

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
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**Medicare Plan Payment Group**  
**Enterprise Systems Solutions Group**

**DATE:** August 18, 2015

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

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**SUBJECT: Addendum to the August 2015 Software Release**

The Centers for Medicare and Medicaid Services (CMS) continues to implement software improvements to the enrollment and payment systems that support Medicare Advantage and Prescription Drug (MAPD) programs. **This letter provides supplemental or updated information to the May 19, 2015 HPMS letter titled “Announcement of the August 2015 Software Release”** regarding the planned release of systems changes scheduled for August 2015.

The August 2015 Release changes are as follows and may require Plan action:

1. [Eligibility for Enrollment and Involuntary Disenrollment Due to Incarceration Status \(BEQ Change Only\)](#)
2. [New Disenrollment Reason Code \(DRC\) for Employer Only Group Plans](#)
3. [Rollover Transaction Reply Code \(TRC\) Change](#)

### **1. Eligibility for Enrollment and Involuntary Disenrollment Due to Incarceration Status (BEQ Change Only)**

CMS will be including additional data to the Batch Eligibility Query (BEQ) response file for this release. The BEQ will now include the beneficiary's mailing and residence addresses. This data will be populated in the filler field that was in the layout in the May 19, 2015 memo titled "Announcement of the August 2015 Software Release". The complete description of all the BEQ fields will be in the next version of the Plan Communications Guide.

BEQ Response file are attached:

- o *BEQ Response File – Header Record, [Attachment A, Figure 1](#)*
- o *BEQ Response File – Detail Record, [Attachment A, Figure 2](#)*
- o *BEQ Response File – Trailer Record, [Attachment A, Figure 3](#)*

### **2. New Disenrollment Reason Code (DRC) for Employer Only Group Plans**

CMS is broadening the type of employer plans that would receive DRC 65 (Loss of Employer Group Plan Eligibility). The DRC 65 is applicable to any involuntary disenrollment from an employer sponsored plan, regardless of plan type, resulting from either a beneficiary's loss of eligibility or due to termination of the contract between the employer and the plan sponsor. Although stated in the May 19, 2015 HPMS letter, "Announcement of the August 2015 Software Release", the description previously written for DRC 65 will be changed from "loss of EGWP eligibility" to "Loss of Employer Group Plan Eligibility".

### **3. Rollover Transaction Reply Code (TRC) Change**

On August 16, 2015, CMS will be making a change to the TRCs plans receive during the rollover process. This change request eliminates Plan confusion by changing the way TRCs 014 (Disenrollment due to enrollment in another plan), 018 (Automatic Disenrollment) and 100 (PBP change accepted as submitted) are populated on the Daily Transaction Reply Report (DTRR). The enhancement addresses the scenario where a beneficiary enrollment changes by moving from one Plan Benefit Package (PBP) to another PBP within the same contract.

When a beneficiary changes their enrollment from one PBP to another PBP, the Plan will receive TRC100 (PBP change accepted as submitted). The Plan will not receive a disenrollment TRC because the beneficiary is only changing PBPs within the same contract. This change pertains to all PBP changes within the same contract.

There is one end of year scenario to note, where a retroactive enrollment is submitted for a contract/PBP to rollover within two months of the Current Calendar Month (CCM), the end date of the losing contract/PBP will be populated but the contract will not receive TRC 018 (Automatic Disenrollment). The contract will only receive TRC 100.

- A retroactive enrollment is submitted for Plan H1111/002 effective 11/1/2014 in CCM 1/2015. The enrollment will look like the following:
  - H1111/002: 11/1/2014 – 12/31/2014
  - H1111/006: 1/1/2015 – open ended
- Plan H1111/002 end date is populated with 12/31/2014 and TRC 018 is NOT sent to Plan H1111/002. TRC 100 is sent to Plan H1111/006.

Plans are encouraged to contact the MAPD Help Desk for any issues encountered during the systems update process. Please direct any questions or concerns to the MAPD Help Desk at 1-800-927-8069 or e-mail at [mapdhelp@cms.hhs.gov](mailto:mapdhelp@cms.hhs.gov).

