

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicare
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MEDICARE PLAN PAYMENT GROUP

DATE: September 14, 2011

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

FROM: Cheri Rice /s/
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SUBJECT: Announcement of November 2011 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 detailed information regarding the planned release of systems' changes scheduled for November 2011. This release focuses on changes required for 2012 payment calculations and reporting.

The November 2011 Release changes are as follows and may require Plan action:

1. **Risk Adjustment Processing System (RAPS) Compliant Layout**
2. **New Program of All Inclusive Care for the Elderly (PACE) and End Stage Renal Disease (ESRD) Risk Adjustment Models for Payment Year 2012**
3. **New 2012 Monthly Model Output Report (MOR) for Part C**
4. **Zero Cost-sharing for Home and Community-Based Services (HCBS)**
5. **New Field Indicator to Show Home and Community-Based Services (HCBS) on the MARx Daily Transaction Reply Report (DTRR) Derived From State File Input Data**
6. **Fully Integrated Dual Eligible (FIDE) Special Needs Plans (SNPs) Payment Calculation Change**
7. **Expanded Plan Payment Report Data File**

1. Risk Adjustment Processing System (RAPS) Compliant Layout

Effective January 2012, the RAPS format is changing to become International Classification of Disease (ICD)-10 compliant. All submitters of risk adjustment data must validate their ability to submit files in the new RAPS format. Validation files should have been submitted to Palmetto GBA beginning July 6, 2011. All Medicare Advantage (MA) organizations must submit an acceptable file no later than September 15, 2011. The submitter requirements, RAPS ICD-10 Compliant file format, and RAPS error codes are attached.

Submitters should note that this is a RAPS ICD-10 compliant format validation and not an ICD-10 certification. Problems with submission of validation files should be reported to CSSC at csscooperations@palmettogba.com.

Submitter Requirements:

Submitters should ensure they meet the following criteria when producing RAPS files for validation:

- Field number '5' in the AAA, header record, with a value of 'TEST'.
- New field in the AAA, header record, field number '6' with a value of 'ICD9'.
- Plans should submit no less than 10 records on the validation file.
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The tables of RAPS File Layout with format changes are attached:

Attachment A: Risk Adjustment Processing System (RAPS) File Layout

Attachment B: Risk Adjustment Processing System (RAPS)Error Codes

2. New Program of All Inclusive Care for the Elderly (PACE) and End Stage Renal Disease (ESRD) Risk Adjustment Models for Payment Year 2012

The November 2011 Release supports the new PACE and ESRD risk adjustment models. Both risk adjustment models were announced on April 4, 2011 in the 2012 Rate Announcement. This release will commence the application of the new PACE and ESRD risk adjustment models used to determine risk adjusted Plan payments during payment year 2012.

Plans should refer to their 2012 Monthly Model Output Report (MOR) in the new format to determine if the new PACE and ESRD risk adjustment models were used to determine Plan payment.

The table of the 2012 Risk Adjustment System (RAS) Part C (PTC) MOR Layout is attached:

Attachment C: 2012 Risk Adjustment System (RAPS) Part C (PTC) Monthly Model Output Report (MOR) Header Record Layout

Attachment D: 2012 Risk Adjustment System (RAPS) Part C (PTC) Monthly Model Output Report (MOR) Detail Record Type A Layout – for Current V12 CMS HCC Model

Attachment E: 2012 Risk Adjustment System (RAPS) Part C (PTC)Monthly Model Output Report (MOR)Detail Record Type B Layout – for New V21 CMS HCC Model

Attachment F: 2012 Risk Adjustment System (RAPS) Part C (PTC) Monthly Model Output Report (MOR)Trailer Record Layout

3. New 2012 Monthly Model Output Report (MOR) for Part C

The November 2011 Release modifies the current monthly MOR for Part C (PTC) to support the new Part C risk adjustment models applied to beneficiaries enrolled in a PACE organization and beneficiaries diagnosed with ESRD. The new PTC MOR file will contain two detailed record types to represent each Part C Risk Adjustment Model; record type A for the CMS-HCC (Version 12) and record type B for the PACE and ESRD (Version 21).

