filler	110	100-209	N/A
18	Transaction Tracking ID	15	210-224	Optional
19	Filler	76	225-300	N/A

5.0 Transaction Replies

Several changes involving Transaction Replies will occur from the MARx R&M initiative. The Batch Completion Status Summary Report (BCSS) will be restructured and will become the source of reporting transmission statuses as well as failed transactions.

The Transaction Reply Report will be created daily. CMS will generate the Daily Transaction Reply Report each evening Monday through Saturday so that it will be available for Plans the following business day. The first generation of the Daily Transaction Reply Report will begin on **April 18, 2011**. In addition, the last Monthly Transaction Reply Report will be generated on **March 25, 2011** and the last Weekly Transaction Reply Report will be generated on **April 17, 2011**. The Weekly and Monthly Transaction Reply Report will no longer be generated after the implementation of R&M.

New Transaction Reply Codes will be created for the newly functional areas which include: Residence Address Changes, Enrollment/Disenrollment Cancellations, and Plan UI data entry. All Plans affected by MARx processing will receive a Transaction Reply Code, whether retroactive, current, or prospective. All Plans affected by any change in beneficiary status and data will now receive an appropriate TRC along with only its associated data. Transaction Replies will no longer contain redundant or irrelevant information.

Lastly, all Plans will receive a Daily Transaction Reply Report for all contracts whether the Plan has or has not submitted transactions to be processed by MARx. The Transaction Reply Code of 000 will indicate that there is no data within the Daily Transaction Reply Report to be processed by the Plan. In turn, the Plan does not need to take any action and may discard this file.

Table 13 Null Transaction Reply Report

Code/Type*	Title	Short Definition	Definition
000 I	No Data to Report	NO REPORT	<p>Daily Transaction Reply Report: On the TRR it indicates that none of the following occurred during the reporting period for the given contract/PBP, a beneficiary status change, user interface (UI) activity, or CMS or plan transaction processing. The reporting period is the span between the previous TRR and the current TRR.</p> <p>Plan Action: None</p>

5.1 Batch Completion Status Summary (BCSS)

The Status file was used to communicate the disposition of a Plan submitted transaction file. This file was considered to be a receipt to the Plan from MARx. The Batch Completion Status Summary file was the daily communication which populated Plan submitted transactions that had been accepted, rejected, or failed by the MARx processes. After the implementation of MARx R&M, these two files will be fused together to construct one hybrid file that serves as both the communication of file transmission statuses, and records that have failed due to formatting issues. Although the accepted and rejected record counts are available on the BCCS, the record detail will not be a part of the file, and will be populated to the Daily Transaction Reply Report.

This file name will remain as the Batch Completion Status Summary, however, CMS will discontinue the creation and delivery of the Status file to Plans.

<p>Batch Completion Status Summary Data File Summary Record Failed Records PCUG Record Layout – E.3</p>	<p>Data file sent to the submitter once a batch of submitted transactions has been processed. Provides a count of all transactions within the batch and details the number of rejected and accepted transactions. It provides an image of the failed transactions.</p>	<p>MARx</p>	<p>Data File</p>	<p>Once batch is processed</p>	<p><u>Gentran mailbox:</u> P.uuuuuuu.BCSSD.Annnnn.Bnnnnn.Thhmmss.pn <u>Connect:Direct [Mainframe]:</u> zzzzzzzz.uuuuuuu.BCSSD.Annnnn.Bnnnnn.Thhmmss <u>Connect:Direct [Non-mainframe]:</u> [directory]uuuuuuu.BCSSD.Annnnn.Bnnnnn.Thhmmss</p>
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Below, the example of a BCSS report displays the format of the file transmission status. Plans will get a sense of how the file status incorporates the new Transaction Type Codes 76 through 81 and that the counts for accepted, rejected and failed transactions are displayed.

Beginning of Message Text

```

H1 TRANSACTIONS RECEIVED ON 2012-03-27 AT 16.59.49
H2 TRANSACTIONS PROCESSED ON 2012-03-27 AT 17.03.50
H3 ENROLLMENT PROCESSING COMPLETED
H4 HEADER CODE= AAAAAAHEADER
H5 HEADER DATE= 032012
H6 REQUEST ID =
H7 BATCH ID   = 0123456789
H8 USER ID    = X7YZ
C1 TRAN CNTS1 = 00000043 T01 00000000 T51 00000003 T61 00000009 T   00000000
C2 TRAN CNTS2 =           T72 00000010 T73 00000002 T74 00000000 T75 00000006
C3 TRAN CNTS3 =           T76 00000005 T77 00000000 T78 00000005 T79 00000001
C4 TRAN CNTS4 =           T80 00000001 T81 00000001 T   00000000 TXX 00000000
P1 TOTAL TRANSACTIONS PROCESSED= 00000043
P2 TOTAL ACCEPTED TRANSACTIONS = 00000041
P3 TOTAL REJECTED TRANSACTIONS = 00000002
P4 TOTAL FAILED TRANSACTIONS   = 00000000
F.....failed transaction text image.....
    
```

End of Message Text

Following the status message of the file submission within the BCSS, any failed transactions processed by MARx will continue to display as with the current BCSS, and the record layout will not change and will remain formatted as follows:

Table 14 BCSS ‘Failed Transaction’ Layout

Item	Field Name	Len	Pos	Description
1	Record Type Identifier	2	1 - 2	Failed Record Type: “F” (‘F’ and space)
2	Filler	1	3	Spaces
3	Failed Input Transaction Record Text	300	4 - 303	Failed transaction text
4	Filler	5	304 - 308	Spaces
5	Transaction Reply Codes	3	309 - 311	First transaction reply code
6	Transaction Reply Codes	3	312 - 314	Second transaction reply code; otherwise, spaces
7	Transaction Reply Codes	3	315 - 317	Third transaction reply code; otherwise, spaces
8	Transaction Reply Codes	3	318 - 320	Fourth transaction reply code; otherwise, spaces
9	Transaction Reply Codes	3	321 - 323	Fifth transaction reply code; otherwise, spaces

5.2 Daily Transaction Reply Reporting (TRR)

Revisions to the Transaction Reply Report (TRR) data file format and frequency will improve the Plan’s transaction responses. The file will be transmitted daily in reply to any action that initiates or impacts a beneficiary’s status or its enrollment. It also will communicate changes affecting a beneficiary throughout all enrollment periods and accordingly, all affected Plans will receive a notification on a TRR. This is especially valuable with regard to retroactive enrollments.

In addition to CMS improving responsiveness to Plans, the TRR will contain Plan submitted input transactions verbatim back to the Plan. Plans will have the data they submitted readily at hand when receiving and reviewing transaction replies.