**Figure 1: MBDSS-to-Plan BEQ Response File – Header Record**

<b>Data Field</b>	<b>Length</b>	<b>Position</b>	<b>Format</b>	<b>Valid Values</b>
Header Code	8	1 – 8	CHAR	‘CMSBEQRH’
Sending Entity	8	9 – 16	CHAR	‘MBD ’ (MBD + five spaces)
File Creation Date	8	17 – 24	CHAR	CCYYMMDD
File Control Number	9	25 – 33	CHAR	
Filler	1467	34 – 1500	CHAR	Spaces

**Figure 2: MBDSS-to-Plan BEQ Response File – Detail Record**

<b>Data Field</b>	<b>Length</b>	<b>Position</b>	<b>Format</b>	<b>Valid Values</b>
Record Type	3	1 – 3	CHAR	‘DTL’
<b>Start of Original Detail Record</b>				
Record Type	5	4 – 8	CHAR	
Beneficiary’s Health Insurance Claim/Railroad Board Number	12	9 – 20	CHAR	
Filler	9	21 – 29	CHAR	
Beneficiary’s Date of Birth	8	30 – 37	CHAR	
Beneficiary’s Gender Code	1	38	CHAR	
Detail Record Sequence Number	7	39 – 45	ZD	
<b>End of Original Detail Record</b>				
Processed Flag	1	46	CHAR	‘Y’ or ‘N’
Beneficiary Match Flag	1	47	CHAR	‘Y’ or ‘N’
Medicare Part A Entitlement Start Date	8	48 – 55	CHAR	CCYYMMDD
Medicare Part A Entitlement End Date	8	56 – 63	CHAR	CCYYMMDD
Medicare Part B Entitlement Start Date	8	64 – 71	CHAR	CCYYMMDD
Medicare Part B Entitlement End Date	8	72 – 79	CHAR	CCYYMMDD
Medicaid Indicator	1	80	CHAR	‘0’ or ‘1’

## Attachment A

<b>Data Field</b>	<b>Length</b>	<b>Position</b>	<b>Format</b>	<b>Valid Values</b>
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence one)	8	81 – 88	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence one)	8	89 – 96	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence two)	8	97 – 104	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence two)	8	105 – 112	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence three)	8	113 – 120	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence three)	8	121 – 128	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence four)	8	129 – 136	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence four)	8	137 – 144	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence five)	8	145 – 152	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence five)	8	153 – 160	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence six)	8	161 – 168	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence six)	8	169 – 176	CHAR	CCYYMMDD

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<b>Data Field</b>	<b>Length</b>	<b>Position</b>	<b>Format</b>	<b>Valid Values</b>
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence seven)	8	177 – 184	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence seven)	8	185 – 192	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence eight)	8	193 – 200	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence eight)	8	201 – 208	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence nine)	8	209 – 216	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence nine)	8	217 – 224	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence 10)	8	225 – 232	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence 10)	8	233 – 240	CHAR	CCYYMMDD
Sending Entity	8	241 – 248	CHAR	
File Control Number	9	249 – 257	CHAR	
File Creation Date	8	258 – 265	CHAR	CCYYMMDD
Part D Eligibility Start Date	8	266 – 273	CHAR	
Deemed / Low-Income Subsidy Effective Date (occurrence one)	8	274 – 281	CHAR	CCYYMMDD
Deemed / Low-Income Subsidy End Date (occurrence one)	8	282 – 289	CHAR	CCYYMMDD
Co-Payment Level Identifier (occurrence one)	1	290	CHAR	‘1’, ‘2’, ‘3’, ‘4’ or ‘5’
Part D Premium Subsidy Percent (occurrence one)	3	291 – 293	CHAR	‘100’, ‘075’, ‘050’, or ‘025’