The new 2012 PTC MOR file format is attached. The following summarizes the updates to the PTC MOR:

- The filler in the header record type 1 will expand to support a new record length of 200 bytes.
- The filler in the trailer record type 3 will expand to support a new record length of 200 bytes.
- The filler in the detail record type A (formally record type 2), which supports the current Version 12 CMS-HCC PTC MOR format, will expand to support a new record length of 200 bytes.
- A new detail record type B will be introduced to support the PTC Version 21. The new Version 21 HCCs and coefficient indicators for both the community and institutional scores for the new 2012 Version 21 PTC CMS-HCC Model are supported.
- The new detail record type B also includes field number 9, “Risk Adjustment System (RAS) ESRD Indicator Switch.” This indicator identifies the beneficiary’s status as of the model run and that the beneficiary was processed by the ESRD risk adjustment model.

Please note: There are no changes to the Part D MOR for 2012.

The table of the 2012 RAS PTC MOR Layout is attached:

Attachment C: 2012 Risk Adjustment System (RAPS) Part C (PTC) Monthly Model Output Report (MOR) Header Record Layout

Attachment D: 2012 Risk Adjustment System (RAPS) Part C (PTC) Monthly Model Output Report (MOR) Detail Record Type A Layout – for Current V12 CMS HCC Model

Attachment E: 2012 Risk Adjustment System (RAPS) Part C (PTC) Monthly Model Output Report (MOR) Detail Record Type B Layout – for New V21 CMS HCC Model

Attachment F: 2012 Risk Adjustment System (RAPS) Part C (PTC) Monthly Model Output Report (MOR) Trailer Record Layout

4. Zero Cost-sharing for Home and Community-Based Services (HCBS)

Effective January 1, 2012, the Affordable Care Act (ACA), section 3309, mandates the elimination of Part D cost-sharing for the full-benefit dual-eligible individuals who are receiving HCBS. This date, which is the earliest possible effective date under the statute, was chosen by the Secretary as the implementation date for section 3309.

5. New Field Indicator to Show Home and Community-Based Services (HCBS) on the MARx Daily Transaction Reply Report (DTRR) Derived From State File Input Data

This change creates a new value in the Institutional Indicator field (field 13) of the DTRR. The new value, 3 = HCBS, identifies full-benefit dual-eligible individuals whose copay level is set to 3 (\$0) because the individuals receive HCBS as described in section 3309 of the Affordable Care Act (ACA). The new value takes effect on January 1, 2012.

Part D sponsors can expect to see the following coding on the DTRR and LISHIST reports for full dual members who are receiving home and community-based services:

For new members:

- On the DTRR, the plan will receive a TRC of 121- Low Income Period Status (LIS Updated).
- An Institutional Indicator status of 3 (field 13, position 55).
- A Low-Income Copay Category of 3 (field 50, position 238).
- The effective date in field 18 will be the effective date of enrollment.

Note:

These indicators would prompt the plan to set the new member's copay level to 3 (\$0).

For current members for whom the copay level is changing:

- On the DTRR, the plan will receive a TRC of 121.
- An Institutional Indicator status of 3.
- A Low-Income Copay category of 3.
- The effective date in field 18 will be the effective date of the copay change.

Note:

These indicators should prompt the plan to **reset** the current member's copay level to 3 (\$0).

For current members for whom the Institutional Indicator is changing (for instance, from Institutional to HCBS) but for whom the copay level is not changing:

- The DTRR **will not** contain a TRC of 121
- The Institutional Indicator will change (from 1 to 3) but the copay level will remain 3
- The next LISHIST report will display an updated Institutional Indicator of 3 (field 20, position 101) and a Low Income Co-pay Level ID of 3 (field 14, position 78) with no change in the Low Income Period Start Date (field 10, positions 59-66).

Note:

The plan should take **no action** on the copay level.

The DTRR Data File and LIS History Report Data File are attached:

Attachment G: Daily Transaction Reply Report (DTRR) Data File Layout

Attachment I: LISHIST Data File Layout

6. Fully Integrated Dual Eligible (FIDE) Special Needs Plans (SNPs) Payment Calculation Change

The November 2011 Release allows frailty payment changes to qualified FIDE SNPs at the Plan Benefit Package (PBP) level. With this change, qualifying PBPs within an existing contract would receive an increase to enrollees' risk scores for the PBP's enrollees aged 55 and older who are non-institutionalized. This increase in risk scores is applicable to each of the payment runs in 2012.