The naming convention for the Daily Transaction Reply Report is as follows, Plans should be sure not to confuse this file name with the weekly and monthly TRR since those files are discontinued with the implementation of MARx R&M.

Transaction Reply Daily Activity Data File PCUG Record Layout – E.15	Data file version of the Transaction Reply Daily Activity Report.	MARx	Data File	Daily	<u>Gentran mailbox:</u> <u>P.Rxxxxx.DTRRD.Dyymmdd.Thhmsst.pn</u> <u>Connect:Direct (Mainframe):</u> <u>zzzzzzzz.Rxxxxx.DTRRD.Dyymmdd.Thhmsst</u> <u>Connect:Direct (Non-Mainframe):</u> <u>[directory]Rxxxxx.DTRRD.Dyymmdd.Thhmsst</u>
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- The Weekly/Monthly Transaction Reply Report (TRR) will be discontinued upon implementation of the Daily Transaction Reply Report (TRR).
- The data file will be the only version of the TRR. There will be no user-readable (‘report’) version of the TRR.

Table 15 Daily Transaction Reply Report Record Layout

Field	Size	Position	Description
1. HICN	12	1 - 12	Health Insurance Claim Number
2. Surname	12	13 - 24	Beneficiary Surname
3. First Name	7	25 - 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown '1' = Male '2' = Female
6. Date of Birth	8	34 - 41	YYYYMMDD Format
7. Record Type	1	42	'T' = TRC record
8. Contract Number	5	43 - 47	Plan Contract Number
9. State Code	2	48 - 49	Beneficiary Residence State Code; otherwise spaces if not applicable. Based on plan submitted residence address,or default mailing address provided by SSA.
10. County Code	3	50 - 52	Beneficiary Residence County Code; otherwise spaces if not applicable. Based on plan submitted residence address,or default mailing address provided by SSA.
11. Disability Indicator	1	53	'1' = Disabled '0' = No Disability Space = not applicable.
12. Hospice Indicator	1	54	'1' = Hospice '0' = No Hospice Space = not applicable.
13. Institutional/NHC Indicator	1	55	'1' = Institutional '2' = NHC '0' = No Institutional Space = not applicable.
14. ESRD Indicator	1	56	'1' = End-Stage Renal Disease '0' = No End-Stage Renal Disease Space = not applicable.
15. Transaction Reply Code	3	57 - 59	Transaction Reply Code
16. Transaction Type Code	2	60 - 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B, 'Z' = Entitled to Part A or B, Space = not applicable.

Medicare Advantage Prescription Drug (MARx) System Redesign & Modernization

Field	Size	Position	Description
18. Effective Date	8	63 - 70	YYYYMMDD Format; effective date is present for all Transaction Reply Codes. Note 1: 091 – Previously reported incorrect death date. Note 2: 121, 194 and 223 – PBP enrollment effective dates for enrollments affected by low-income subsidy (LIS) changes. Note 3: Field content for UI Transaction Reply Codes (TRCs) is TRC dependent. 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for PBP correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction, 707 – Start date of enrollment period for corrected segment, 708 – Enrollment period end date assigned to existing opened ended enrollment, 709 & 710 – New start date resulting from update, 711 & 712 – New end date resulting from update, 713 – “00000000” – End date removed. Original end date can be found in field 24.X.
19. WA Indicator	1	71	‘1’ = Working Aged; ‘0’ = No Working Aged; Space = not applicable.
20. Plan Benefit Package ID	3	72 - 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 - 83	YYYYMMDD Format; Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.
23. UI Initiated Change Flag	1	84	‘1’ = transaction created through user interface; ‘0’ = transaction from source other than user interface; Space = not applicable.
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Effective Date of the Disenrollment	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 13, 14, 18, 71, 73, 77, 79, 81, and 197.
b. New Enrollment Effective Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 17
c. Claim Number (new)	12	85 - 96	Present only when Transaction Reply Code is one of the following: 22, 25, 86
d. Date of Death	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 90 (with transaction type 01), 92
e. Hospice Start Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 71
f. Hospice End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 72
g. ESRD Start Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 73
h. ESRD End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 74

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Field	Size	Position	Description
i. Institutional/ NHC Start Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is one of the following: 48, 75, 158, 159
j. Medicaid Start Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 77
k. Medicaid End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 78
l. Part A End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 79
m. WA Start Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 66
n. WA End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 67
o. Part A Reinstatement Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 80
p. Part B End Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 81
q. Part B Reinstatement Date	8	85 - 92	YYYYMMDD Format; Present only when Transaction Reply Code is 82
r. Old State and County Codes	5	85 - 89	Beneficiary's prior state and county code; Present only when Transaction Reply Code is 85
s. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 35, 36, 45, 56
t. PBP Effective Date	8	85 - 92	YYYYMMDD Format. Effective date of a beneficiary's PBP change. Present only when Transaction Reply Code is 100.
u. Correct Part D Premium Rate	12	85 - 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the Transaction Reply Code is 181.
v. Date Identifying Information Changed by UI User	8	85 - 92	YYYYMMDD Format; Field content is dependent on Transaction Reply Code: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.
w. Modified Part C Premium Amount	12	85 - 96	ZZZZZZZZ9.99 Format; Part C premium amount reported by HPMS for the Plan. Present only when the Transaction Reply Code is 182.
x. Date of Death Removed	8	85 - 92	YYYYMMDD Format; Previously reported erroneous date of death. Present only when Transaction Reply Code is 091.
y. Dialysis End Date	8	85 - 92	YYYYMMDD Format; Present when Transaction Reply Code is 268
z. Transplant Fail Date	8	85 - 92	YYYYMMDD Format; Will be present when Transaction Reply Code is 269 and the Transplant has an end date
25. District Office Code	3	97 - 99	Code of the originating district office; Present only when Transaction Type Code is 53; otherwise, spaces if not applicable.