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<b>Data Field</b>	<b>Length</b>	<b>Position</b>	<b>Format</b>	<b>Valid Values</b>
Deemed / Low-Income Subsidy Effective Date (occurrence two)	8	294 – 301	CHAR	CCYYMMDD
Deemed / Low-Income Subsidy End Date (occurrence two)	8	302 – 309	CHAR	CCYYMMDD
Co-Payment Level Identifier (occurrence two)	1	310	CHAR	1', '2', '3', '4' or '5'
Part D Premium Subsidy Percent (occurrence two)	3	311 – 313	CHAR	'100', '075', '050', or '025'
<b>Part D/RDS Indicator (10 occurrences)</b>				
RDS/Part D Indicator (occurrence one)	1	314	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence two)	1	315	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence three)	1	316	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence four)	1	317	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence five)	1	318	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence six)	1	319	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence seven)	1	320	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence eight)	1	321	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence nine)	1	322	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence 10)	1	323	CHAR	'D' or 'R'
<b>Uncovered Months Data (20 occurrences)</b>				
Start Date (occurrence one)	8	324 – 331	CHAR	CCYYMMDD
Number of Uncovered Months (occurrence one)	3	332 – 334	ZD	
Number of Uncovered Months Status Indicator (occurrence one)	1	335	CHAR	

## Attachment A

<b>Data Field</b>	<b>Length</b>	<b>Position</b>	<b>Format</b>	<b>Valid Values</b>
Total Number of Uncovered Months (occurrence one)	3	336 – 338	ZD	
Uncovered Months (occurrence two)	15	339 – 353		
Uncovered Months (occurrence three)	15	354 – 368		
Uncovered Months (occurrence four)	15	369 – 383		
Uncovered Months (occurrence five)	15	384 – 398		
Uncovered Months (occurrence six)	15	399 – 413		
Uncovered Months (occurrence seven)	15	414 – 428		
Uncovered Months (occurrence eight)	15	429 – 443		
Uncovered Months (occurrence nine)	15	444 – 458		
Uncovered Months (occurrence 10)	15	459 – 473		
Uncovered Months (occurrence 11)	15	474 – 488		
Uncovered Months (occurrence 12)	15	489 – 503		
Uncovered Months (occurrence 13)	15	504 – 518		
Uncovered Months (occurrence 14)	15	519 – 533		
Uncovered Months (occurrence 15)	15	534 – 548		
Uncovered Months (occurrence 16)	15	549 – 563		
Uncovered Months (occurrence 17)	15	564 – 578		
Uncovered Months (occurrence 18)	15	579 – 593		
Uncovered Months (occurrence 19)	15	594 – 608		
Uncovered Months (occurrence 20)	15	609 – 623		



## Attachment A

<b>Data Field</b>	<b>Length</b>	<b>Position</b>	<b>Format</b>	<b>Valid Values</b>
Beneficiary's Retrieved Date of Birth (as retrieved from CMS database for matching beneficiary)	8	624 – 631	CHAR	CCYYMMDD
Beneficiary's Retrieved Gender Code (as retrieved from CMS database for matching beneficiary)	1	632	CHAR	0 = Unknown 1 = Male 2 = Female
Last Name	40	633 – 672	CHAR	
First Name	30	673 – 702	CHAR	
Middle Initial	1	703	CHAR	
Current State Code	2	704 – 705	CHAR	
Current County Code	3	706 – 708	CHAR	
Date of Death	8	709 – 716	CHAR	CCYYMMDD
Part C/D Contract Number (if available)	5	717 – 721	CHAR	
Part C/D Enrollment Start Date (if available)	8	722 – 729	CHAR	CCYYMMDD
Part D Indicator (if available)	1	730	CHAR	Y = Yes, N = No Space
Part C Contract Number (if available)	5	731 – 735	CHAR	
Part C Enrollment Start Date (if available)	8	736 – 743	CHAR	
Part D Indicator (if available)	1	744	CHAR	N = No Space
ESRD Indicator	1	745	CHAR	End Stage Renal Disease Indicator 0 = No ESRD 1 = ESRD
PBP Number (associated with contract number in positions 717 – 721)	3	746 – 748	CHAR	Plan Benefit Package number