7. Expanded Plan Payment Report (PPR) Data File

The PPR data file is being expanded to provide more information to the plans and to more closely align to the data on the PPR report version. Specifically, these changes provide additional information under either of the following circumstances:

- The current payment includes amounts carried over from previous payment months
- The current net payment is negative and is being carried over to next month

The new data file format is attached:

Attachment H: Plan Payment Report Data File Layout

CMS appreciates your continued support of the MAPD programs. 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 mapdhelp@cms.hhs.gov or 1-800-927-8069.

Risk Adjustment Processing System File Layout: Effective 1/2012

AAA RECORD

FIELD NO	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'AAA'
2	SUBMITTER-ID	4 – 9	X(6)	'Shnnnn'
3	FILE-ID	10 – 19	X(10)	
4	TRANSACTION-DATE	20 – 27	9(8)	'CCYYMMDD'
5	PROD-TEST-IND	28 – 31	X(4)	'PROD' Or 'TEST' Or 'CERT'
6	FILE-DIAG-TYPE	32 – 36	X(5)	'ICD9' Or 'ICD10'
7	FILLER	37 – 512	X(476)	SPACES

BBB RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'BBB'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	PLAN-NO	11 – 15	X(5)	'Hnnnn'
4	FILLER	16 – 512	X(497)	SPACES

CCC RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'CCC'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	SEQ-ERROR-CODE	11 – 13	X(3)	SPACES
4	PATIENT-CONTROL-NO	14 – 53	X(40)	Optional
5	HIC-NO	54 – 78	X(25)	
6	HIC-ERROR-CODE	79 – 81	X(3)	SPACES
7	PATIENT-DOB	82 – 89	X(8)	'CCYYMMDD'
8	DOB-ERROR-CODE	90 – 92	X(3)	SPACES
9 – 15	DIAGNOSIS-CLUSTER (10 OCCURRENCES)	93 – 412		
9.0	PROVIDER-TYPE		X(2)	HOSPITAL IP PRINCIPAL = 01 HOSPITAL IP OTHER = 02 HOSPITAL OP = 10 PHYSICIAN = 20
9.1	FROM-DATE		9(8)	'CCYYMMDD'
9.2	THRU-DATE		9(8)	'CCYYMMDD'
9.3	DELETE-IND		X(1)	SPACE or 'D'
9.4	DIAGNOSIS-CODE		X(7)	ICD-9 or ICD-10
9.5	DIAG-CLSTR-ERROR-1		X(3)	SPACES
9.6	DIAG-CLSTR-ERROR-2		X(3)	SPACES
16	CORRECTED-HIC-NO	413 – 437	X(25)	SPACES
17	FILLER	438 - 512	X(75)	SPACES

YYY RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'YYY'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	PLAN-NO	11 – 15	X(5)	'Hnnnn'
4	CCC-RECORD-TOTAL	16 – 22	9(7)	
5	FILLER	23 – 512	X(490)	SPACES

ZZZ RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'ZZZ'
2	SUBMITTER-ID	4 – 9	X(6)	'SHnnnn'
3	FILE-ID	10 – 19	X(10)	
4	BBB-RECORD-TOTAL	20 – 26	9(7)	
5	FILLER	27 – 512	X(486)	SPACES

Note: Format Changes Effective 1/2012:

- **AAA Record**

Changed field 6 in the AAA record from filler (32-512) X(481) SPACES to field 6 FILE-DIAG-TYPE (32-36) X(5) 'ICD9' or 'ICD10' and added field 7 FILLER (37-512) X(476) SPACES

- **CCC Record**

Changed field 9.4 from 5 bytes X(5) to 7 bytes X(7) eliminating the 9.5 X(2) filler field. Field 9.5 is now called DIAG-CLSTR-ERROR-1, field 9.6 is now called DIAG-CLSTR-ERROR-2, and field 9.7 has been eliminated.

