Version 1.4

infocrossing ™

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

Date: 09/09/2013

CONTENTS

REVISION HISTORY

09/09/2013 – Version 1.4

The allowable value for the Premium Payment Option/ Part C-D field in position 77 of the Medicare input transaction layout has changed. The previous guidance provided for this field was to initialize the field to spaces. The correct value should be "N" (No Premium Applicable). Please see page 27 of the document for details.

06/24/2013 – Version 1.3

Version 1.3 changes reflect the latest CMS directive to remove the Part D Opt-Out Transaction code 79. This document has been updated to remove all references to the "79" transaction code.

05/06/2013 – Version 1.2

Version 1.2 changes will be implemented on Monday, May the 27th, 2013.

The Transaction tracking ID is now a required field for all MMP transaction processing. State or MMP submitted Medicare transactions (enrollments, disenrollments or changes) must contain the Infocrossing assigned account# in the first 7 positions of the 15 digit Transaction tracking ID. Positions 8 through 15 are free form and optional. Infocrossing edits will automatically populate your account number on the transaction if positions 1 through 7 are blank. The transaction will reject with a new error code of "73" if invalid data is found. The remarks section of the Transaction Tracking ID field has been updated accordingly on page 29 and 32 of this document.

- The Part D Opt Out transaction code 79 has been added. The Part D Opt Out flag has also been modified to now optionally allow beneficiaries to opt out of Part D if they already have a third party insurance that covers drugs. Please refer to the CMS MMP Enrollment and Disenrollment guidance document, section 30.1.4, Passive Enrollment, section E. Opt-Out for further guidance.

- This document contains some errors which are not relevant to MMP transaction processing. These errors have been identified with the description "(CAN BE IGNORED BY MMP PROCESSING)". The errors in question are Errors 24, 33, 34, 37, 39, 41, 45, 53, 82, 86, 87 and 88 as documented in section 2.4 - Transaction Error codes beginning on page 36.

- The previously defined MMP enrollment source code of "M" has been removed from the remarks section of the Enrollment Source code field on page 28.

- New error codes are now in effect. Some existing errors previously labeled as "Reserved for future use" will now be generated based on conditions found as shown below (note that error codes 24 and 82 are new but not relevant to MMP processing):

03 – *Trans type not applicable to MMP* (this error is generated if an MMP or State organization submits any of the 74 EGHP, 75 Payment Option, 77 Segment ID and 80 cancellation transations which are not applicable to MMP processing).

73 – *MMP Tracking-ID must begin with HCF#* (error is generated when an MMP or State organization populates the first 7 positions of the transaction tracking ID field with the wrong value)

84 – *EGHP flag not applicable to MMP* (error is generated when an MMP or State organization submits a 61 enrollment with the EGHP flag populated).

91 – *Premium Pymt Opt not applicable to MMP* (error is generated when an MMP or State organization submits a 61enrollment with a value in the premium payment option field.

12/10/2012 – Version 1.1

- Section 2.4 (Transaction Error Codes) of this document has been revised to provide additional information. Each error code is now mapped to the relevant transaction type and input data field.

Two unused errors have been retired and their descriptions have been changed to "Reserved for future use". These errors used to be defined as:

03 – Middle Init MBD membership Mismatch

24 – Member currently enrolled

09/14/2012 – Version 1.0

Implementation of specific changes to accommodate the Medicare and Medicaid Plan enrollments.

General Description

This document describes the interface to the Infocrossing applications for Medicare Eligibility verification and Enrollment submission to the CMS MARx systems. There are 3 ways to interface with the Infocrossing systems: 1) manually upload a batch file via the Infocrossing secure web site2) automated file transfer of a Pretty Good Privacy (PGP) encrypted input file or 3) a programmatic call of a Web service.

1. Manual upload of a batch file via the Infocrossing secure web site where the user logs in and selects the menu option to transfer a file. Users will be able to select a file from their workstation to upload to the Infocrossing server. Refer to the Batch Eligibility Layout and Batch Enrollment Layout as described in this document for more information.

2. File Transfer (FTP - File transfer Protocol) of a PGP encrypted input file. Infocrossing and the client will need to exchange public keys for the encryption. This process can use either a customer's FTP site or the Infocrossing FTP site. Files are processed at a predetermined frequency specified by the customer. The File transfer process can be fully automated. Refer to the Batch Eligibility Layout and Batch Enrollment Layout as described in this document.

3. A Web Service is provided for doing real time Medicare Eligibility inquiry. This Simple Object Access Protocol (SOAP) based interface allows for programmable access to the Infocrossing Eligibility Inquiry service. Eligibility Information is queried using the Medicare HICN (Health Insurance Claim Number) and the first 6 characters of a beneficiary's last name.Alternatively, the HICN and the beneficiary Date of Birth can be used as key fields to retrieve Medicare eligibility entitlement information.A Web Service Descriptor Language (WSDL) file containing the web service description is available. The Web Service section (Section 3) of this document provides you with more detailed information regarding this process.

1. MEDICARE ELIGIBILITY INQUIRY

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

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

INPUT RECORD LAYOUT FOR BATCH ELIGIBILITY INQUIRY

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

HEADER RECORD

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

DETAIL INPUT RECORD

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RECORD TYPE	01	1 – 1	Char	'D' – Required field. Each detail record in the file must have the value of "D" in position 1.
HICN	12	2 – 13	Char	Required field – Beneficiary's Health Insurance Claim Number
LAST NAME	12	14 – 25	Char	Required field –Beneficiary's Last Name
SEQUENCE NUMBER	32	26 – 57	Char	Optional – Free form custom field that can be used to track HICN query submissions.
FILLER	13	58 – 70	Char	Spaces
DATE OF BIRTH *	08	71 – 78	Char	Optional – Beneficiary's Date of Birth in CCYYMMDD format (See additional information supplied below).
FILLER	02	79 – 80	Char	Spaces

* The eligibility process will first attempt to find a match by using the HICN and the last name provided. If no match is obtained and the optional Date of Birth field is provided, a second attempt will be made by using the HICN and the Date of Birth fields.

If prior match attempts using the HICN are unsuccessful, one more attempt will be made to match the HICN and last name fields against the Medicare Beneficiary Database XREF (Cross Reference) HICN field.The XREF HICN represents any prior HICN number that might have been assigned to a beneficiary in the past.

OUTPUT RECORD LAYOUT FOR BATCH ELIGIBILITY INQUIRY

RECORD FORMAT = FB (Fixed Block)   LENGTH = 1300

HEADER RECORD

The output header record is in the same format as the input header record except for the addition of two MBD (Medicare Beneficiary Database) related data fields and an expanded record layout to 1,300 bytes.

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RECORD TYPE	01	1 –1	Char	'H' (copied from input header record)
ACCOUNT	08	2 – 9	Char	Infocrossing supplied Account number (copied from input header record)
TRANSACTION DATE	08	10 – 17	Numeric	CCYYMMDD
MBD (Medicare beneficiary Database) LOAD EFF DATE	08	18 – 25	Numeric	CCYYMMDD – Date MBD data is refreshed by CMS and loaded on Infocrossing database
POTENTIAL UNCOV MONTHS EFF DATE	06	26 – 31	Numeric	CCYYMM – Payment month MBD data is received from CMS
FILLER	1269	32 – 1300	Char	Spaces

DETAIL OUTPUT RECORD

For a successful match, the full user supplied HICN must be found on the Eligibility database and the first 6 bytes of the user supplied last name must match the first 6 bytes of the beneficiary last name as found on the Eligibility database. Note that the Date of Birth could also be supplied and used to match the Eligibility database beneficiary record. The Date of Birth will be used as a second match attempt only if a last name match is unsuccessful.

IMPORTANT NOTES:

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

1. Eligibility response Inquiry Type field in position 476 of the output file is set to 'E': in such cases, the beneficiary does not show membership in the requesting Medicare contract or Plan ID (For purposes of clarification, the terms "Contract" and "Plan ID" are interchangeable). Note that each Infocrossing account number is assigned to its authorized Medicare contract number(s). The response record is considered to be an eligibility inquiry and the Inquiry Type field value is set to "E".

2. Membership response Inquiry Type field in position 476 of the output file is set to 'M': beneficiary is enrolled in the requesting plan. The beneficiary shows active enrollment in one of two Plan ID response fields supplied in positions 478 and 492. The response record is considered to be a membership inquiry and the Inquiry Type field value is set to "M".

3. MBD Eligibility data is released when both the HICN found and Name/DOB found fields are set to "Y" or a match is obtained against the CMS XREF Claim Number field and the HICN found flag is set to "X".

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

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RECORD TYPE	1	1 – 1	Char	'D' – User supplied, copied from input file
HICN CLAIM NUMBER	12	2 – 13	Char	User supplied HICN – copied from input file
LAST NAME	12	14 – 25	Char	User supplied Last Name – copied from input file
HICN FOUND/NOT FOUND	01	26 – 26	Char	Y= found, N= not found X= Match on XREF HICN found
NAME or BIRTHDATE FOUND/NOT FOUND	01	27 – 27	Char	Y= found, N= not found
Medicare Eligibility and entitlement data follows:				
LAST NAME	40	28 – 67	Char	
FIRST NAME	30	68 – 97	Char	
MIDDLE INIT	01	98 – 98	Char	
GENDER	01	99 – 99	Char	Gender ('F' or 'M')
BIRTHDATE	08	100 – 107	Numeric	CCYYMMDD
PART A ENTITLEMENT DATE	08	108 – 115	Numeric	CCYYMMDD. The Entitlement Start Date of the beneficiary's most recent or active Medicare Part A entitlement period.
PART A ENTITLEMENT END DATE	08	116 – 123	Numeric	CCYYMMDD. The Entitlement End Date of the beneficiary's most recent or active Medicare Part A entitlement period.
PART B ENTITLEMENT DATE	08	124 – 131	Numeric	CCYYMMDD. The Entitlement Start Date of the beneficiary's most recent or active Medicare Part B entitlement period.
PART B ENTITLEMENT END DATE	08	132 – 139	Numeric	CCYYMMDD. The Entitlement End Date of the beneficiary's most recent or active Medicare Part B entitlement period.
STATE CODE	02	140 – 141	Numeric	
COUNTY CODE	03	142 – 144	Numeric	
HOSPICE STATUS	01	145 – 145	Char	Y/spaces
HOSPICE START DATE	08	146 – 153	Numeric	CCYYMMDD
HOSPICE END DATE	08	154 – 161	Numeric	CCYYMMDD
INSTITUTIONAL STATUS	01	162 – 162	Char	Y/spaces
INSTITUTIONAL START DATE	08	163 – 170	Numeric	CCYYMMDD
INSTITUTIONAL END DATE	08	171 – 178	Numeric	CCYYMMDD
ESRD STATUS	01	179 – 179	Char	Y/spaces
ESRD START DATE	08	180 – 187	Numeric	CCYYMMDD
ESRD END DATE	08	188 – 195	Numeric	CCYYMMDD
MEDICAID STATUS	01	196 – 196	Char	Y/spaces