Medicare Advantage Prescription Drug (MARx) System Redesign & Modernization

Field	Size	Position	Description
26. Previous Part D Contract/PBP for TrOOP Transfer	8	100 - 107	CCCCPPP Format; Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field will be spaces. CCCCC = Contract Number; PPP = Plan Benefit Package (PBP) Number.
27. Filler	8	108 - 115	Spaces
28. Source ID	5	116 - 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 - 123	Prior PBP number; present only when transaction type code is PBP change; otherwise, spaces if not applicable.
30. Application Date	8	124 - 131	The date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132 - 133	'01' = Plan; '02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32. Out of Area Flag	1	134	'Y' = Out of area; 'N' = Not out of area; Space = field not applicable.
33. Segment Number	3	135 - 137	Further definition of PBP by geographic boundaries; otherwise, spaces if not applicable.
34. Part C Beneficiary Premium	8	138 - 145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.
35. Part D Beneficiary Premium	8	146 - 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.
36. Election Type	1	154	'A' = AEP; 'D' = MADP; 'E' = IEP; 'F' = IEP2; 'I' = ICEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI 'S' = Other SEP; 'U' = Dual/LIS SEP; 'V' = Permanent Change in Residence SEP; 'W' = EGHP SEP; 'X' = Administrative Action SEP; 'Y' = CMS/Case Work SEP; Space = not applicable. (MAs use I, A, D, N, O, S, T, U, V, W, X, and Y. MAPDs use I, A, D, E, F, N, O, S, T, U, V, W, X, Y. PDPs use A, E, F, S, U, V, W, X, and Y.)
37. Enrollment Source	1	155	'A' = Auto enrolled by CMS; 'B' = Beneficiary Election; 'C' = Facilitated enrollment by CMS; 'D' = CMS Annual Rollover; 'E' = Plan initiated auto-enrollment; 'F' = Plan initiated facilitated-enrollment; 'G' = Point-of-sale enrollment; 'H' = CMS or Plan reassignment; 'I' = Invalid submitted value (transaction is not rejected); Space = not applicable.
38. Part D Opt-Out Flag	1	156	'Y' = Opt-out of auto-enrollment; 'N' = Not opted out of auto-enrollment; Space = No change to opt-out status

Medicare Advantage Prescription Drug (MARx) System Redesign & Modernization

Field	Size	Position	Description
39. Premium Withhold Option/Parts C-D	1	157	'D' = Direct self-pay 'S' = Deduct from SSA benefits 'R' = Deduct from RRB benefits 'O' = Deduct from OPM benefits 'N' = No premium applicable Option applies to both Part C and D Premiums; Space = not applicable.
40. Number of Uncovered Months	3	158 - 160	Count of Total Months without drug coverage; Otherwise spaces if not applicable.
41. Creditable Coverage Flag	1	161	'Y' = Member has creditable coverage; 'N' = Member does not have creditable coverage; 'R' = Setting uncovered months to zero due to a new IEP; 'U' = Setting uncovered months to the value prior to using R; Space = not applicable.
42. Employer Subsidy Override Flag	1	162	'Y' = Beneficiary is in a plan receiving an employer subsidy, flag allows enrollment in a Part D plan; Space = no flag submitted by Plan.
43. Processing Timestamp	15	163 - 177	Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS
44. Filler	20	178 - 197	Spaces
45. Secondary Drug Insurance Flag	1	198	Type 61 MA-PD and PDP transactions: 'Y' = Beneficiary has secondary drug insurance; 'N' = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by plan. Type 72 MA-PD and PDP transactions: 'Y' = Secondary drug insurance available; 'N' = No secondary drug insurance available; Space = no change. Space returned with any other transaction type has no meaning.
46. Secondary Rx ID	20	199 - 218	Beneficiary's secondary insurance Plan's ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
47. Secondary Rx Group	15	219 - 233	Beneficiary's secondary insurance Plan's Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
48. EGHP	1	234	Type 61 transactions: 'Y' = EGHP Space = not EGHP Type 74 transactions: 'Y' = EGHP 'N' = Not EGHP Space = no change Space reported with any other transaction type has no meaning.
49. Part D Low-Income Premium Subsidy Level	3	235 - 237	Part D low-income premium subsidy category: '000' = No subsidy, '025' = 25% subsidy level; '050' = 50% subsidy level; '075' = 75% subsidy level; '100' = 100% subsidy level; Spaces = not applicable.

Medicare Advantage Prescription Drug (MARx) System Redesign & Modernization

Field	Size	Position	Description
50. Low-Income Co-Pay Category	1	238	Definitions of the co-payment categories: '0' = none, not low-income '1' = (High) '2' = (Low) '3' = (0) '4' = 15% '5' = Unknown Space = not applicable.
51. Low-Income Period Effective Date	8	239 - 246	Date low income period starts. Format: YYYYMMDD,
52. Part D Late Enrollment Penalty Amount	8	247 - 254	Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
55. Low-Income Part D Premium Subsidy Amount	8	271 - 278	Amount of Part D low-income premium subsidy. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Rx BIN	6	279 - 284	Beneficiary's Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
57. Part D Rx PCN	10	285 - 294	Beneficiary's Part D Rx PCN taken from the input transaction (61 or 72); otherwise, spaces if not provided by one of the transactions.
58. Part D Rx Group	15	295 - 309	Beneficiary's Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces if not provided by one of the transactions.
59. Part D Rx ID	20	310 - 329	Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
60. Secondary Rx BIN	6	330 - 335	Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
61. Secondary Rx PCN	10	336 - 345	Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
62. De Minimis Differential Amount	8	346 - 353	Amount by which a Part D de Minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
63. Filler	1	354	Spaces
64. Low Income Period End Date	8	355 - 362	Date low income period ends. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field will be blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194 and 223.
65. Low Income Subsidy Source Code	1	363	'A' = Approved SSA Applicant 'D' = Deemed eligible by CMS Space = not applicable
66. Enrollment Period Descriptor	1	364	Designation relative to the reporting date (Transmission Date, field #22) 'C' = Current enrollee; 'P' = Prospective enrollee; 'Y' = Previous enrollee; Space = not applicable.

Field	Size	Position	Description
67. Application Date Indicator	1	365 - 365	Identifies whether the application date associated with a UI submitted enrollment has a system generated default value: 'Y' = Default value for UI enrollment; Space = Not applicable
68. TRC Short Name	15	366 - 380	TRC's short-name identifier
69. Filler	94	381 - 474	Spaces
70. System Assigned Transaction Tracking ID	11	475 - 485	System assigned request tracking ID.
71. Plan Assigned Transaction Tracking ID	15	486 - 500	Plan submitted batch input transaction tracking ID.

Table 16 Verbatim Plan Submitted Transaction on the Transaction Reply Report

Field	Size	Position	Description
1. HICN	12	1 - 12	Health Insurance Claim Number
2. Surname	12	13 - 24	Beneficiary Surname
3. First Name	7	25 - 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
6. Date of Birth	8	34 - 41	YYYYMMDD Format
7. Record Type	1	42	'P' = Plan submitted transaction text.
8. Contract Number	5	43 - 47	Plan Contract Number
9. Plan Transaction Text	300	48 - 347	Copy of plan submitted transaction.
10. Filler	126	348 - 473	Spaces
11. Transaction Accept/Reject Status Flag	1	474	'A' = System accepted transaction or 'R' = System Rejected transaction.
12. System Assigned Transaction Tracking ID	11	475 - 485	System assigned request tracking ID.
13. Plan Assigned Transaction Tracking ID	15	486 - 500	Plan submitted batch input transaction tracking ID.