Risk Adjustment Processing System (RAPS) Error Codes: Effective 1/2012**RAPS ERROR CODES**

100	INVALID RECORD TYPE	AAA
101	AAA RECORD MISSING FROM TRANSACTION	AAA
102	MISSING / INVALID SUBMITTER-ID ON AAA RECORD	AAA
103	MISSING FILE-ID ON AAA RECORD	AAA
104	MISSING / INVALID TRANSACTION DATE ON AAA RECORD	AAA
105	MISSING / INVALID PROD-TEST-CERT-INDICATOR ON AAA RECORD	AAA
106	MISSING / INVALID FILE-DIAG-INDICATOR ON AAA RECORD	AAA
107	SUBMITTER IS NOT VALIDATED TO SEND PRODUCTION DATA	
112	SUBMITTER ID NOT ON FILE	AAA
113	FILE NAME DUPLICATES ANOTHER FILE ACCEPTED WITHIN LAST 12 MONTHS	AAA
114	TRANSACTION DATE IS GREATER THAN CURRENT DATE	AAA
151	ZZZ RECORD MISSING FROM TRANSACTION	ZZZ
152	MISSING / INVALID SUBMITTER-ID ON ZZZ RECORD	ZZZ
153	MISSING / INVALID FILE-ID ON ZZZ RECORD	ZZZ
154	MISSING / INVALID BBB-RECORD-TOTAL;	ZZZ
162	ZZZ SUBMITTER-ID DOES NOT MATCH SUBMITTER-ID ON AAA RECORD	ZZZ
163	FILE ID DOES NOT MATCH FILE ID ON AAA RECORD	ZZZ
164	ZZZ VALUE IS NOT EQUAL TO THE NUMBER OF BBB RECORDS	ZZZ
165	FERAS/RAPS EDI AGREEMENT NOT ON FILE	NA
177	ZZZ TEST FILE CANNOT EXCEED 3,000 CCC RECORDS	ZZZ
201	BBB RECORD MISSING FROM TRANSACTION	BBB
202	MISSING / INVALID SEQUENCE NUMBER ON BBB RECORD	BBB
203	MISSING / INVALID PLAN NUMBER ON BBB RECORD	BBB
212	SEQUENCE NUMBER ON BBB RECORD IS OUT OF SEQUENCE	BBB
213	SUBMITTER ID NOT AUTHORIZED TO SUBMIT FOR THIS PLAN ID	BBB
227	ICD9/ICD10 FILE TYPE IN HEADER DOES NOT MATCH TYPE DIAGNOSIS CODE ENTERED IN DETAIL RECORD	AAA
251	YYY RECORD MISSING FROM TRANSACTION	YYY
252	MISSING / INVALID SEQUENCE NUMBER ON YYY RECORD	YYY
253	MISSING / INVALID PLAN NUMBER ON YYY RECORD	YYY
254	MISSING / INVALID DETAIL-RECORD-TOTAL	YYY
262	LAST YYY SEQUENCE NUMBER IS NOT EQUAL TO NUMBER OF YYY RECORDS	YYY
263	PLAN NUMBER DOES NOT MATCH PLAN NUMBER IN BBB RECORD	YYY
264	YYY VALUE IS NOT EQUAL TO THE NUMBER OF DETAIL RECORDS	YYY
272	SEQUENCE NUMBER ON YYY RECORD IS OUT OF SEQUENCE	YYY
301	DETAIL RECORD MISSING FROM TRANSACTION	CCC
302	MISSING / INVALID SEQUENCE NUMBER ON DETAIL RECORD	CCC
303	SEQUENCE-ERROR-CODE FILLER NOT EQUAL TO SPACES	CCC
304	HIC-ERROR-CODE FILLER NOT EQUAL TO SPACES	CCC
305	DOB-ERROR-CODE FILLER NOT EQUAL TO SPACES	CCC
307	DIAGNOSIS-CLUSTER-ERROR-1 NOT EQUAL TO SPACES	CCC
308	DIAGNOSIS-CLUSTER-ERROR-2 NOT EQUAL TO SPACES	CCC
309	SEQUENCE-NUMBER ON DETAIL RECORD IS OUT OF SEQUENCE	CCC
310	MISSING / INVALID HIC-NO ON DETAIL RECORD	CCC
311	AT LEAST ONE DIAGNOSIS CLUSTER REQUIRED ON TRANSACTION	CCC