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
MEDICAID START DATE	08	197 – 204	Numeric	CCYYMMDD
MEDICAID END DATE	08	205 – 212	Numeric	CCYYMMDD
EGHP INDICATOR	01	213 – 213	Char	Y/spaces
LIVING STATUS	01	214 – 214	Char	'A' or 'D' ("Alive" or "Deceased")
DEATH DATE	08	215 – 222	Numeric	CCYYMMDD
XREF CLAIM NUMBER	12	223 – 234	Char	Previously known HICN number as supplied by CMS on the MBD
RACE CODE	01	235 – 235	Char	Values as supplied by CMS are: '0' or blank = unknown, '1' = White, '2'= Black, '3' = other, '4' = Asian, '5' = Hispanic, '6' = North American Native
FILLER	07	236 – 242		
Part D – LIS Info				
PARTD ELIGIBLE START DATE	08	243 – 250	Numeric	CCYYMMDD. This field identifies the date the beneficiary became eligible for Part D Benefits.
DEEMED/LOW INCOME SUBSIDY START DATE (OCCURRENCE 1)	08	251 – 258	Numeric	CCYYMMDD. Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (most recent or presently active).
DEEMED/LOW INCOME SUBSIDY END DATE (OCCURRENCE 1)	08	259 – 266	Numeric	CCYYMMDD. The end date of the Deemed period or Low Income Subsidy (most recent or presently active).
CO-PAYMENT LEVEL IDENTIFIER (OCCURRENCE 1)	01	267 – 267	Char	This field indicates the Co-Payment level for the beneficiary.
PRTD PREMIUM SUBSIDY PERCENT (OCCURRENCE 1)	03	268 – 270	Char	If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized.
DEEMED/LOW INCOME SUBSIDY START DATE (OCCURRENCE 2)	08	271 – 278	Numeric	CCYYMMDD. Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (second most recent).
DEEMED/LOW INCOME SUBSIDY END DATE (OCCURRENCE 2)	08	279 – 286	Numeric	CCYYMMDD. The end date of the Deemed period or Low Income Subsidy (second most recent).

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
CO-PAYMENT LEVEL IDENTIFIER (OCCURRENCE 2)	01	287 – 287	Char	This field indicates the Co-Payment level for the beneficiary.
PRTD PREMIUM SUBSIDY PERCENT (OCCURRENCE 2)	03	288 – 290	Char	If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized.
FILLER	10	291 – 300		
PARTD OCCURRENCES	02	301 – 302	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 1)	08	303 – 310	Char	CCYYMMDD. Effective start date of the Part D plan for the beneficiary (most recent or presently active).
PARTD DISENROLLMENT DATE (OCCURRENCE 1)	08	311 – 318	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (most recent).
FILLER	01	319 – 319	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 2)	08	320 – 327	Char	CCYYMMDD. Effective start date of the Part D plan (second most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 2)	08	328 – 335	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (second most recent).
FILLER	01	336 – 336	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 3)	08	337 – 344	Char	CCYYMMDD. Effective start date of the Part D plan (third most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 3)	08	345 – 352	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (third most recent).
FILLER	01	353 – 353	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 4)	08	354 – 361	Char	CCYYMMDD. Effective start date of the Part D plan (fourth most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 4)	08	362 – 369	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (fourth most recent).
FILLER	01	370 – 370	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 5)	08	371 – 378	Char	CCYYMMDD. Effective start date of the Part D plan (fifth most recent).

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
PARTD DISENROLLMENT DATE (OCCURRENCE 5)	08	379 – 386	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (fifth most recent).
FILLER	01	387 – 387	Char	
PARTD ENROLLMENT EFFECTIVEDATE (OCCURRENCE 6)	08	388 – 395	Char	CCYYMMDD. Effective start date of the Part D plan (sixth most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 6)	08	396 – 403	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (sixth most recent).
FILLER	01	404 – 404	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 7)	08	405 – 412	Char	CCYYMMDD. Effective start date of the Part D plan (seventh most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 7)	08	413 – 420	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (seventh most recent).
FILLER	01	421 – 421	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 8)	08	422 – 429	Char	CCYYMMDD. Effective start date of the Part D plan (eighth most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 8)	08	430 – 437	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (eighth most recent).
FILLER	01	438 – 438	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 9)	08	439 – 446	Char	CCYYMMDD. Effective start date of the Part D plan (ninth most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 9)	08	447 – 454	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (ninth most recent).
FILLER	01	455 – 455	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 10)	08	456 – 463	Char	CCYYMMDD. Effective start date of the Part D plan (tenth and oldest).
PARTD DISENROLLMENT DATE (OCCURRENCE 10)	08	464 – 471	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (tenth and oldest date).
FILLER	01	472 – 472	Char	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
POTENTIAL UNCOVERED MONTHS**	03	473 – 475	Char	1. '000' = No uncovered months 2. Any value higher that zero (with leading zeroes) represents the number of potential uncovered months. 3. 'N/A' = Unable to calculate due to following reasons: - Part D end date is greater that Part D start date. - Beneficiary is deceased - Beneficiary does not have entitlement dates - Invalid Part D dates
INQUIRY TYPE	01	476 – 476	Char	'E' = Eligibility 'M' = Membership ' ' (space) = No HICN match
ENROLLMENT INFO OCCURRENCES	01	477 – 477	Char	0 to maximum of 2
Enrollment Info 1				
PLAN ID	05	478 – 482	Char	
PLAN ENROLLMENT DATE	08	483 – 490	Numeric	CCYYMMDD
DRUG PLAN INDICATOR	01	491 – 491	Char	'Y' 'N'
Enrollment Info 2				
PLAN ID	05	492 – 496	Char	
PLAN ENROLLMENT DATE	08	497 – 504	Numeric	CCYYMMDD
DRUG PLAN INDICATOR	01	505 – 505	Char	'Y' 'N'
FILLER	20	506 – 525	Char	
NUMBER OF UNCOVERED MONTHS (NUNCMO) OCCURENCES	02	526 – 527	Numeric	0 to a maximum of 20
UNCOVERED MONTHS START DATE1	08	528 – 535	Numeric	CCYYMMDD
UNCOV MONTHS1	03	536 – 538	Numeric	
NUNCMO INDICATOR1	01	539 – 539	Char	
TOTAL UNCOVERED MONTHS1	03	540 – 542	Numeric	
UNCOVERED MONTHS START DATE2	08	543 – 550	Numeric	CCYYMMDD
UNCOV MONTHS2	03	551 – 553	Numeric	
NUNCMO INDICATOR2	01	554 – 554	Char	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
TOTAL UNCOVERED MONTHS2	03	555 – 557	Numeric	
UNCOVERED MONTHS START DATE3	08	558 – 565	Numeric	CCYYMMDD
UNCOV MONTHS3	03	566 – 568	Numeric	.
NUNCMO INDICATOR3	01	569 – 569	Char	
TOTAL UNCOVERED MONTHS3	03	570 – 572	Numeric	
UNCOVERED MONTHS START DATE4	08	573 – 580	Numeric	CCYYMMDD
UNCOV MONTHS4	03	581 – 583	Numeric	
NUNCMO INDICATOR4	01	584 – 584	Char	
TOTAL UNCOVERED MONTHS4	03	585 – 587	Numeric	
UNCOVERED MONTHS START DATE5	08	588 – 595	Numeric	CCYYMMDD
UNCOV MONTHS5	03	596 – 598	Numeric	
NUNCMO INDICATOR5	01	599 – 599	Char	
TOTAL UNCOVERED MONTHS5	03	600 – 602	Numeric	
UNCOVERED MONTHS START DATE6	08	603 – 610	Numeric	CCYYMMDD
UNCOV MONTHS6	03	611 – 613	Numeric	
NUNCMO INDICATOR6	01	614 – 614	Char	
TOTAL UNCOVERED MONTHS6	03	615 – 617	Numeric	
UNCOVERED MONTHS START DATE7	08	618 – 625	Numeric	CCYYMMDD
UNCOV MONTHS7	03	626 – 628	Numeric	
NUNCMO INDICATOR7	01	629 – 629	Char	
TOTAL UNCOVERED MONTHS7	03	630 – 632	Numeric	
UNCOVERED MONTHS START DATE8	08	633 – 640	Numeric	CCYYMMDD
UNCOV MONTHS8	03	641 – 643	Numeric	
NUNCMO INDICATOR8	01	644 – 644	Char	
TOTAL UNCOVERED MONTHS8	03	645 – 647	Numeric	
UNCOVERED MONTHS START DATE9	08	648 – 655	Numeric	CCYYMMDD
UNCOV MONTHS9	03	656 – 658	Numeric	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
NUNCMO INDICATOR9	01	659 – 659	Char	
TOTAL UNCOVERED MONTHS9	03	660 – 662	Numeric	
UNCOVERED MONTHS START DATE10	08	663 – 670	Numeric	CCYYMMDD
UNCOV MONTHS10	03	671 – 673	Numeric	
NUNCMO INDICATOR10	01	674 – 674	Char	
TOTAL UNCOVERED MONTHS10	03	675 – 677	Numeric	
UNCOVERED MONTHS START DATE11	08	678 – 685	Numeric	CCYYMMDD
UNCOV MONTHS11	03	686 – 688	Numeric	
NUNCMO INDICATOR11	01	689 – 689	Char	
TOTAL UNCOVERED MONTHS11	03	690 – 692	Numeric	
UNCOVERED MONTHS START DATE12	08	693 – 700	Numeric	CCYYMMDD
UNCOV MONTHS12	03	701 – 703	Numeric	
NUNCMO INDICATOR12	01	704 – 704	Char	
TOTAL UNCOVERED MONTHS12	03	705 – 707	Numeric	
UNCOVERED MONTHS START DATE13	08	708 – 715	Numeric	CCYYMMDD
UNCOV MONTHS13	03	716 – 718	Numeric	
NUNCMO INDICATOR13	01	719 – 719	Char	
TOTAL UNCOVERED MONTHS13	03	720 – 722	Numeric	
UNCOVERED MONTHS START DATE14	08	723 – 730	Numeric	CCYYMMDD
UNCOV MONTHS14	03	731 – 733	Numeric	
NUNCMO INDICATOR14	01	734 – 734	Char	
TOTAL UNCOVERED MONTHS14	03	735 – 737	Numeric	
UNCOVERED MONTHS START DATE15	08	738 – 745	Numeric	CCYYMMDD
UNCOV MONTHS15	03	746 – 748	Numeric	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
NUNCMO INDICATOR15	01	749 – 749	Char	
TOTAL UNCOVERED MONTHS15	03	750 – 752	Numeric	
UNCOVERED MONTHS START DATE16	08	753 – 760	Numeric	CCYYMMDD
UNCOV MONTHS16	03	761 – 763	Numeric	
NUNCMO INDICATOR16	01	764 – 764	Char	
TOTAL UNCOVERED MONTHS16	03	765 – 767	Numeric	
UNCOVERED MONTHS START DATE17	08	768 – 775	Numeric	CCYYMMDD
UNCOV MONTHS17	03	776 – 778	Numeric	
NUNCMO INDICATOR17	01	779 – 779	Char	
TOTAL UNCOVERED MONTHS17	03	780 – 782	Numeric	
UNCOVERED MONTHS START DATE18	08	783 – 790	Numeric	CCYYMMDD
UNCOV MONTHS18	03	791 – 793	Numeric	
NUNCMO INDICATOR18	01	794 – 794	Char	
TOTAL UNCOVERED MONTHS18	03	795 – 797	Numeric	
UNCOVERED MONTHS START DATE19	08	798 – 805	Numeric	CCYYMMDD
UNCOV MONTHS19	03	806 – 808	Numeric	
NUNCMO INDICATOR19	01	809 – 809	Char	
TOTAL UNCOVERED MONTHS19	03	810 – 812	Numeric	
UNCOVERED MONTHS START DATE20	08	813 – 820	Numeric	CCYYMMDD
UNCOV MONTHS20	03	821 – 823	Numeric	
NUNCMO INDICATOR20	01	824 – 824	Char	
TOTAL UNCOVERED MONTHS20	03	825 – 827	Numeric	
RDS OCCURRENCES	02	828 – 829	Char	Number of RDS occurrences
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 1)	08	830 – 837	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (most recent or presently active).