5.3 Transaction Reply Code Reporting

MARx R&M will introduce several additional Transaction Reply Codes pertaining to the newly implemented processes associated with Plan submitted transactions. TRC's will be derived from Plan submitted transactions updating Residence Addresses, and transactions submitted to cancel enrollment or disenrollment. In the subsequent sections CMS has detailed the added TRC's and their corresponding definitions.

5.4 Failed Transaction Reply Codes

Currently, selected CMS responses are used to indicate whether Plan submitted transactions are either rejected or failed yet they are generated using the same TRC number but defined differently.

The TRCs listed below will continue to indicate if a Plan submitted transaction has rejected.

- **TRC-006 = Invalid Birth Date,**
- **TRC-037 = Invalid Effective Date,**
- **TRC-051 = Disenrollment Rejected, Invalid Date,**
- **TRC-054 = Disenrollment Rejected, Retroactive Date (duplicate of 051)**
- **TRC-102 = Rejected; Invalid or Missing Application Date.**

CMS has redesigned MARx to clearly separate the definition between rejected and failed TRC's. All failed Plan submitted transactions will assume new TRC numbers and a clear definition to the type of failure that occurred.

Table 17 Failed TRCs

Code/Type *	Title	Short Definition	Definition
257 F	Failed; Birth Date Invalid for Database Insertion	INVALID DOB	Failed version of TRC-006 .
258 F	Failed; Efectv Date Invalid for Database Insertion	INVALID EFF DT	Failed version of TRC-037 and TRC-051 .
259 F	Failed; End Date Invalid for Database Insertion	INVALID END DT	New failed TRC for Residence Address Change (Transaction Type 76) transaction's "End Date" field.
263 F	Failed; Aplctn Date Invalid for Database Insertion	INVALID APP DT	Failed version of TRC-102 .

Table 18 Failed TRC Definitions

Code/Type*	Title	Short Definition	Definition
257 F	Failed; Birth Date Invalid for Database Insertion	INVALID DOB	<p>An enrollment transaction (Transaction Type 61), change transaction (Transaction Types 72, 73, 74, 75, 77, 78, 79), residence address transaction (Transaction Type 76), or cancellation transaction (Transaction Types 80, 81) failed because the submitted birth date was either not formatted as YYYYMMDD (e.g., “Aug 1940”) or was formatted correctly but contained a nonexistent month or day (e.g., “19400199”). The beneficiary could not be identified as a result.</p> <p>The transaction record will not appear on the Transaction Reply Report (TRR) data file but will be returned on the Batch Completion Status Summary (BCSS) data file along with the failed record.</p> <p>Plan Action: Correct the date format and resubmit transaction.</p>
258 F	Failed; Efectv Date Invalid for Database Insertion	INVALID EFF DT	<p>A disenrollment transaction (Transaction Types 51, 54), enrollment transaction (Transaction Type 61), change transaction (Transaction Types 72, 73, 74, 75, 77, 78, 79), residence address transaction (Transaction Type 76), or cancellation transaction (Transaction Types 80, 81) failed because the submitted effective date was either not formatted as YYYYMMDD (e.g., “Aug 1940”) or was formatted correctly but contained a nonexistent month or day (e.g., “19400199”). The transaction record will not appear on the Transaction Reply Report (TRR) data file but will be returned on the Batch Completion Status Summary (BCSS) data file along with the failed record.</p> <p>Plan Action: Correct the date format and resubmit transaction.</p>
259 F	Failed; End Date Invalid for Database Insertion	INVALID END DT	<p>A residence address transaction (Transaction Type 76) failed because the submitted end date was either not formatted as YYYYMMDD (e.g., “Aug 1940”) or was formatted correctly but contained a nonexistent month or day (e.g., “19400199”). The transaction record will not appear on the Transaction Reply Report (TRR) data file but will be returned on the Batch Completion Status Summary (BCSS) data file along with the failed record.</p> <p>Plan Action: Correct the date format and resubmit transaction.</p>

Code/Type*	Title	Short Definition	Definition
263 F	Failed; Aplctn Date Invalid for Database Insertion	INVALID APP DT	<p>An enrollment transaction (Transaction Type 61) failed and did not process because the submitted Application Date was either not formatted as YYYYMMDD (e.g., “Aug 1940”) or was formatted correctly but contained a nonexistent month or day (e.g., “19400199”). The transaction record will not appear on the Transaction Reply Report (TRR) data file but will be returned on the Batch Completion Status Summary (BCSS) data file along with the failed record.</p> <p>Plan Action: Correct the date format and resubmit transaction.</p>

5.5 Residence Address Change (TC76) TRCs

Table 19 Residence Address Change (76) Transaction TRCs

Code/Type*	Title	Short Definition	Definition
260 R	Bad End Date, Reject Residence Address Change	BAD RES END DT	<p>A Residence Address transaction (Transaction Type 76) was rejected because the End Date is not appropriate for one or more of the following reasons:</p> <ul style="list-style-type: none"> • It's earlier than address change start date, • It's not the last day of the month, or • It's not within the contract enrollment period. <p>Plan Action: Correct the End Date and resubmit.</p>
261 R	Incomplete Residence Address Information	BAD RES ADDR	<p>A Residence Address transaction (Transaction Type 76) was rejected for one of the following reasons: The residence information was incomplete.</p> <ul style="list-style-type: none"> • Residence Address Line 1 was empty. • Residence City was empty. • USPS state code was missing. • Residence zip code was missing or non-numeric. • The value specified for the Address Update/Delete Flag was not valid • The supplied residence address information could not be resolved in terms of identifiable address components. <p>Plan Action: Correct address information and resubmit.</p>
265 A	Residence Address Change Accepted	ADDR ACCEPTED	<p>A residence address change transaction (Transaction Type 76) was accepted. SSA state and county codes identified.</p> <p>Plan Action: None.</p>
266 R	Unable to Resolve SSA State County Codes	SCC UNRESOLVED	<p>A Residence Address transaction (Transaction Type 76) was rejected because SSA state and county codes (SCC) could not be resolved. The beneficiary's residence address was not changed.</p> <p>Plan Action: Confirm the address specified in the transaction. Update and resubmit the transaction if necessary; otherwise, contact your regional office for assistance.</p>
282 A	Residence Address Deleted	RES ADDR DELTD	<p>The residence address associated with the Transaction Reply Report data record effective date in field #18 has been deleted and is no longer valid.</p> <p>Plan Action: None required.</p>

Code/Type*	Title	Short Definition	Definition
283 R	Residence Address Delete Rejected	RJCTD ADDR DELT	The residence address delete attempted was rejected. No residence address exists for the effective date provided. See Transaction Reply Report data record field #18. Plan Action: Correct effective date and resubmit.