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<b>Data Field</b>	<b>Length</b>	<b>Position</b>	<b>Format</b>	<b>Valid Values</b>
Plan Type Code (associated with PBP number in positions 746 – 748)	2	749 – 750	CHAR	Type of plan 01 = HMO 02 = HMOPOS 04 = Local PPO 05 = PSO (State License) 07 = MSA 08 = RFB PFFS 09 = PFFS 18 = 1876 Cost 19 = HCPP 1833 Cost 20 = National PACE 28 = Chronic Care 29 = Medicare Prescription Drug Plan 30 = Employer/ Union Only Direct Contract PDP 31 = Regional PPO 32 = Fallback 40 = Employer/ Union Only Direct Contract PFFS 42 =RFB HMO 43 = RFB HMOPOS 44 = RFB Local PPO 45 = RFB PSO (State License) 46 = Point-of-Sale Contractor

## Attachment A

<b>Data Field</b>	<b>Length</b>	<b>Position</b>	<b>Format</b>	<b>Valid Values</b>
Plan Type Code (cont.)				47 = Employer/ Union Only Direct Contract PPO 48 = Medicare- Medicaid Plan HMO 49 = Medicare- Medicaid Plan HMOPOS 50 = Medicare- Medicaid Plan PPO 99 = Undefined Historical Data
EGHP Indicator (associated with PBP number in positions 746 – 748)	1	751	CHAR	Employer Group Health Plan Switch Y = EGHP N = not EGHP
PBP Number (associated with contract number in positions 731 – 735)	3	752 – 754	CHAR	Plan Benefit Package number
Plan Type Code (associated with PBP number in positions 752 – 754)	2	755 – 756	CHAR	See values for positions 1167– 1168.
EGHP Indicator (associated with PBP number in positions 752 – 754)	1	757	CHAR	Employer Group Health Plan Switch Y = EGHP N = not EGHP
Mailing Address Line 1	40	758 – 797	CHAR	
Mailing Address Line 2	40	798 – 837	CHAR	
Mailing Address Line 3	40	838 – 877	CHAR	
Mailing Address Line 4	40	878 – 917	CHAR	
Mailing Address Line 5	40	918 – 957	CHAR	
Mailing Address Line 6	40	958 – 997	CHAR	
Mailing Address City	40	998 – 1037	CHAR	
Mailing Address Postal State Code	2	1038 – 1039	CHAR	

<b>Data Field</b>	<b>Length</b>	<b>Position</b>	<b>Format</b>	<b>Valid Values</b>
Mailing Address ZIP Code	9	1040 – 1048	CHAR	
Mailing Address Start Date	8	1049 – 1056	CHAR	CCYYMMDD
Residence Address Line 1	60	1057 – 1116	CHAR	
Residence Address City	40	1117 – 1156	CHAR	
Residence Address Postal State Code	2	1157 – 1158	CHAR	
Residence Address ZIP Code	9	1159 – 1167	CHAR	
Residence Address Start Date	8	1168 – 1175	CHAR	CCYYMMDD
Filler	325	1176 – 1500	CHAR	Spaces

**Figure 3: MBDSS-to-Plan BEQ Response File – Trailer Record**

<b>Data Field</b>	<b>Length</b>	<b>Position</b>	<b>Format</b>	<b>Valid Values</b>
Trailer Code	8	1 – 8	CHAR	‘CMSBEQRT’
Sending Entity	8	9 – 16	CHAR	‘MBD ’ (MBD + five spaces)
File Creation Date	8	17 – 24	CHAR	CCYYMMDD
File Control Number	9	25 – 33	CHAR	
Record Count	7	34 – 40	ZD	Right justified
Filler	1460	41 – 1500	CHAR	Spaces