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 1)	08	838 – 845	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 2)	08	846 – 853	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (second most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 2)	08	854 – 861	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (second most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 3)	08	862 – 869	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (third most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 3)	08	870 – 877	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (third most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 4)	08	878 – 885	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (fourth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 4)	08	886 – 893	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (fourth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 5)	08	894 – 901	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (fifth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 5)	08	902 – 909	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (fifth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 6)	08	910 – 917	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (sixth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 6)	08	918 – 925	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (sixth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 7)	08	926 – 933	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (seventh most).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 7)	08	934 – 941	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (seventh most recent)

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 8)	08	942 – 949	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (eighth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 8)	08	950 – 957	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (eighth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 9)	08	958 – 965	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (ninth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 9)	08	966 – 973	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (ninth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 10)	08	974 – 981	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (tenth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 10)	08	982 – 989	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (tenth most recent)
SEQUENCE NUMBER	32	990 – 1021	Char	Sequence number provided on the input transaction -Optional
MBD HICN CLAIM NUMBER	12	1022 –1033	Char	MBD claim number is returned when the HIC Found/Not Found flag is set to "X"
FILLER	267	1034 – 1300		

**Potential Uncovered Months

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

** As of November 9, 2007, when applicable, CMS requires plans to submit the latest incremental number of uncovered months, rather than the cumulative process that used to be in place.
The Infocrossing new potential incremental uncovered months is reported as follows:

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

Example 1:
If the beneficiary is currently enrolled in a Part D plan, then, the potential incremental uncovered months is zero. If the latest Part D end date is zeros, then uncovered months is zero.

Example 2:
If the beneficiary terminated membership in a Part D plan on October 31, 2007 and the uncovered months effective date is December 1, 2008, then this is less than 63 days from the calculation date and the uncovered months is set to zero.

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

Prior to November 8, 2007, the number of uncovered months reported by plans to CMS was considered cumulative.The calculation for the potential cumulative number of uncovered months was as follows:

This field is the number of months that a beneficiary does not appear to have been enrolled in a Part D plan or Retiree Drug Subsidy (RDS) plan. This field is calculated by first looking at the beneficiary's Part D eligibility date. We then look for periods of time of 63 consecutive days or more where the CMS record does not indicate that the individual was enrolled in a Part D or RDS plan. If any such gaps exist, we then add up the number of full calendar months from the beginning of each of the identified potential gaps. These months are only the potential uncovered months. Plans must follow CMS guidance on Creditable Coverage and the Late Enrollment Penalty to determine the actual number of uncovered months and report this number to CMS.

Example Calculation:
John Doe was eligible for Part D on 01/01/2006. He joined plan S9999 at that time. He then disenrolled from plan S9999 on 12/31/2006. There are no other Part D plan or RDS plan enrollment periods in the CMS record. He is now enrolling in plan S9998 for a 09/01/2007 effective date. He has a potential gap of 63 or greater days. His potential uncovered months would be calculated as eight. Plan S9998 would need to follow CMS guidance on Credible Coverage/Late enrollment penalty to determine the actual number of uncovered months, which may be anywhere from zero to eight in this example, and submit this information to CMS.

2. MEDICARE TRANSACTION PROCESSING

BATCH TRANSACTION PROCESSING

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

A batch job will be implemented to automatically process client submitted Medicare transaction files. Depending upon the client's requirements, Infocrossing will process the transactions as part of a nightly job or within 5 to 15 minutes of upload.

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

The transaction file supplied by the customer must contain one header record followed by Medicare transactions. The following pages explain the format of the data and individual field positions. The record length is 300 bytes. All applicable fields are validated against the MBD eligibility database.

2.1 MEDICARE TRANSACTION PROCESSING – ALL TRANSACTION TYPES EXCEPT "76"

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

Batch Enrollment/Disenrollment/Change/Cancellation transactions
Header Record

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

**   If "RETRO" "POVER" or "SVIEW" is populated, only <u>one Header</u> record must be included in the file submission to Infocrossing.

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

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

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

Note: For ease of reference, the "76" residential Address Change transaction layout has been defined in a separate section. Please keep in mind that all transaction types can be submitted together in one batch file to Infocrossing for processing.

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

Data Element	Size	Format	Position	Remarks
Record-Type	1	Num	1	'3'-transaction record.
Health Insurance Claim-Number (HICN)	12	Char	2-13	Valid Health insurance Claim Number. Must exist in CMS Eligibility for enrollments. Required on all transactions.
Surname	12	Char	14-25	Last name. No blank or spaces. Required on all transactions.
First Name	7	Char	26-32	First name. No blank or spaces. Required on all transactions.
Middle Initial	1	Char	33	Middle Initial. Can be a blank or space. Optional on all transactions.
Gender	1	Char	34	1 = male, 2 = female, 0 = unknown. Required on all transactions.
Birth Date	8	Num	35-42	Birth date in CCYYMMDD format. Required on all transactions.
EGHP Flag	1	Char	43	To identify Employer Group Health Plan (EGHP).This field is not applicable to Medicare & Medicaid Plans (MMPs). Leave it initialized to blank on all transactions.
PBP #	3	Char	44-46	Plan Benefit Package. Required on transactions '61', '72', '73', '78', '81','82', '83' if plan has PBPs. Leave field blank only if not applicable for the contract. Otherwise, PBP is required for all organizations to report a 3 character numeric number (zero-padded, 001-999).

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

Data Element	Size	Format	Position	Remarks
Application Receipt Date	8	Num	53-60	CCYYMMDD format. Required on 61 transactions. For Passive MMP enrollments: The Application Receipt date field is the 1st day of the 2nd month prior to the actual month of enrollment. For example, if the enrollment month is June 1, 2013, the application receipt date is April 1, 2013. Use an enrollment Source Code value of 'J' – State submitted passive enrollment (see Enrollment Source Code in position 193). For Beneficiary Elected MMP enrollments: Application date is the date the Plan received the beneficiary's enrollment request. Refer to the CMS Enrollment guidance for additional detailed explanation. Use an enrollment Source Code value of 'L' – MMP beneficiary election. Not applicable on transactions 72 through 78, 81, 82, 83 and 51.
Transaction Code	2	Num	61-62	Enrollments: '61' Disenrollments: '51' 4rx Change: '72' Uncovered Months Change: '73' Part C Premium Change: '78' Disenrollment Cancellation: '81' MMP Enrollment Cancellation: "82" MMP Opt-Out Update: "83"
Disenrollment reason	2	Num	63-64	MMP disenrollment reasons: '11' – Voluntary disenrollment '63' – MMP Opt-Out After Enrolled '64' – Loss of Demonstration Eligibility '92' – Involuntary disenrollment for a move out of plan's service area Blank Valid only on transaction 51. Leave blank on all other transactions. Required for Involuntary Disenrollments
Effective Date	8	Num	65-72	Effective date in CCYYMMDD format. Required on all transactions. Day field must always contain the first of the month.
Segment ID	3	Char	73-75	This field is not applicable to Medicare & Medicaid Plans (MMPs). Leave it initialized to blank on all transactions.

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

Data Element	Size	Format	Position	Remarks
Number of Uncovered Months	3	Num	85-87	Note for MMP enrollments: The NUNCMO field is always set to "000". Count of total months without drug coverage. If a beneficiary fails to enroll in a Part D plan timely, a higher premium is assessed based on the number of months that the individual lacked drug coverage. This is used in determining the higher premium amount. Format 999 with leading zeroes, i.e. 3 is 003. When Creditable Coverage flag is "Y", "R", "U" or blank, value should be zero. Value should be greater than 0 if Creditable Coverage Flag is "N". Required on 61 and 73 transactions.
Employer Subsidy Enrollment Override Flag	1	Char	88	This field is not applicable to Medicare & Medicaid Plans (MMPs). Leave it initialized to blank on all transactions.
Part D Opt-Out Flag	1	Char	89	Optional Field on a 51 transaction. Y = Beneficiary already has a third Party insurance that covers drugs and does not wish to be auto-enrolled in part D. Blank = leave field blank if beneficiary has not opted-out of Part D.
Part D Rx ID	20	Char	90-109	Not Required on Passive MMP enrollments. The member ID assigned to the Beneficiary. Required for all MAPD and Part D plans. Left-justified with trailing spaces. Uppercase alpha A-Z and/or numeric 0-9 only. Required for all part D plans on 61 and 72 transactions. Required on 72 transactions when changing primary Rx insurance.
Part D Rx Group	15	Char	110-124	Not Required on Passive MMP demonstration enrollments. The identifying number assigned to the cardholder group or employer group. Optional field. Change-to-value (used by all MAPD and Part D plans). Left-justified with trailing spaces. Uppercase alpha A-Z and/or numeric 0-9 only. Applicable to 61 and 72 transactions.Not applicable on all other transactions.