313	DELETE-INDICATOR MUST BE EQUAL TO A SPACE OR "D" FOR DELETE	CCC
314	INVALID DIAGNOSIS CODE FORMAT ON DETAIL RECORD	CCC
315	CORRECTED HIC NOT EQUAL TO SPACES	CCC
353	HIC NUMBER DOES NOT EXIST ON CME	CCC
400	MISSING / INVALID PROVIDER-TYPE ON DETAIL RECORD	CCC
401	INVALID SERVICE FROM-DATE ON DETAIL RECORD	CCC
402	INVALID SERVICE THRU-DATE ON DETAIL RECORD	CCC
403	SERVICE THRU-DATE MUST BE GREATER THAN 12/31/2004	CCC
404	SERVICE FROM-DATE MUST BE LESS THAN OR EQUAL TO THRU-DATE	CCC
405	DOB IS GREATER THAN SERVICE FROM-DATE	CCC
406	SERVICE FROM-DATE IS NOT WITHIN MEDICARE ENTITLEMENT PERIOD	CCC
407	SERVICE THRU-DATE IS NOT WITHIN MEDICARE ENTITLEMENT PERIOD	CCC
408	SERVICE FROM-DATE IS NOT WITHIN MA ORG ENROLLMENT PERIOD	CCC
409	SERVICE THRU-DATE IS NOT WITHIN MA ORG ENROLLMENT PERIOD	CCC
410	BENEFICIARY IS NOT ENROLLED IN ANY PLAN ON OR AFTER SERVICE FROM-DATE	CCC
411	SERVICE THRU-DATE IS GREATER THAN DATE OF DEATH	CCC
412	SERVICE FROM-DATE GREATER THAN TRANSACTION DATE	CCC
413	SERVICE THRU-DATE GREATER THAN TRANSACTION DATE	CCC
414	SERVICE THRU-DATE GREATER THAN 09/30/2013 FOR ICD-9 DIAGNOSIS	CCC
415	SERVICE THRU-DATE BEFORE 10/01/2013 FOR ICD-10 DIAGNOSIS	CCC
450	DIAGNOSIS DOES NOT EXIST FOR THIS SERVICE THRU-DATE	CCC
451	SERVICE THRU-DATE IS GREATER THAN DIAGNOSIS END DATE	CCC
453	DIAGNOSIS CODE IS NOT APPROPRIATE FOR PATIENT SEX	CCC
454	DIAGNOSIS IS VALID, BUT IS NOT SUFFICIENTLY SPECIFIC FOR RISK ADJUSTMENT GROUPING	CCC
455	DIAGNOSIS CLUSTER NOT EDITED DUE TO RECORD FORMAT ERROR	CCC
460	SERVICE FROM- AND THRU-DATE SPAN IS GREATER THAN 31 DAYS	CCC
490	COULD NOT DELETE; DIAGNOSIS CLUSTER NOT IN RAPS DATABASE BENEFICIARY RECORD	CCC
491	DELETE ERROR, DIAGNOSIS CLUSTER PREVIOUSLY DELETED	CCC
492	DIAGNOSIS CLUSTER WAS NOT SUCCESSFULLY DELETED. A DIAGNOSIS CLUSTER WITH THE SAME ATTRIBUTES WAS ALREADY DELETED FROM THE RAPS DATABASE ON THIS DATE	CCC
500	BENEFICIARY HIC NUMBER HAS CHANGED ACCORDING TO CMS RECORDS; USE CORRECT HIC NUMBER FOR THE FUTURE SUBMISSIONS	CCC
502	DIAGNOSIS CLUSTER WAS ACCEPTED BUT NOT STORED. A DIAGNOSIS CLUSTER WITH THE SAME ATTRIBUTES IS ALREADY STORED IN THE RAPS DATABASE.	CCC

**2012 Risk Adjustment System (RAPS) Part C (PTC) Monthly Model Output
Report (MOR) Header Record Layout**

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "1"	1 = Header, A = Details for old V12 PTC MOR, B = Details for new V21 PTC MOR, 3 = Trailer
2	Contract Number	Char(5)	2	6	5		Unique identification for a Medicare Advantage Contract.
3	Run Date	Char(8)	7	14	8	Format as yyymmdd	The run date when this file was created.
4	Payment Year and Month	Char(6)	15	20	6	Format as yyymm	This identifies the risk adjustment payment year and month for the model run.
5	Filler	Char(180)	21	200	180	Spaces	Filler

