



Medicare-Medicaid Coordination Office

DATE: August 27, 2015

TO: Medicare-Medicaid Plans (MMPS) Participating in the Capitated Model of the Financial Alignment Initiative

FROM: Sharon Donovan
Director, Program Alignment Group, Medicare-Medicaid Coordination Office

SUBJECT: Batch Eligibility Query (BEQ) Enhancement – Mailing and Residence Address Data Available Through MARx BEQ Response File

The purpose of this memorandum is to notify MMPs and States that they can now request CMS address data on a batch basis. States already send batch address data to MMPs, and historically both MMPs and States have had the capability to look up addresses one by one in the CMS' MARx system. With this recently implemented enhancement, MMPs and States can now request address data on batch basis from MARx. This new capability will be helpful to MMPs and States in the following ways:

- When state data are not yet available, MMPs can obtain mailing and residence addresses from MARx to fully load individuals newly enrolled into plan systems and generate their Part D 4Rx billing data within 72 hours of receiving confirmation of enrollment on a MARx Daily Transaction Reply Report,
- As an additional source of address data for sending required member materials, and
- Helping states (or MMPs) to research possible out-of-area residency of the MMP enrollee (e.g., when attempting to send an out-of-area research notice (Exhibit 30 - Model Notice to Research Potential Out of Area Status – Address Verification form included).

As noted in the August 18th, 2015 memorandum titled “**Addendum to the August 2015 Software Release**” the BEQ will now include the beneficiary’s mailing and residence addresses. This data will be populated in the filler field (*position 758-1175*) that was in the layout in the May 19, 2015 memo titled “Announcement of the August 2015 Software Release.” The mailing address is the address sent to CMS from the Social Security Administration; in the event an individual has a representative payee, the mailing address is that of the representative payee’s. The residence address is an additional address that may be submitted by Medicare health and drug plans (including MMPs) during periods of plan enrollment, and is for the purpose of appropriate plan payment. For more details on residence address, please <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information->

[Technology/mapdhelpdesk/downloads/MARx_RM_HANDBOOK_Final_2010_12_16.pdf](#) (specifically, section 4.6).

Please find the new detailed Batch Eligibility Query (BEQ) Response File layout under Attachment A. There is no change to the existing BEQ Request File Layout. A complete description of all the BEQ fields will be in the next version of the Plan Communications Guide Appendices.

MMPs and States 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.

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

Data Field	Length	Position	Format	Valid Values
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

Data Field	Length	Position	Format	Valid Values
Record Type	3	1 – 3	CHAR	‘DTL’
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	
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’
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	8	89 – 96	CHAR	CCYYMMDD

Date (occurrence one)				
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
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’
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’
RDS/Part D Indicator (occurrence one)	1	314	CHAR	‘D’ or ‘R’
RDS/Part D Indicator	1	315	CHAR	‘D’ or ‘R’

(occurrence two)				
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'
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	
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	15	459 – 473		

(occurrence 10)				
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		
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
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
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	
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

Data Field	Length	Position	Format	Valid Values
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