Data Element	Size	Format	Position	Remarks
Secondary Drug Insurance Flag	1	Char	125	To support coordination of benefits. Optional field on 61 and 72 transactions. Y = beneficiary has secondary drug insurance N = beneficiary does not have secondary drug insurance available. blank = do not know whether beneficiary has secondary drug insurance. Change-to-value on 72 transactions.
Secondary Rx ID	20	Char	126-145	The ID # assigned to the member by the secondary insurer. It supports coordination of benefits. Secondary insurance plan's ID number for beneficiary. Alphanumeric, upper case when alpha; left justified. Upper case printable characters and default value of spaces. Optional field used on 61and 72 transactions for if there is secondary insurance.
Secondary Rx Group	15	Char	146-160	The Group # assigned to the member by the secondary insurer. It supports coordination of benefits. Secondary insurance plan's group ID number for beneficiary. Alphanumeric, upper case when alpha; left justified. Upper case printable characters and default value of spaces. Optional field used on 61and 72 transactions if there is secondary insurance.
Part D Rx BIN	6	Char	161-166	Not Required on Passive MMP enrollments. The card issuer identifier or a Bank Identifying Number used for network routing. Required for all MAPD and PDP plans Right justified, zero filled. Numeric 0-9 only. Applicable for transaction types 61 and 72.
Part D Rx PCN	10	Char	167-176	Not Required on Passive MMP enrollments. The number assigned by the processor. Optional field. Change-to-value (used by all MAPD and Part D plans). Left-justified with trailing spaces. Uppercase alpha A-Z and/or numeric 0-9 only. Applicable for transaction types 61 and 72.

Data Element	Size	Format	Position	Remarks
Secondary Drug BIN	6	Char	177-182	Applicable on 61 and 72 transactions for MA-PD and PDP if there is secondary insurance. If specified, field must be right justified, zero filled, numeric 0-9 only. Change if secondary Drug Insurance Flag change-to value is "Y".
Secondary Drug PCN	10	Char	183-192	Optional field used for MA-PD and PDP if there is secondary insurance. If specified, must be alphanumeric, uppercase when alpha and left justified. Applicable on 61 and 72 transactions for MA-PD and PDP if there is secondary insurance.
Enrollment Source	1	Char	193	'A' – Auto-enrolled by CMS 'B' – Beneficiary election 'C' – Facilitated enrollment by CMS 'D' – CMS annual rollover 'E' – Plan-submitted auto-enrollment 'F' – Plan-submitted facilitated enrollment 'G' – Point of Sale (POS) submitted enrollment 'H' – CMS submitted reassignment enrollment 'J' – State submitted passive enrollment 'K' – CMS submitted passive enrollment 'L' – MMP beneficiary election Blank Valid on 61 enrollment transactions.
State *	2	Char	194-195	Numeric State code i.e. 05 for CA – *Use Optionally on 61 enrollments only.
County *	3	Char	196-198	Numeric County code – *Use Optionally on 61 enrollments only.
State/County Validation Flag *	1	Char	199	State and County validation indicator 'Y' – Validate State/County against CMS data blank or 'N' – Do not validate State/County – *Use Optionally on 61 enrollments only.
SNP ESRD override Flag	1	Char	200	'S' for SNP plan to bypass Prior-Commercial-Override edit.
PBP Change Flag	1	Char	201	Enter a value of 'Y' to indicate the "61" single enrollment transaction is a PBP change. Value of "Y" is required when submitting a PBP change with an election type of "Z" and an enrollment source code of "E".

Data Element	Size	Format	Position	Remarks
MMP Opt-Out Flag	1	Char	202	Valid on 51, 82 and 83 transactions. Optional on 51 and 82 transactions, required on an 83 transaction. "Y" = Opted out of passive enrollment into MMP Plan "N"=Not opted out of passive enrollment into MMP plan. Spaces = Not Applicable
Filler	81	Char	203- 283	Spaces
Transaction Maintenance-Flag	1	Char	284	'D' to delete transaction record 'U' to modify transaction record or else leave blank
Override-Flag	1	Char	285	Valid 'Y' to bypass edit or ' ' (space).
Transaction Tracking ID	15	Char	286-300	Must use the Infocrossing supplied account# (ex: HCF**** where the asterisks represent a unique Infocrossing assigned number) in the first 7 bytes. Positions 8 through 15 are optional and free-form.

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

2.2 MEDICARE TRANSACTION PROCESSING – "76" RESIDENTIAL ADDRESS CHANGE

The Interface to Medicare-solution document is intended for plans to use as a supplement to the CMS literature and should primarily be used as a guide to build the Infocrossing required record layout.

Batch Residential Address Change transaction
Header Record

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

Batch Residential Address Change transaction
Detail Record

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

Data Element	Size	Format	Position	Remarks
Record-Type	1	Num	1	'3'-transaction record.
Health Insurance Claim-Number (HICN)	12	Char	2-13	Valid Claim Number. Must exist in CMS Eligibility for enrollments. Required on all transactions.
Surname	12	Char	14-25	Last name. No blank or spaces. Required on all transactions.
First Name	7	Char	26-32	First name. No blank or spaces. Required on all transactions
Middle Initial	1	Char	33	Middle Initial. Can be a blank or space. Optional on all transactions.
Gender	1	Char	34	1 = male, 2 = female, 0 = unknown. Required on all transactions.
Birth Date	8	Num	35-42	Birth date in CCYYMMDD format. Required on all transactions.
Filler	5	Char	43-47	Leave blank on '76' transaction.
Plan-ID (Contract #)	5	Char	48-52	Contract Number Required on '76' transaction. H**** = identifies MMP plans. (All asterisks must be replaced by valid CMS assigned numeric values)
Filler	8	Char	53-60	Leave blank on '76' transaction.
Transaction Code	2	Num	61-62	Required: Residence Address Change code: '76'
Filler	2	Char	63-64	Leave blank on '76' transaction.
Effective Date	8	Num	65-72	Effective date in CCYYMMDD format. Required on all transactions. Day field must always contain the first of the month.
Filler	3	Char	73-75	Leave blank on '76' transaction
Residence Address Line1	65	Char	76-140	Street Address. Required when Address Update/Delete Flag is "Update"
Residence Address Line2	65	Char	141-205	Optional. Apartment or Suite number
Address Update/Delete Flag	1	Char	206	Required. 'U' = Adding a new address or modifying an existing address. 'D' = Deleting an existing address
Residence City	57	Char	207-263	City Name. Required when Address Update/Delete Flag is "Update".

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

2.3 MEDICARE TRANSACTION RESPONSE

Header Record

Header record: record length = 470

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

Detail Record

File attributes: record length = 470

DATA ELEMENT	SIZE	STARTING POSITION	REMARKS
Record Type	1	1	Value '3'. Copied from input
Claim Number (HICN#)	12	2	
Transaction Code	2	14	Values: 51, 61, 72 through 78, 81, 82, 83.
Last Name	12	16	
First Name	7	28	
Middle Initial	1	35	
Gender	1	36	
Birth Date	8	37	CCYYMMDD
EGHP flag	1	45	
PBP #	3	46	
Election Type	1	49	
Plan ID (contract#)	5	50	
Application Receipt Date	8	55	
Disenrollment Reason	2	63	
Effective Date	8	65	
Segment ID	3	73	
Plan Designation	4	76	'MMP ' - MMP program will have an Infocrossing designation of "MMP ". Note that this is only an Infocrossing assigned value.
Filler	1	80	
ESRD Override/Prior Commercial	1	81	
Premium Withhold Option C-D	1	82	
Part C premium Amt	6	83	
Filler	6	89	
Creditable Coverage Flag	1	95	
Number of Uncovered Months	3	96	
Employer subsidy Enr override flag	1	99	
Part D opt-out flag	1	100	
Part D Rx ID	20	101	
Part D Rx Group	15	121	
2ndry Drug Ins. Flag	1	136	
2ndry RX ID	20	137	
2ndry RX Group	15	157	
Part D Rx BIN	6	172	
Part D Rx PCN	10	178	
2ndry Rx BIN	6	188	
2ndry Rx PCN	10	194	
Enrollment Source Code	1	204	
Tran record delete or update flag	1	205	Value 'D' ' U' or blank

DATA ELEMENT	SIZE	STARTING POSITION	REMARKS
State and county codes	5	206	
PBP change Flag	1	211	
MMP Opt-Out Flag	1	212	
Filler	1	213	
Residence Address Line1	65	214	
Residence Address Line2	65	279	
Address Update/Delete Flag	1	344	
Residence City	57	345	
Residence State	2	402	
Residence Zip Code	5	404	
Residence Zip Code+4	4	409	
Residence End Date	8	413	
Transaction Tracking ID	15	421	
Filler	15	436	
Error Codes	20	451	Up to 10 occurrences of 2 position error codes

Notes:

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

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

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

2.4 TRANSACTION ERROR CODES

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

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

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

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

	Error Code and Message	Data Element Name	Transaction Code
33	74 REC MUST CONTAIN DATA SPECIFIC TO EGHP CHANGE (CAN BE IGNORED BY MMP PROCESSING)	any data element which is not pertinent to the 74 transaction	74
34	EGHP EFFECTIVE DATE RANGE IS: CCM–3 THRU CCM+3 (CAN BE IGNORED BY MMP PROCESSING)	Effective Date	61
35	BIRTH DATE NOT NUMERIC	Birth Date	All Transactions
36	BIRTH DATE MBD DATABASE MISMATCH	Birth Date	61, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83
37	INVALID EGHP FLAG (CAN BE IGNORED BY MMP PROCESSING)	EGHP Flag	61, 74
38	PROCESSING EFFECTIVE DATE RANGE IS: CCM -1 THRU CCM+3	Effective Date	61
39	75 REC MUST CONTAIN DATA SPECIFIC TO PAYMENT OPTION CHANGE (CAN BE IGNORED BY MMP PROCESSING)	any data element which is not pertinent to the 75 transaction	75
40	76 REC MUST CONTAIN DATA SPECIFIC TO ADDRESS CHANGE	any data element which is not pertinent to the 76 transaction	76
41	77 REC MUST CONTAIN DATA SPECIFIC TO SEGMENT CHANGE (CAN BE IGNORED BY MMP PROCESSING)	any data element which is not pertinent to the 77 transaction	77
42	NOT ENROLLED IN PART A	does not map	61
43	78 REC MUST CONTAIN DATA SPECIFIC TO PREMIUM CHANGE	any data element which is not pertinent to the 78 transaction	78
44	ESRD OR HOSPICE INDICATOR FOUND	does not map	61
45	79 REC MUST CONTAIN DATA SPECIFIC TO OPT-OUT CHANGE (CAN BE IGNORED BY MMP PROCESSING)	any data element which is not pertinent to the 79 transaction	79
46	EFFECTIVE DATE LESS THAN PART A DATE	Effective Date	61
47	INVALID DISENROLLMENT REASON CODE	Disenrollment reason	51, 82
48	SIGNATURE DATE INVALID	Application Receipt Date	61

Error Code and Message	Data Element Name	Transaction Code
49	RECORD TO MODIFY / DELETE NOT FOUND	does not map	All Transactions
50	STATE/COUNTY MBD DATABASE MISMATCH	State County	61
51	PBP# REQUIRED. VALUE MUST BE NUMERIC	PBP #	61, 72, 73, 74, 75, 76, 77, 78, 79
52	PBP CHANGE FLAG IS INVALID	PBP Change Flag	61
53	SEGMENT ID MUST BE NUMERIC (CAN BE IGNORED BY MMP PROCESSING)	Segment ID	77
54	INVALID ELECTION TYPE	Election Type	51, 61
55	INVALID AEP EFFECTIVE DATE	Effective Date	61
56	INVALID ICEP/IEP EFF DATE	Effective Date	61
57	MADP INVALID FOR CALENDAR PERIOD	Election Type	51
58	RX INFO APPLICABLE TO DRUG PLAN ONLY	Plan-ID (Contract #) and PBP # Relates to how the plan-id and PBP specified in transaction are defined on the M/CARE system.	72
59	RESERVED FOR FUTURE USE	N/A	N/A
60	RESERVED FOR FUTURE USE	N/A	N/A
61	INVALID PREMIUM WITHOLD OPTION	Premium Payment Option / Parts C-D	61, 75
62	INVALID PART C PREMIUM AMOUNT	Part C Premium Amount	61, 78
63	RESERVED FOR FUTURE USE	N/A	N/A
64	INVALID CREDITABLE COVERAGE FLAG	Creditable Coverage Flag	61, 73
65	INVALID NUMBER OF UNCOVERED MONTHS	Number of Uncovered Months	61, 73
66	EMPLOYER SUBSIDY FLAG MUST BE Y/BLANK	Employer Subsidy Enrollment Override Flag	61
67	PART D OPT-OUT FLAG MUST BE N, Y OR BLANK	Part D Opt-Out Flag	51, 61, 79
68	RX-ID BLANK OR INVALID	Part D Rx ID	61, 72
69	RX GROUP INVALID	Part D Rx Group	61, 72
70	SECONDARY DRUG INS FLAG INVALID	Secondary Drug Insurance Flag	61, 72
71	2ND RX-ID BLANK OR INVALID	Secondary Rx ID	61, 72

Error Code and Message	Data Element Name	Transaction Code
72	2ND RX-GRP INVALID	Secondary Rx Group	61, 72
73	MMP TRACKING-ID MUST BEGIN WITH HCF#	does not map	All transactions
74	"82" CANCELLATION CANNOT BE MATCHED TO PREVIOUS ENROLLMENT	does not map	82
75	MMP OPT-OUT FLAG VALUE MUST BE "Y", "N" OR BLANK	MMP Opt-Out Flag	51, 83
76	RESERVED FOR FUTURE USE	N/A	N/A
77	PLAN ENROLLMENT NOT MEDICAID ELIGIBILE	does not map	61
78	INVALID RECORD TYPE. RECORD BYPASSED	Record-Type	All Transactions
79	PLAN DESIGNATION INVALID NOT = MA, MA-PD or PDP	Plan-ID (Contract #) and PBP # Relates to how the plan-id and PBP specified in transaction are defined on the M/CARE system	61
80	RESERVED FOR FUTURE USE	N/A	N/A
81	DUPLICATE ACCEPTED TXN FOUND ON TRR	does not map	51, 61
82	MMP OPT OUT ONLY APPLICABLE TO MMP (CAN BE IGNORED BY MMP PROCESSING)	N/A	N/A
83	ON AEP, THE APPLICATION RECEIPT DATE MUST BE FROM 10/15 THRU 12/07	Application Receipt Date	61
84	EGHP FLAG NOT APPLICABLE TO MMP	EGHP Flag	61
85	RESERVED FOR FUTURE USE	N/A	N/A
86	PACE PLANS: AGE MUST BE AT LEAST 55 (CAN BE IGNORED BY MMP PROCESSING)	does not map	61
87	PACE PLANS: MBD HOSPICE IND. IS ON (CAN BE IGNORED BY MMP PROCESSING)	does not map	61
88	PACE PLANS: ELECTION TYPE MUST BE "S" (CAN BE IGNORED BY MMP PROCESSING)	Election Type	61
89	2ND RX-BIN BLANK OR INVALID	Secondary Drug BIN	61, 72
90	2ND RX-PCN INVALID	Secondary Drug PCN	61, 72

Error Code and Message	Data Element Name	Transaction Code
91	PREMIUM PYMT OPT NOT APPLICABLE TO MMP	Premium Payment Option	61
92	RESERVED FOR FUTURE USE	N/A	N/A
93	RX-BIN BLANK OR INVALID	Part D Rx BIN	61, 72
94	RX-PCN INVALID	Part D Rx PCN	61, 72
95	INVALID ENROLLMENT SOURCE CODE	Enrollment Source	61
96	NUNCMO – INVALID EFFECTIVE DATE	Effective Date	73
97	NUNCMO VALUE MUST BE ZERO WHEN CC FLAG IS R OR U	Number of Uncovered Months	61, 73
98	MEMBER MUST BE ENROLLED IN PART B WITH NO PART A ENTITLEMENT	does not map	61

2.5 MEDICARE TRANSACTION MATRIX OF REQUIRED AND OPTIONAL FIELDS BY CONTRACT TYPE

Enrollment and Disenrollment transactions
Matrix of Required/Optional fields

Transactions 61 and 51:
R: Required field
O: Optional – Field can be left blank
N/A: Not Applicable – Field should be filled with spaces

Field Name	Enrollment (61)	Disenrollment (51)
HICN	R	R
Surname	R	R
First Name	R	R
Middle Initial	O	O
Gender	R	R
Birth Date	R	R
EGHP Flag	Blank – N/A	Blank – N/A
PBP #	R	N/A
Election Type	R	R
Contract Number	R	R
Application Receipt Date	R	N/A
Transaction Code	R	R
Disenrollment reason	N/A	Required for Disenrollments
Effective Date	R	R
Segment ID	Blank – N/A	Blank – N/A
Prior Commercial - ESRD Override	R If applies	N/A
Premium Withhold Option/ Part C-D	Blank – N/A	N/A
Part C Premium Amt	Initialize with Zeroes	N/A
Creditable Cov Flag	Set to "Y"	N/A
Number of Uncovered Months	Set to "000"	N/A

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

Cancellation transactions
Matrix of Required/Optional fields

Transactions 82 and 81:
R: Required field
O: Optional – Field can be left blank
N/A: Not Applicable – Field should be filled with spaces

Field Name	Cancel Enrollment Transaction (82)	Cancel Disenrollment Transaction (81)
HICN	R	R
Surname	R	R
First Name	R	R
Middle Initial	O	O
Gender	R	R
Birth Date	R	R
EGHP Flag	N/A	N/A
PBP #	R	N/A
Election Type	N/A	N/A
Contract Number	R	R
Application Receipt Date	N/A	N/A
Transaction Code	R	R
Disenrollment reason	N/A	N/A
Effective Date	R	R
Segment ID	N/A	N/A
Prior Commercial - ESRD Override	N/A	N/A
Premium Withhold Option/ Part C-D	N/A	N/A

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

Miscellaneous Change transactions
Matrix of Required/Optional fields

Transactions 72, 73, 78 and 83:
R: Required field
O: Optional – Field can be left blank
N/A: Not Applicable – Field should be filled with spaces

Field Name	4RX Data Change (72)	NUNCMO Change (73)	Part C premium (78)	MMP opt-out (83)
Claim Number	R	R	R	R
Surname	R	R	R	R
First Name	R	R	R	R
Middle Initial	O	O	O	O
Gender	R	R	R	R
Birth Date	R	R	R	R
EGHP Flag	N/A	N/A	N/A	N/A
PBP #	R	R	R	R
Election Type	N/A	N/A	N/A	N/A
Contract Number	R	R	R	R
Application Receipt Date	N/A	N/A	N/A	N/A
Transaction Code	R	R	R	R
Disenrollment reason	N/A	N/A	N/A	N/A
Effective Date	R	R	R	R
Segment ID	N/A	N/A	N/A	N/A

Field Name	4RX Data Change (72)	NUNCMO Change (73)	Part C premium (78)	MMP opt-out (83)
Prior Commercial -ESRD Override	N/A	N/A	N/A	N/A
Premium Withhold Option / Part C-D	N/A	N/A	N/A	N/A
Part C Premium Amt	N/A	N/A	R	N/A
Creditable Cov Flag	N/A	R	N/A	N/A
Number of Uncovered Months	N/A	R Blank = Zero	N/A	N/A
Employer-Subsidy Enrollment Override	N/A	N/A	N/A	N/A
Part D Opt-Out Flag	N/A	N/A	N/A	N/A
Part D Rx ID	R if applies	N/A	N/A	N/A
Part D Rx Group	Blank /change to value	N/A	N/A	N/A
Secondary Drug Insurance flag	Blank or change to value	N/A	N/A	N/A
Secondary Rx ID	R if applies	N/A	N/A	N/A
Secondary Rx Group	R if applies	N/A	N/A	N/A
Rx BIN	R	N/A	N/A	N/A
Rx PCN	Blank or change to value	N/A	N/A	N/A
Secondary Drug BIN	N/A	N/A	N/A	N/A
Secondary Drug PCN	N/A	N/A	N/A	N/A
Enrollment Source	N/A	N/A	N/A	N/A
MMP Opt Out	N/A	N/A	N/A	R
Trans Tracking ID	R	R	R	R