5.6 Enrollment/Disenrollment Cancellation (TC80/81) TRCs

Any of the following TRCs are generated and communicated to the Plan via the Daily TRR after the submission of a TC 80/81.

Table 20 Enrollment Cancellation (80) Transaction TRCs

Code/Type*	Title	Short Definition	Definition
284 R	Cancellation Rjctd, Prior Enroll/Disenroll Changed	NO REINSTATE	An Enrollment Cancellation (Transaction Type 80) or Disenrollment Cancellation (Transaction Type 81) was rejected. The cancellation action required reinstatement of a previous enrollment which could not be accomplished. The required reinstatement action could not be accomplished because some aspect of that previous enrollment changed prior to the cancellation action. Plan Action: Take the appropriate actions as per the CMS enrollment guidance.
285 A	Enrollment Cancellation Accepted	ACPT ENROLL CAN	An Enrollment Cancellation (Transaction Type 80) transaction was accepted. The identified enrollment is cancelled. The start date of the cancelled enrollment period is reported in the Transaction Reply Report (TRR) data record Effective Date field, field #18. Plan Action: Update the Plan's records accordingly.
286 R	Enrollment Cancellation Rejected	RJCT ENROLL CAN	An Enrollment Cancellation (Transaction Type 80) transaction was rejected. Rejection occurred because the cancellation was submitted more than one month after the enrollment became active. Plan Action: Take the appropriate actions as per the CMS enrollment guidance.
287 I	Enrollment Reinstated	ENROLL REINSTAT	The identified enrollment period was reinstated. The start date of the reinstated period is reported in the Transaction Reply Report (TRR) data record Effective Date field, field #18. The reinstatement occurred for one of the following reasons: <ul style="list-style-type: none"> • For Transaction Type 80, cancellation of another plan's enrollment; • For Transaction Type 01, change or removal of a date of death <p>If the reinstated enrollment has an end date, it is reported in the TRR data record field #24. The end date may or may not have existed with the enrollment originally.</p> Plan Action: Update the Plan's records accordingly following CMS guidance for enrollment reinstatement.
292 R	Disenrollment Rejected; Cancellation Attempt	NOT CANCELLATN	A Disenrollment transaction (Transaction Type 51) was rejected. The submitted disenrollment effective date is the same as the enrollment start date. Enrollment cancellation cannot be accomplished by this means. Plan Action: Submit an Enrollment Cancellation transaction (Transaction Type 80) if it is desired to cancel the enrollment; otherwise, correct the disenrollment effective date and resubmit.

Table 21 Disenrollment Cancellation (81) Transaction TRCs

Code/Type*	Title	Short Definition	Definition
284 R	Cancellation Rjctd, Prior Enroll/Disenroll Changed	NO REINSTATE	An Enrollment Cancellation (Transaction Type 80) or Disenrollment Cancellation (Transaction Type 81) was rejected. The cancellation action required reinstatement of a previous enrollment which could not be accomplished. The required reinstatement action could not be accomplished because some aspect of that previous enrollment changed prior to the cancellation action. Plan Action: Take the appropriate actions as per CMS enrollment guidance.
288 A	Disenrollment Cancellation Accepted	ACPT DISNRL CAN	A Disenrollment Cancellation (Transaction Type 81) transaction was accepted. The identified disenrollment was cancelled. The start date of the cancelled disenrollment period is reported in the Transaction Reply Report (TRR) data record Effective Date field, field #18. Plan Action: Update the Plan's records accordingly.
289 R	Disenrollment Cancellation Rejected	RJCT DISNRL CAN	A Disenrollment Cancellation (Transaction Type 81) transaction was rejected. Rejection occurred for one of the following reasons applies: <ul style="list-style-type: none"> • Beneficiary was still enrolled in plan, never disenrolled; • Beneficiary was not enrolled in the plan; • Cannot restore prior enrollment due to associated disenrollment reason codes 5, 6, 8, 9, 10, 13, 18, 54, 57, 61, and 93. Plan Action: Take the appropriate actions as per the CMS guidance.
291 I	Enrollment Reinstated Due to Disenrollment Cancellation	ENROLL REINSTAT	A Disenrollment Cancellation (Transaction Type 81) transaction cancelled a disenrollment and the enrollment was reinstated. The start date of the reinstated period is reported in the Transaction Reply Report (TRR) data record Effective Date field, field #18. If the reinstated enrollment has an end date, it is reported in the TRR data record field #24. The end date may or may not have existed with the enrollment originally. Plan Action: Update the Plan's records accordingly following CMS guidance for enrollment reinstatement.

5.7 Automatic Reset of Number of Uncovered Months (NUNCMO) TRCs

Any of the following TRCs are generated and communicated to the Plan via the Daily TRR after the processing of an Automatic Reset of Number of Uncovered Months due to an IEP/D or Low Income status.

Table 22 Automatic NUNCMO Reset TRCs

Code/Type*	Title	Short Definition	Definition
290 I	IEP NUNCMO Reset	NUNCMO RSET IEP	<p>This TRC was the result of an automatic system reset, or zeroing, of the cumulative uncovered months for the identified beneficiary. This reset occurred for one of the following reasons:</p> <ul style="list-style-type: none"> • Disabled beneficiary became age-qualified for Medicare, • An aged beneficiary had a retroactive NUNCMO transaction with an effective date prior to aged qualification, at the beginning of the IEP period. <p>Reset effective date is in Transaction Reply Report (TRR) data record field #18.</p> <p>Plan Action: Update plan records accordingly.</p>
295 I	Low-Income NUNCMO Reset	NUNCMO RSET LIS	<p>This TRC was the result of an automatic system reset, or zeroing, of the cumulative uncovered months for the identified beneficiary. This reset occurred because the beneficiary has been identified as having the Part D low-income subsidy.</p> <p>Reset effective date is in Transaction Reply Report (TRR) data record field #18.</p> <p>Plan Action: Update plan records accordingly.</p>

5.8 Plan User Interface (UI) TRCs

When CMS manually enters an enrollment, disenrollment or PBP change via the CMS UI, distinct TRC's are generated to communicate to the Plan that the action was performed by CMS personnel. After the MARx R&M implementation, actions handled via the Plan UI will be represented using standard batch TRC's.