Miscellaneous Change transactions
Matrix of Required/Optional fields

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

Field Name	Residence Address Change(76)
Claim Number	R
Surname	R
First Name	R
Middle Initial	O
Gender	R
Birth Date	R
EGHP Flag	N/A
PBP #	N/A
Election Type	N/A
Contract Number	R
ApplicationReceipt Date	N/A
Transaction Code	R

Field Name	Residence Address Change(76)
Disenrollment reason	N/A
Effective Date	R
Segment ID	N/A
Prior Commercial - ESRD Override	N/A
Premium Withhold Option/ Part C-D	N/A
Part C Premium Amt	N/A
Creditable Cov Flag	N/A
Number of Uncovered Months	N/A
Employer Subsidy Enrollment Override	N/A
Part D Opt-Out Flag	N/A
Part D Rx ID	N/A
Part D Rx Group	N/A
Secondary Drug Insurance Flag	N/A
Secondary Rx ID	N/A
Secondary Rx Group	N/A
Rx BIN	N/A
Rx PCN	N/A
Secondary Drug BIN	N/A
Secondary Drug PCN	N/A
Enrollment Source	N/A
Trans Tracking ID	R
Address Update/Delete Flag	R
Residence Address Line1	Rif flag = 'Update'
Residence Address Line2	O
Residence City	Rif flag = 'Update'
Residence State	Rif flag = 'Update'
Residence Zip Code	Rif flag = 'Update'
Residence Zip Code+4	O
Residence End Date	R

3. WEB SERVICE

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

3.1 MEDICARE ELIGIBILITY – ELIGIBILITYQUERY METHOD

Eligibility Query Input Data

Field	Description
userID	Web Service User Id
Password	Web Service Password
hicNbr	Medicare ID
lastName	First 6 characters of member last name
birthDate *	Birth Date (CCYYMMDD)

* The eligibility process will first attempt to find a match by using the HICN and the last name provided. If no match is obtained and the optional Date of Birth field is provided, a second attempt will be made by using the HICN and the Date of Birth.
If prior match attempts using the HICN are unsuccessful, one more attempt will be made to match the plan provided HICN and last name against the MBD XREF claim number.

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

Eligibility Query Return Data

Field	Description
txnDate	Date the transaction was made Current Date/Time formatted as CCYYMMDDHHMMSS
mbdLoadEffDate	Date of the MBD load (CCYYMMDD) **
requestHicNbr	The Hic Nbr from the request
requestLastName	The Last Name from the request
requestDOB	The Date of Birth from the request
foundHicNbr	Y= found, X=Match on XRef Hic Nbr, N= not found **
foundNameorDOB	Y= found, N= not found **
inquiryResponse	'M' = Membership, 'E' = Eligibility
hicNbr	Current Medicare ID of the member, may be different that the requested Hic Number if match is found on the XRef Hic Number
lastName	Member Last Name
firstName	Member First Name
middleInitial	Member Middle Initial
genderCd	Gender Code 1 – Male 2 – Female
raceCd	Values as supplied by CMS are: '0' or blank = unknown, '1' = White, '2'= Black, '3' = other, '4' = Asian, '5' = Hispanic, '6' = North American Native

Field	Description
birthDate	Birth Date (CCYYMMDD)
prtAEntitlementDate	Part A Entitlement Date (CCYYMMDD)
prtAEntitleEndDate	Part A Entitlement End Date (CCYYMMDD)
prtBEntitlementDate	Part B Entitlement Date (CCYYMMDD)
prtBEntitleEndDate	Part B Entitlement End Date (CCYYMMDD)
stateCd	State Code – 2 digit postal code
countyCd	County Code – 3 digit postal code
hospiceStatus	Hospice Status Y/spaces
hospiceStartDate	Hospice Start date (CCYYMMDD)
hospiceEndDate	Hospice End date (CCYYMMDD)
instStatus	Institutionalized Status Y/spaces
instStartDate	Institutionalized Start date (CCYYMMDD)
instEndDate	Institutionalized End date (CCYYMMDD)
esrdStatus	ESRD Status Y/spaces
esrdStartDate	ESRD Start date (CCYYMMDD)
esrdEndDate	ESRD End date (CCYYMMDD)
medicaidStatus	Medicaid Status Y/spaces
medicaidStartDate	Medicaid Start date (CCYYMMDD)
medicaidEndDate	Medicaid End date (CCYYMMDD)
eghpInd	Employer Group Health Plan Indicator (Y/space)
livingStatus	Living Status (A/D)
deathDate	Death Date (CCYYMMDD)
xrefHicNbr	Previously Known Claim Number as supplied by CMS
enrollmentInfo	0 to 2 occurrences of Enrollment Data
potentialUncvrdMths	Potential number of uncovered Months
potentialUncvrdMthsEffDate	Date for which the potential uncovered month field applies to (CCYYMM)
prtDEligibleDate	Part D Eligible Start Date
lisInfo	2 occurrences of LIS Data
prtDHistInfo	0 to 10 occurrences of Part D History
nuncMoInfo	0 to 20 occurrences of nuncMo Data
rdsHistInfo	0 to 10 occurrences of RDS History

LIS Data

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

Enrollment Data

Field	Description
planId	Plan Id
planEnrollmentDate	Plan Enrollment Date (CCYYMMDD)
drugPlanInd	Y / N

Part D History

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

RDS History

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

NUNCMO Data
(Number of Uncovered Months)

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

3.2 WEB SERVICE ERRORS

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

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

Eligibility Inquiry Error Code Table

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

4. CMS SUBMISSION

4.1 TRANSMISSION SCHEDULE

- Infocrossing submits all received and accepted Medicare transactions in the required CMS MARx format three times per day, seven days per week. The transmission times occur at 07:00 A.M., 04:00 P.M. and 08:00 P.M., all times are PST.

- Calendar month-end submission. This schedule will occur on the last day of each calendar month to accommodate the CMS MARx system CCM rules (Current Calendar Month):There will be one morning transmission and a second 02:00 P.M. PST transmission.

4.2 BLACKOUT DATES

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

4.3 RESPONSE FROM CMS

- CMS performs a preliminary validation of Marx transaction data files and returns any potential failed transactions in a "batch completion status summary file". This file will be available to download in the rare instance where a file submission does not pass the initial CMS validation.

- CMS generates the "Daily Transaction Reply Report" (DTRR) data file on a nightly basis, detailing all accepted and rejected records. This file will be available to download on the Infocrossing web portal and designated FTP servers.

- CMS generates many monthly files that are made available on the Infocrossing web portal. Additional information on these files can be obtained from the CMS Plan Communications User Guide document (PCUG) in the appendices section.

4.4 CMS TRANSACTION TRANSMISSION DATA FILE LAYOUT

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

CMS Transmission Layout

RECORD FORMAT = FB   LENGTH = 457

DETAIL RECORD

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
HEALTH INSURANCE CLAIM NUMBER (HICN#)	12	1 –12	Char	
SURNAME	12	13 – 24	Char	
FIRST NAME	07	25 – 31	Char	
MIDDLE INITIAL	01	32 – 32	Char	
GENDER	01	33 – 33	Char	Values "0", "1" and "2" when applicable
BIRTH DATE	08	34 – 41	Char	CCYYMMDD format when applicable
EGHP FLAG	01	42 – 42	Char	N/A
PBP #	03	43 – 45	Char	
ELECTION TYPE	01	46 – 46	Char	
PLAN ID (CONTRACT#)	05	47 – 51	Char	
APPLICATION RECEIPT DATE	08	52 – 59	Char	CCYYMMDD format when applicable
TRANSACTION CODE	02	60 – 61	Num	
DISENROLLMENT REASON	02	62 – 63	Char	
EFFECTIVE DATE	08	64 – 71	Char	CCYYMMDD format
SEGMENT ID	03	72 – 74	Char	N/A
ESRD OVERRIDE	01	75 – 75	Char	
PREMIUM WITHHOLD OPTION	01	76 – 76	Char	N/A
PART C PREMIUM AMOUNT	06	77 – 82	Char	Numeric when applicable
FILLER	06	83 – 88	Char	Spaces
CREDITABLE COVERAGE FLAG	01	89 – 89	Char	
NUMBER OF UNCOVERED MONTHS	03	90 – 92	Char	
EMPLOYEE SUBSIDY ENROLLMENT OVERRIDE	01	93 – 93	Char	N/A

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
FLAG				
PART D OPT-OUT FLAG	01	94 – 94	Char	N/A
PART D Rx ID	20	95 – 114	Char	
PART D Rx GROUP	15	115 – 129	Char	
SECONDARY DRUG INSURANCE FLAG	01	130 – 130	Char	
SECONDAY Rx ID	20	131 – 150	Char	
SECONDARY Rx GROUP	15	151 – 165	Char	
ENROLLMENT SOURCE	01	166 – 166	Char	
FILLER	36	167 – 202	Char	
PARTD Rx BIN	06	203 – 208	Char	
PARTD Rx PCN	10	209 – 218	Char	
SECONDAY Rx BIN	06	219 – 224	Char	
SECONDAY Rx PCN	0	225 – 234	Char	
MMP OPT-OUT FLAG	01	235 – 235	Char	
ADDRESS DELETE/UPD FLAG	01	236 – 236	Char	
RESIDENCE ADDRESS LINE1	65	237 – 301	Char	
RESIDENCE ADDRESS LINE2	65	302 – 366	Char	
RESIDENCE CITY	57	367 – 423	Char	
RESIDENCE STATE	02	424 – 425	Char	
RESIDENCE ZIP CODE	05	426 – 430	Char	
RESIDENCE ZIP CODE+4	04	431 – 434	Char	
RESIDENCE END DATE	08	435 – 442	Char	
TRANSACTION TRACKING ID	15	443 – 457	Char	

5. ELIGIBILITY+

5.1 ELIGIBILITY+ PLAN ENROLLMENT (FROM CMS MBD EXTRACT) LAYOUT

This service provides you with a Medicare membership roster of all your contracted Medicare plans in your organization.Two separate files are produced. The first file, a 1300 byte file as shown below, will report all the beneficiaries that are enrolled in your organization according to the CMS MBD extract. The second file, as shown in section 5.2, will report the changes for each beneficiary in your PLAN between the prior CMS MBD extract and current MBD extract.

Eligibility+ Plan Enrollment Layout

RECORD FORMAT = FB   LENGTH = 1300

HEADER RECORD

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RECORD TYPE	01	1 –1	Char	'H'
ACCOUNT	08	2 – 9	Char	Account number
TRANSACTION DATE	08	10 – 17	Numeric	CCYYMMDD
MBD LOAD EFF DATE	08	18 – 25	Numeric	CCYYMMDD Date MBD data is loaded
POTENTIAL UNCOV MONTHS EFF DATE	06	26 – 31	Numeric	CCYYMM Payment month MBD data is received from CMS
FILLER	1069	32 – 1300	Char	Spaces

DETAIL RECORD

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RECORD TYPE	1	1 – 1	Char	'D'
CURRENT PLANID	5	2 – 6	Char	Primary Contract ID
CURRENT COPLANID	5	7 – 11	Char	Secondary Contract ID
MBD HICN	12	12 – 23	Char	
FILLER	04	24 – 27	Char	
MBD LAST NAME	40	28 - 67	Char	
FIRST NAME	30	68 - 97	Char	
MIDDLE INIT	01	98 – 98	Char	
GENDER	01	99 – 99	Char	Gender ('F' or 'M')
BIRTHDATE	08	100 – 107	Numeric	CCYYMMDD

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
PART A ENTITLEMENT DATE	08	108 – 115	Numeric	CCYYMMDD. The Entitlement Start Date of the beneficiary's most recent or active Medicare Part A entitlement period.
PART A ENTITLEMENT END DATE	08	116 – 123	Numeric	CCYYMMDD. The Entitlement End Date of the beneficiary's most recent or active Medicare Part A entitlement period.
PART B ENTITLEMENT DATE	08	124 – 131	Numeric	CCYYMMDD. The Entitlement Start Date of the beneficiary's most recent or active Medicare Part B entitlement period.
PART B ENTITLEMENT END DATE	08	132 – 139	Numeric	CCYYMMDD. The Entitlement End Date of the beneficiary's most recent or active Medicare Part B entitlement period.
STATE CODE	02	140 – 141	Numeric	
COUNTY CODE	03	142 – 144	Numeric	
HOSPICE STATUS	01	145 – 145	Char	Y/spaces
HOSPICE START DATE	08	146 – 153	Numeric	CCYYMMDD
HOSPICE END DATE	08	154 – 161	Numeric	CCYYMMDD
INSTITUTIONAL STATUS	01	162 – 162	Char	Y/spaces
INSTITUTIONAL START DATE	08	163 – 170	Numeric	CCYYMMDD
INSTITUTIONAL END DATE	08	171 – 178	Numeric	CCYYMMDD
ESRD STATUS	01	179 – 179	Char	Y/spaces
ESRD START DATE	08	180 – 187	Numeric	CCYYMMDD
ESRD END DATE	08	188 – 195	Numeric	CCYYMMDD
MEDICAID STATUS	01	196 – 196	Char	Y/spaces
MEDICAID START DATE	08	197 – 204	Numeric	CCYYMMDD
MEDICAID END DATE	08	205 – 212	Numeric	CCYYMMDD
EGHP INDICATOR	01	213 – 213	Char	Y/spaces
LIVING STATUS	01	214 – 214	Char	'A' or 'D' ("Alive" or "Deceased")
DEATH DATE	08	215 – 222	Numeric	CCYYMMDD
XREF HEALTH INSURANCE CLAIM NUMBER	12	223 – 234	Char	Previously known claim number as supplied by CMS on the MBD
RACE CODE	01	235 – 235	Char	Values as supplied by CMS are: '0' or blank = unknown, '1' = White, '2'= Black, '3' = other, '4' = Asian, '5' = Hispanic, '6' = North American Native
FILLER	07	236 – 242		
Part D – LIS Info				

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
PARTD ELIGIBLE START DATE	08	243 – 250	Numeric	CCYYMMDD. This field identifies the date the beneficiary became eligible for Part D Benefits.
DEEMED/LOW INCOME SUBSIDY START DATE (OCCURRENCE 1)	08	251 – 258	Numeric	CCYYMMDD. Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (most recent or presently active).
DEEMED/LOW INCOME SUBSIDY END DATE (OCCURRENCE 1)	08	259 – 266	Numeric	CCYYMMDD. The end date of the Deemed period or Low Income Subsidy (most recent or presently active).
CO-PAYMENT LEVEL IDENTIFIER (OCCURRENCE 1)	01	267 – 267	Char	This field indicates the Co-Payment level for the beneficiary.
PRTD PREMIUM SUBSIDY PERCENT (OCCURRENCE 1)	03	268 – 270	Char	If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized.
DEEMED/LOW INCOME SUBSIDY START DATE (OCCURRENCE 2)	08	271 – 278	Numeric	CCYYMMDD. Effective start date of the deeming period or Low Income Subsidy. This will be the first day of the month in which the deeming was made or the start date of the Low Income Subsidy (second most recent).
DEEMED/LOW INCOME SUBSIDY END DATE (OCCURRENCE 2)	08	279 – 286	Numeric	CCYYMMDD. The end date of the Deemed period or Low Income Subsidy (second most recent).
CO-PAYMENT LEVEL IDENTIFIER (OCCURRENCE 2)	01	287 – 287	Char	This field indicates the Co-Payment level for the beneficiary.
PRTD PREMIUM SUBSIDY PERCENT (OCCURRENCE 2)	03	288 – 290	Char	If beneficiary is Deemed, subsidy is 100 percent. If beneficiary is LIS, this field identifies the portion of Part D Premium subsidized.
FILLER	10	291 – 300		
PARTD OCCURRENCES	02	301 – 302	Char	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 1)	08	303 – 310	Char	CCYYMMDD. Effective start date of the Part D plan for the beneficiary (most recent or presently active).
PARTD DISENROLLMENT DATE (OCCURRENCE 1)	08	311 – 318	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (most recent).
FILLER	01	319 – 319	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 2)	08	320 – 327	Char	CCYYMMDD. Effective start date of the Part D plan (second most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 2)	08	328 – 335	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (second most recent).
FILLER	01	336 – 336	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 3)	08	337 – 344	Char	CCYYMMDD. Effective start date of the Part D plan (third most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 3)	08	345 – 352	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (third most recent).
FILLER	01	353 – 353	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 4)	08	354 – 361	Char	CCYYMMDD. Effective start date of the Part D plan (fourth most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 4)	08	362 – 369	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (fourth most recent).
FILLER	01	370 – 370	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 5)	08	371 – 378	Char	CCYYMMDD. Effective start date of the Part D plan (fifth most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 5)	08	379 – 386	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (fifth most recent).
FILLER	01	387 – 387	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 6)	08	388 – 395	Char	CCYYMMDD. Effective start date of the Part D plan (sixth most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 6)	08	396 – 403	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (sixth most recent).
FILLER	01	404 – 404	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 7)	08	405 – 412	Char	CCYYMMDD. Effective start date of the Part D plan (seventh most recent).

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
PARTD DISENROLLMENT DATE (OCCURRENCE 7)	08	413 – 420	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (seventh most recent).
FILLER	01	421 – 421	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 8)	08	422 – 429	Char	CCYYMMDD. Effective start date of the Part D plan (eighth most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 8)	08	430 – 437	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (eighth most recent).
FILLER	01	438 – 438	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 9)	08	439 – 446	Char	CCYYMMDD. Effective start date of the Part D plan (ninth most recent).
PARTD DISENROLLMENT DATE (OCCURRENCE 9)	08	447 – 454	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (ninth most recent).
FILLER	01	455 – 455	Char	
PARTD ENROLLMENT EFFECTIVE DATE (OCCURRENCE 10)	08	456 – 463	Char	CCYYMMDD. Effective start date of the Part D plan (tenth and oldest).
PARTD DISENROLLMENT DATE (OCCURRENCE 10)	08	464 – 471	Char	CCYYMMDD. Effective disenrollment date of the Part D plan (tenth and oldest date).
FILLER	01	472 – 472	Char	
POTENTIAL UNCOVERED MONTHS**	03	473 – 475	Char	1. '000' = No uncovered months 2. Any value higher that zero (with leading zeroes) represents the number of potential uncovered months. 3. 'N/A' = Unable to calculate due to following reasons: - Part D end date is greater that Part D start date. - Beneficiary is deceased - Beneficiary does not have entitlement dates - Invalid Part D dates
INQUIRY TYPE	01	476 – 476	Char	Value is always 'M' (Membership)
ENROLLMENT INFO OCCURRENCES	01	477 – 477	Char	0 to maximum of 2
Enrollment Info 1				
PLAN ID	05	478 – 482	Char	
PLAN ENROLLMENT DATE	08	483 – 490	Numeric	CCYYMMDD
DRUG PLAN INDICATOR	01	491 – 491		'Y' or 'N'