Plans will receive a batch oriented Transaction Reply Code (TRC) on the Daily Transaction Reply Report for any UI action performed by the Plan. The Daily Transaction Reply Report will display an UI indicator to inform the Plan that the TRC populated on the TRR was processed through the Plan UI functionality. Refer to Section 5.2, Table 15, Field 31, to view the defined values of the field within the TRR record layout.

Following MARx R&M, Plans will have limited online access to update enrollment, disenrollment, and residence address data for their own membership. Detailed information will be provide in the Spring of 2011.

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6.0 Payment

6.1 Failed Payment Reply Report (FPRR)

Along with the other monthly payment reports, MARx will generate a Plan communication in the form of a report named the Failed Payment Reply Report (FPRR). If payment calculation for a beneficiary cannot complete, MARx will identify the beneficiary and time period for which the payment calculation could not be performed.

Failed Payment Reply Report Data Record Layout	Data file reporting payment actions which failed to complete.	MARx	Data File	Monthly Payment Cycle	<p><u>Gentran mailbox:</u> <u>P.Rxxxxx.FPRRD.Dyymm01.Thhmsst.pn</u></p> <p><u>Connect:Direct (Mainframe):</u> <u>zzzzzzz.Rxxxxx.</u> <u>FPRRD.Dyymm01.Thhmsst</u></p> <p><u>Connect:Direct (Non-Mainframe):</u> <u>[directory]Rxxxxx.</u> <u>FPRRD.Dyymm01.Thhmsst</u></p>
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The Failed Payment Reply Report (FPRR) will be a similar format as the Daily Transaction Reply Report in that it will contain its own individual reply codes (RC). Also, the report will be generated for all contracts whether there is data available or not.

Table 23 Failed Payment Reply Report Reply Codes

Code/Type*	Title	Short Definition	Definition
000 I	No Data to Report	NO REPORT	Monthly Payment Exception Report: On the FPRR it indicates the presence of all prospective payments for the plan (contract/PBP), none are missing. Plan Action: None
264 I	Payment Not Yet Completed	NO PAYMENT	A transaction was accepted requiring a payment calculation. The calculation has not been completed. Plan Action: None
299 I	Correction to Previously Failed Payment	RESTORED PYMT	This Reply Code was generated to indicate that a previously incomplete payment calculation has been completed. Plan Action: None required.

Table 24 Failed Payment Reply Report File Layout

Field	Size	Position	Description
1. Claim Number	12	1 – 12	Beneficiary’s Health Insurance Claim Number, included with RC-264
2. Surname	12	13 – 24	Beneficiary’s last name, included with RC-264
3. First Name	7	25 – 31	Beneficiary’s given name, included with RC-264
4. Middle Name	1	32	First initial of beneficiary’s middle name, included with RC-264
5. Sex Code	1	33	Beneficiary’s gender identification code, included with RC-264: ‘0’ = Unknown ‘1’ = Male ‘2’ = Female
6. Date of Birth	8	34 – 41	Beneficiary’s birth date, formatted YYYYMMDD, included with RC-264
7. FILLER	1	42	Spaces
8. Contract Number	5	43 – 47	Plan Contract Number, included with both T RC-000 and RC-264
9. State Code	2	48 – 49	Beneficiary’s residence SSA state code, included with RC-264; otherwise, spaces if not available
10. County Code	3	50 – 52	Beneficiary’s residence SSA county code, included with RC-264; otherwise, spaces if not available
11. FILLER	4	53-56	Spaces
12. Payment Reply Code	3	57 – 59	“000” = no missing payments “264” = payment not yet completed “299” = Correction to Previously Failed Payment
13. FILLER	3	60 - 62	Spaces
14. Effective Date	8	63 – 70	Enrollment effective date, formatted YYYYMMDD and include with RC-264
15. FILLER	1	71	Spaces
16. Plan Benefit Package ID	3	72 – 74	PBP number, included with both RC-000 and RC-264
17. FILLER	1	75	Spaces
18. Transaction Date	8	76 – 83	Report generation date, formatted YYYYMMDD and included with both RC-000 and RC-264
19. FILLER	1	84	Spaces
20. Current Payment Month	12	85 – 96	Current Payment Month (CPM), formatted YYYYMM, left justified with six spaces completing the field, and included with both RC-000 and RC-264, and RC 299
21. FILLER	38	97 – 134	Spaces
22. Segment Number	3	135 – 137	Segment in PBP, included with RC-264
23. FILLER	25	138 – 162	Spaces

Field	Size	Position	Description
24. Processing Timestamp	15	163 – 177	Report generation time, formatted HH.MM.SS.SSSSSS and included with both RC-000 and RC-264
25. FILLER	188	178 – 365	Spaces
26. TRC Short Name	15	366 - 380	RC short name associated with RC-000 is “NO REPORT” and with RC-264 is “NO PAYMENT.” Text is left justified with following spaces completing the field.
27. FILLER	120	381 - 500	Spaces

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7.0 Appendix

7.1 Glossary

All terms cited in this are defined within the specific context of the MARx application.

Table 25 Glossary of Terms Used

Term	Definition
Accepted Transaction	A transaction was processed by MARx and the requested action was successfully applied.
Batch Transaction	An automated systems approach to processing in which data items to be processed must be grouped and processed in bulk.
Cancellation Transaction	A cancellation may be the result of an action on the part of the beneficiary, CMS or another Plan to cancel an enrollment before the effective date of the election. When an enrollment is cancelled the beneficiary is restored/reinstated to their prior enrollment state.
Current Calendar Month	Represents the calendar month and year that was current as of the time when the transaction was accepted by MARx for processing. For batch, the current month is derived from the batch file transmission date; for User Interface transactions, the Current Month is derived from the system data at the time of transaction submission.
Current Payment Month (CPM)	The next prospective calendar month for which Plan enrollments, disenrollments, and payment adjustments are being calculated.
Disenrollment	A record submitted by a Plan, CMS, or the Medicare Customer Service Center when a beneficiary discontinues membership in a Plan.
Dual Eligible	Individuals entitled to both Medicare and Medicaid benefits
Dual Enrollment	Condition where a beneficiary may enroll in two Medicare Plans concurrently, where one Plan does not offer a prescription drug benefit.
Enrollment Function	The MARx function that validates and records enrollment actions.
Enrollment Process	A process in which a Plan submits a request to enroll in a Plan, change enrollment, or disenroll.
Failed Transaction	A transaction that did not complete due to problems with the format of the transaction or internal system problems.
Inbound Communication	A sub-domain of MARx that receives all Plan transactions and notifications from external (non-MARx) systems and the MARx UI, performs validation, and serves as a redirector to the appropriate MARx sub-domain (Enrollment, Premium, or Payment).
Informational Transaction	Accompanies accepted TRCs. Provides Plans additional information about the transaction or beneficiary
Low Income Subsidy (LIS)	Premium and cost sharing subsidies of prescription drug coverage for certain individuals with low incomes and resources
Maintenance Transactions	Replies sent to Plans to give them information about their enrollees. They are sent in response to information received by CMS.
MARx	Medicare Advantage Prescription Drug System, the name for the current application that processes enrollment and beneficiary-level payments for Medicare Advantage and Part D.
Medicare Part C	The Medicare Advantage Program established under the Medicare Modernization Act of 2003 (Pub. L. 108-173).
Medicare Part D	The voluntary prescription drug benefit in Medicare as established by the Medicare Modernization Act of 2003 (Pub. L 108-173).
Opt-out	A beneficiary action to affirmatively decline auto-enrollment into a Part D Plan.

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Term	Definition
Payment	Payment is the computation of the actual payment, performed during the execution of the Current Payment Month process. In this document, also a sub-domain of MARx
Payment Calculation	Payment Calculation, or Calculation, is the invocation of the algorithms to compute a beneficiary-level payment amount, based upon currently available data for the calculation's specified point-in-time. A payment calculation may be performed for past, current, or prospective data.
Payment Function	The MARx function that calculates payments and records payment actions.
Plan Benefit Package (PBP)	An MMA Plan's description of its benefits, premiums, and cost sharing.
Premium	In this document, premium refers to a sub-domain of MARx
Premium Function	The MARx function that validates and records premium actions and calculates Part D premiums and LEP.
Rejected Transaction	A transaction that was not processed (rejected) due to invalid data being submitted (e.g. an enrollment request for an ineligible person)
Segment	A distinct portion of the service area of an MA local Plan.
Transaction Reply Code (TRC)	Codes used to explain what action MARx took in response to new information from CMS systems or in response to input from Plans, CMS or other users.
Transaction Type Code (TC)	Identifies batch transactions submitted by the Plans.
User Interface (UI)	The screens, forms, and menus that are displayed to a user logged on to an automated system.

7.2 Valid Field Values for Transaction Type Codes

Table 26 Valid Field Values for Transaction Type Codes

Item	Applicable Transactions	Field Names	Description
1	01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81	HIC#	Claim Account Number (CAN) plus Beneficiary Identification Code (BIC)
2	01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81	Surname	Beneficiary's last name
3	01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81	First Name	Beneficiary's first name
4	01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81	M. Initial	Beneficiary's middle initial (optional)
5	01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81	Sex	1 = male, 2 = female, 0 = unknown
6	01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81	Birth Date (YYYYMMDD)	YYYYMMDD
7	61, 74	EGHP Flag	Y if EGHP; otherwise, blank = not EGHP for type 61 transactions. For type 74 transactions, Y if EGHP, N if not EGHP.
8	61, 72, 73, 74, 75, 77, 78, 79, 80	PBP #	3-blanks = non-PBP organizations (HCPP, CCIP/FFS Demos); 3-character numeric = PBP number, zero-padded, 001-999 valid for all organizations except HCPP and CCIP/FFS demos.
9	51, 61	Election Type	'A' = AEP; 'D' = MADP; 'E' = IEP; 'F' = IEP2; 'I' = ICEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI 'S' = Other SEP; 'U' = Dual/LIS SEP; 'V' = Permanent Change in Residence SEP; 'W' = EGHP SEP; 'X' = Administrative Action SEP; 'Y' = CMS/Case Work SEP; Space = not applicable. (MAs use I, A, D, N, O, S, T, U, V, W, X, and Y. MAPDs use I, A, D, E, F, N, O, S, T, U, V, W, X, Y. PDPs use A, E, F, S, U, V, W, X, and Y.)
10	01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81	Contract #	Hxxxx = identifies MA plans. Rxxxx = identifies MA regional plans. Sxxxx = identifies PDPs. Fxxxx = identifies fallback plans, Exxxx = identifies employer sponsored MA/MA-PD and PDP plans.
11	61	Application Date	YYYYMMDD -- Either the date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper).

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Item	Applicable Transactions	Field Names	Description
12	01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81	Transaction Type Code	<p>“01” = Systems Interface Notification</p> <p>“51” = Disenrollment;</p> <p>“61” = Enrollment;</p> <p>“72” = 4Rx Change;</p> <p>“73” = Uncovered Months Change;</p> <p>“74” = EGHP Change;</p> <p>“75” = Premium Payment Option Change;</p> <p>“76” = Residence Address Change;</p> <p>“77” = Segment Change</p> <p>“78” = Part C Premium Change;</p> <p>“79” = Part D Opt-Out Change;</p> <p>“80” = Enrollment Cancellation; and</p> <p>“81” = Disenrollment Cancellation.</p>
13	51,	Disenrollment Reason	Required for Disenrollments.
14	01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81	Effective Date	YYYYMMDD, year, month, day associated with the transaction.
15	61, 77	Segment ID	3-blanks = non-segmented organization transaction; for segmented organization transactions, 3-character numeric = segment number, zero padded, 001-999 valid plan Segment ID range. Only local MA/MA-PD plans (Hxxxx) may have segments.
16	61	Prior Commercial Override	Required if beneficiary is ESRD and is eligible to enroll in a non PDP plan. Alpha-numeric, 0-9 and A-F. Zero (0) and blank = no override.
17	61, 75	Premium Payment Option/Parts C-D	D = direct self-pay; S = deduct from SSA benefits; R = deduct from RRB benefits; O = deduct from OPM benefits; N=No Premium. The option applies to both Part C and D premiums.
18	61, 78	Part C Premium Amount (XXXXvXX)	6-digits with leading zeroes, or blank if premium does not apply. Decimal point assumed 2-digits from right, XXXXvXX. Any value other than a blank on a type 78 transaction indicates a change-to value. That is, 000000 is an acceptable change-to value meaning \$0.00.
19	61, 73	Creditable Coverage Flag	Valid for drug plans. For type 61 transactions, valid values are Y, N, and blank. For type 73 transactions, valid values are Y, and N. Y if covered, N if not covered.
20	61, 73	Number of Uncovered Months	Count of total months without drug coverage. When creditable coverage flag is blank, value should be zero. When creditable coverage flag is Y, value must be zero. When creditable coverage flag is N, value must be greater than zero .
21	61	Employer Subsidy Override Flag	Override = Y; otherwise blank.
22	51, 61, 79	Part D Opt-Out Flag	Applies to full benefit dual eligible and facilitated enrolled beneficiaries. Y= opt-out of Part D; blank=no change to opt-out status (blank not applicable to 79).
23	61, 72	Secondary Drug Insurance Flag	For type 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.