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
Enrollment Info 2				
PLAN ID	05	492 – 496	Char	
PLAN ENROLLMENT DATE	08	497 – 504	Numeric	CCYYMMDD
DRUG PLAN INDICATOR	01	505 – 505		'Y' or 'N'
FILLER	20	506 – 525		
NUMBER OF UNCOVERED MONTHS (NUNCMO) OCCURENCES	02	526 – 527	Numeric	0 to a maximum of 20
UNCOVERED MONTHS START DATE1	08	528 – 535	Numeric	CCYYMMDD
UNCOV MONTHS1	03	536 – 538	Numeric	
NUNCMO INDICATOR1	01	539 – 539	Char	
TOTAL UNCOVERED MONTHS1	03	540 – 542	Numeric	
UNCOVERED MONTHS START DATE2	08	543 – 550	Numeric	CCYYMMDD
UNCOV MONTHS2	03	551 – 553	Numeric	
NUNCMO INDICATOR2	01	554 – 554	Char	
TOTAL UNCOVERED MONTHS2	03	555 – 557	Numeric	
UNCOVERED MONTHS START DATE3	08	558 – 565	Numeric	CCYYMMDD
UNCOV MONTHS3	03	566 – 568	Numeric	.
NUNCMO INDICATOR3	01	569 – 569	Char	
TOTAL UNCOVERED MONTHS3	03	570 – 572	Numeric	
UNCOVERED MONTHS START DATE4	08	573 – 580	Numeric	CCYYMMDD
UNCOV MONTHS4	03	581 – 583	Numeric	
NUNCMO INDICATOR4	01	584 – 584	Char	
TOTAL UNCOVERED MONTHS4	03	585 – 587	Numeric	
UNCOVERED MONTHS START DATE5	08	588 – 595	Numeric	CCYYMMDD
UNCOV MONTHS5	03	596 – 598	Numeric	
NUNCMO INDICATOR5	01	599 – 599	Char	
TOTAL UNCOVERED MONTHS5	03	600 – 602	Numeric	
UNCOVERED MONTHS START DATE6	08	603 – 610	Numeric	CCYYMMDD
UNCOV MONTHS6	03	611 – 613	Numeric	
NUNCMO INDICATOR6	01	614 – 614	Char	
TOTAL UNCOVERED MONTHS6	03	615 – 617	Numeric	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
UNCOVERED MONTHS START DATE7	08	618 – 625	Numeric	CCYYMMDD
UNCOV MONTHS7	03	626 – 628	Numeric	
NUNCMO INDICATOR7	01	629 – 629	Char	
TOTAL UNCOVERED MONTHS7	03	630 – 632	Numeric	
UNCOVERED MONTHS START DATE8	08	633 – 640	Numeric	CCYYMMDD
UNCOV MONTHS8	03	641 – 643	Numeric	
NUNCMO INDICATOR8	01	644 – 644	Char	
TOTAL UNCOVERED MONTHS8	03	645 – 647	Numeric	
UNCOVERED MONTHS START DATE9	08	648 – 655	Numeric	CCYYMMDD
UNCOV MONTHS9	03	656 – 658	Numeric	
NUNCMO INDICATOR9	01	659 – 659	Char	
TOTAL UNCOVERED MONTHS9	03	660 – 662	Numeric	
UNCOVERED MONTHS START DATE10	08	663 – 670	Numeric	CCYYMMDD
UNCOV MONTHS10	03	671 – 673	Numeric	
NUNCMO INDICATOR10	01	674 – 674	Char	
TOTAL UNCOVERED MONTHS10	03	675 – 677	Numeric	
UNCOVERED MONTHS START DATE11	08	678 – 685	Numeric	CCYYMMDD
UNCOV MONTHS11	03	686 – 688	Numeric	
NUNCMO INDICATOR11	01	689 – 689	Char	
TOTAL UNCOVERED MONTHS11	03	690 – 692	Numeric	
UNCOVERED MONTHS START DATE12	08	693 – 700	Numeric	CCYYMMDD
UNCOV MONTHS12	03	701 – 703	Numeric	
NUNCMO INDICATOR12	01	704 – 704	Char	
TOTAL UNCOVERED MONTHS12	03	705 – 707	Numeric	
UNCOVERED MONTHS START DATE13	08	708 – 715	Numeric	CCYYMMDD
UNCOV MONTHS13	03	716 – 718	Numeric	
NUNCMO INDICATOR13	01	719 – 719	Char	
TOTAL UNCOVERED MONTHS13	03	720 – 722	Numeric	
UNCOVERED MONTHS START DATE14	08	723 – 730	Numeric	CCYYMMDD
UNCOV MONTHS14	03	731 – 733	Numeric	
NUNCMO INDICATOR14	01	734 – 734	Char	

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
TOTAL UNCOVERED MONTHS14	03	735 – 737	Numeric	
UNCOVERED MONTHS START DATE15	08	738 – 745	Numeric	CCYYMMDD
UNCOV MONTHS15	03	746 – 748	Numeric	
NUNCMO INDICATOR15	01	749 – 749	Char	
TOTAL UNCOVERED MONTHS15	03	750 – 752	Numeric	
UNCOVERED MONTHS START DATE16	08	753 – 760	Numeric	CCYYMMDD
UNCOV MONTHS16	03	761 – 763	Numeric	
NUNCMO INDICATOR16	01	764 – 764	Char	
TOTAL UNCOVERED MONTHS16	03	765 – 767	Numeric	
UNCOVERED MONTHS START DATE17	08	768 – 775	Numeric	CCYYMMDD
UNCOV MONTHS17	03	776 – 778	Numeric	
NUNCMO INDICATOR17	01	779 – 779	Char	
TOTAL UNCOVERED MONTHS17	03	780 – 782	Numeric	
UNCOVERED MONTHS START DATE18	08	783 – 790	Numeric	CCYYMMDD
UNCOV MONTHS18	03	791 – 793	Numeric	
NUNCMO INDICATOR18	01	794 – 794	Char	
TOTAL UNCOVERED MONTHS18	03	795 – 797	Numeric	
UNCOVERED MONTHS START DATE19	08	798 – 805	Numeric	CCYYMMDD
UNCOV MONTHS19	03	806 – 808	Numeric	
NUNCMO INDICATOR19	01	809 – 809	Char	
TOTAL UNCOVERED MONTHS19	03	810 – 812	Numeric	
UNCOVERED MONTHS START DATE20	08	813 – 820	Numeric	CCYYMMDD
UNCOV MONTHS20	03	821 – 823	Numeric	
NUNCMO INDICATOR20	01	824 – 824	Char	
TOTAL UNCOVERED MONTHS20	03	825 – 827	Numeric	
RDS OCCURRENCES	02	828 – 829	Char	Number of RDS occurrences
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 1)	08	830 – 837	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (most recent or presently active).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 1)	08	838 – 845	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (most recent)

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 2)	08	846 – 853	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (second most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 2)	08	854 – 861	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (second most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 3)	08	862 – 869	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (third most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 3)	08	870 – 877	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (third most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 4)	08	878 – 885	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (fourth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 4)	08	886 – 893	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (fourth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 5)	08	894 – 901	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (fifth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 5)	08	902 – 909	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (fifth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 6)	08	910 – 917	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (sixth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 6)	08	918 – 925	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (sixth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 7)	08	926 – 933	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (seventh most).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 7)	08	934 – 941	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (seventh most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 8)	08	942 – 949	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (eighth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 8)	08	950 – 957	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (eighth most recent)
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 9)	08	958 – 965	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (ninth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 9)	08	966 – 973	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (ninth most recent)

FIELD NAME	SIZE	POSITION	FORMAT	COMMENT
RETIREE SUBSIDY EFFECTIVE DATE (OCCURRENCE 10)	08	974 – 981	Char	CCYYMMDD. Effective start date of the Retiree Drug Subsidy (tenth most recent).
RETIREE SUBSIDY DISENROLLMENT DATE (OCCURRENCE 10)	08	982 – 989	Char	CCYYMMDD. Effective end date of the Retiree Drug Subsidy (tenth most recent)
MBD HICN CLAIM NUMBER	12	990 –1001	Char	MBD claim number is returned when the HICN Found/Not Found flag is set to "X"
FILLER	299	1002 – 1300		

5.2 ELIGIBILITY+ MEMBER DATA CHANGES (BETWEEN PRIOR AND CURRENT CMS MBD EXTRACT) LAYOUT

Eligibility+ Member Data Changes Layout

RECORD FORMAT = FB   LENGTH = 200

Data Element	Size	Format	Position	Remarks
Current Plan Id	5	Char	1-5	Primary Contract Id
Current CoPlan ID	5	Char	6-10	Secondary Contract Id
HICN Number	12	Char	11-22	Medicare ID
Name of field being changed	40	Char	23-62	Name of Field where change is detected
Previous value	50	Char	63-112	Value of changed field in prior MBD extract
Current value	50	Char	113-162	Value of changed field in current MBD extract
Current time stamp	26	Char	163-188	Time stamp of latest value
Filler	12	Char	189-200	Blank

6. ENROLLMENT RECONCILIATION EXTRACT

6.1 ENROLLMENT RECONCILIATION EXTRACT LAYOUT

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

Enrollment Reconciliation Extract Layout

RECORD FORMAT = FB   LENGTH = 323

Data Element	Size	Format	Position	Remarks
Source code	1	Char	1	'T' – Enrollment transaction sent to CMS 'C' – CMS TRR sent back
PlanID (Contract#)	5	Char	2-6	Contract ID
Effective date	8	Char	7-14	Enrollment Effective date
HICN number	12	Char	15-26	Beneficiary Medicare ID
Transaction code	2	Char	27-28	'61' – Enrollment '51' – Disenrollment '72' – 4Rx Record Change '73' – Uncovered Months Change '76' – Residential Address Change '78' – Part C premium Change '81' – Disenrollment Cancellation '82' – MMP Enrollment Cancellation '83' – MMP Opt Out Update
Filler	1	Char	29	Spaces
Application Receipt date	8	Char	30-37	
Election type	1	Char	38	
PBP #	3	Char	39-41	Plan Benefit Package
PBP Segment ID	3	Char	42-44	
Transaction Reply Code	3	Char	45-47	If source code is 'C' (CMS TRR record) then TRR code is value from TRR record If source code is 'T' (Enrollment transaction sent) then blank in this field
Last name	12	Char	48-59	
First name	7	Char	60-66	
Middle Initial	1	Char	67	
Gender	1	Char	68	'1' – Male '2' – Female
Birth date	8	Char	69-76	
Source ID	5	Char	77-81	
Trans Tracking ID	15	Char	82-96	
Residence Address 1	65	Char	97-161	

Data Element	Size	Format	Position	Remarks
Residence Address 2	65	Char	162-226	
Residence City	57	Char	227-283	
Residence State	2	Char	284-285	
Residence Zip	5	Char	286-290	
Residence Zip4	4	Char	291-294	
Residence UPD Flag	1	Char	295	
Residence End Date	8	Char	296-303	CCYYMMDD
MMP Opt Out Flag	1	Char	304	
Timestamp	19	Char	305-323	

7. BATCH COMPLETION STATUS SUMMARY OF FAILED TRANSACTIONS

FAILED HEADER RECORD

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

FAILED DETAIL RECORD

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

8. HELP DESK SUPPORT

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

All times are Pacific Standard Time.
Toll free 877-833-3499
MCareSupport@Wipro.com

Monday - Friday 5:00 AM – 5:00 PM (Live person)
5:00 PM – 8:00 PM PT (Email or voicemail notification)

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

After Hours, Sunday, and Holidays:
Email or voicemail notification – Next business day response

Observed Holidays are:
New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day,
Thanksgiving Day, Day after Thanksgiving Day, Christmas Day.