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Item	Applicable Transactions	Field Names	Description
24	61, 72	Secondary Rx ID	Secondary insurance plan's ID number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Upper case printable characters and default value of spaces. Applicable for transaction types 61 and 72.
25	61, 72	Secondary RX Group	Secondary insurance plan's group ID number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Upper case printable characters and default value of spaces. Applicable for transaction types 61 and 72.
26	61	Enrollment Source	A = auto-enrolled by CMS; B = beneficiary election; C = facilitated enrollment by CMS; D=System generated rollovers; E=MA/Cost Plan submitted auto-enrollments; F=MA/Cost Plan submitted facilitated enrollments, G=Point of Sale (POS) submitted enrollments and H=Re-assignments submitted by CMS or Plans. Plan submitted enrollments are defaulted to enrollment source of B when submitted with a blank enrollment source.
27	01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81	Transaction Tracking ID	Plan tracking or identification tag, any characters
28	61, 72	Part D Rx BIN	Part D insurance plan's BIN number for a beneficiary. Numeric; right justified (for example, if BIN is five position numeric (12345), plan should set BIN to six position numeric with zero added in the first position (012345)). Applicable for transaction types 61 and 72.
29	61, 72	Part D Rx PCN	Part D insurance plan's PCN number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Limited to upper case characters (A-Z) and/or numeric (0-9) and default value of spaces. Applicable for transaction types 61 and 72.
30	61, 72	Part D Rx Group	Part D insurance plan's group ID number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Limited to upper case characters (A-Z) and/or numeric (0-9) and default value of spaces. Applicable for transaction types 61 and 72.
31	61, 72	Part D Rx ID	Part D insurance plan's ID number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Limited to upper case characters (A-Z) and/or numeric (0-9) and default value of spaces. Applicable for transaction types 61 and 72.
32	61, 72	Secondary Rx BIN	Secondary insurance plan's BIN number for a beneficiary. Numeric. Applicable for transaction types 61 and 72.
33	61, 72	Secondary Rx PCN	Secondary insurance plan's PCN number for a beneficiary. Alphanumeric, upper case when alpha; left justified. Upper case printable characters and default value of spaces. Applicable for transaction types 61 and 72.
34	76	Residence Address Line 1	Street address
35	76	Residence Address Line 2	Apartment or suite number
36	76	Address Update/Delete Flag	'U' = adding a new address or modifying an existing address. 'D' = deleting an existing address.

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Item	Applicable Transactions	Field Names	Description
37	76	Residence City	City name
38	76	Residence State	USPS two-character state abbreviation
39	76	Residence Zip Code	USPS five-character numeric zip code
40	76	Residence Zip Code+4	USPS four-character numeric zip code + 4 (optional)
41	76	End Date	Last day of the month in which the specific residence address was active, YYYYMMDD
42	01	Action Code	'D' = Institutional ON; 'E' = Medicaid ON; 'F' = Medicaid OFF; 'G' = Nursing Home Certifiable (NHC) ON
43	01, 51, 61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81	Filler	Spaces

7.3 Acronyms

Table 27 List of Abbreviations and Acronyms

Term	Definitions (for this document)
AEP	Annual Enrollment Period
BCSS	Batch Completion Status Summary
BIC	Beneficiary Identification Code
CAN	Claim Account Number
CAP	Corrective Action Plan
CCM	Current Calendar Month
CMS	Centers for Medicare & Medicaid Services
CO	Central Office
CPM	Current Payment Month
CR	Change Request
DO	District Office
DOB	Date of Birth
DOD	Date of Death
DOE	Date of Entitlement
EGHP	Employer Group Health Plan
ERC	Error Return Codes
ESRD	End Stage Renal Disease
FE	Facilitated Enrollment
FFS	Fee-For-Service
FIR	Financial Information Reporting
GHP	Group Health Plan
GUIDE	Medicare Advantage and Prescription Drug System Plan Communications User Guide
HIC	Health Insurance Claim
HICN	Health Insurance Claim Number, including BIC
HPMS	Health Plan Management System
ICEP	Initial Coverage Election Period
ID	Identification
IEP/D	Initial Enrollment Period for Part D
IT	Information Technology

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IRE	Independent Review Entity
UI	User Interface
LEP	Late Enrollment Penalty
LIS	Low Income Subsidy
LTI	Long Term Institutional
M+C	Medicare+Choice (now known as MA)
M+CO	Medicare+Choice Organization
MA	Medicare Advantage (formerly known as M+C)
MADP	Medicare Advantage Disenrollment Period.
MA-PD	Medicare Advantage – Prescription Drug
MAPD	Medicare Advantage Prescription Drug
MARx	Medicare Advantage and Prescription Drug System
MBD	Medicare Beneficiary Database
MMA	Medicare Modernization Act
MMR	Monthly Membership Report
MSP	Medicare Secondary Payer
NHC	Nursing Home Certifiable
NUNCMO	Number of Uncovered Months
OEPI	Open Enrollment Period for Institutionalized Individuals
OMB	Office of Management and Budget
OPM	Office of Personnel Management
PACE	Program of All-Inclusive Care for the Elderly
PAP	Patient Assistance Program
PBP	Plan Benefit Package
PDP	Prescription Drug Plan
PHI	Personal Health Information
PM	Processing Month
PMPM	Per Member Per Month
POS	Point of Sale
PPO	Preferred Provider Organization
PPR	Plan Payment Report
PWS	Premium Withhold System
RAS	Risk Adjustment System

RDS	Retiree Drug Subsidy
RO	CMS Regional Office
RRB	Railroad Retirement Board
SCC	State and County Code
SEP	Special Election Period
SSA	Social Security Administration
SSI	Supplemental Security Income
TRC	Transaction Reply Code
TrOOP	True Out Of Pocket
TRR	Transaction Reply Report
UI	User Interface
VA	Veteran's Administration

7.4 MARx R&M Notes

1. Note on Record Layouts: All input record layouts contain the same record length as previously communicated in publications prior to the MARx R&M implementation, yet only 'relevant' data fields are depicted as Required or Optional within the new the layouts. This restructuring of the record layouts is intended to assist Plans in simplifying programming.