2012 Risk Adjustment System (RAPS) Part C (PTC) Monthly Model Output Report (MOR) Detail Record Type A Layout – for Current V12 CMS HCC Model

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "A"	1 = Header, A = Details for old V12 PTC MOR, B = Details for new V21 PTC MOR, 3 = Trailer
2	Health Insurance Claim Account Number	Char(12)	2	13	12	Also known as HICAN	This is the Health Insurance Claim Account Number (known as HICAN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICAN consists of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD) uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12-byte account number.
3	Beneficiary Last Name	Char(12)	14	25	12	First 12 bytes of the Bene Last Name	Beneficiary Last Name
4	Beneficiary First Name	Char(7)	26	32	7	First 7 bytes of the bene First Name	Beneficiary First Name
5	Beneficiary Initial	Char(1)	33	33	1	1-byte Initial	Beneficiary Initial
6	Date of Birth	Char(8)	34	41	8	Formatted as yyymmdd	The date of birth of the Medicare Beneficiary
7	Sex	Char(1)	42	42	1	0=unknown, 1=male, 2=female	Represents the sex of the Medicare Beneficiary. Examples include Male and Female.
8	Social Security Number	Char(9)	43	51	9	Also known as SSN_NUM	The beneficiary's current identification number that was assigned by the Social Security Administration.
9	Age Group Female0_34	Char(1)	52	52	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 0 and 34, inclusive.
10	Age Group Female35_44	Char(1)	53	53	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 35 and 44, inclusive.

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
11	Age Group Female45_54	Char(1)	54	54	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 45 and 54, inclusive.
12	Age Group Female55_59	Char(1)	55	55	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 55 and 59, inclusive.
13	Age Group Female60_64	Char(1)	56	56	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 60 and 64, inclusive.
14	Age Group Female65_69	Char(1)	57	57	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 65 and 69, inclusive.
15	Age Group Female70_74	Char(1)	58	58	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 70 and 74, inclusive.
16	Age Group Female75_79	Char(1)	59	59	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 75 and 79, inclusive.
17	Age Group Female80_84	Char(1)	60	60	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive.
18	Age Group Female85_89	Char(1)	61	61	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive.
19	Age Group Female90_94	Char(1)	62	62	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive.
20	Age Group Female95_GT	Char(1)	63	63	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater.
21	Age Group Male0_34	Char(1)	64	64	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive.
22	Age Group Male35_44	Char(1)	65	65	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive.
23	Age Group Male45_54	Char(1)	66	66	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive.

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
24	Age Group Male55_59	Char(1)	67	67	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive.
25	Age Group Male60_64	Char(1)	68	68	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive.
26	Age Group Male65_69	Char(1)	69	69	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive.
27	Age Group Male70_74	Char(1)	70	70	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive.
28	Age Group Male75_79	Char(1)	71	71	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive.
29	Age Group Male80_84	Char(1)	72	72	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive.
30	Age Group Male85_89	Char(1)	73	73	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive.
31	Age Group Male90_94	Char(1)	74	74	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive.
32	Age Group Male95_GT	Char(1)	75	75	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater.
33	Medicaid Female Disabled	Char(1)	76	76	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female disabled and also entitled to Medicaid.
34	Medicaid Female Aged	Char(1)	77	77	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female aged (> 64) and also entitled to Medicaid.
35	Medicaid Male Disabled	Char(1)	78	78	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male disabled and also entitled to Medicaid.
36	Medicaid Male Aged	Char(1)	79	79	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male aged (> 64) and also entitled to Medicaid.
37	Originally Disabled Female	Char(1)	80	80	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female and original Medicare entitlement was due to disability.

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
38	Originally Disabled Male	Char(1)	81	81	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male and original Medicare entitlement was due to disability.
39	Disease Coefficients HCC1	Char(1)	82	82	1	Set to "1" if applicable, otherwise "0"	HIV/AIDS
40	Disease Coefficients HCC2	Char(1)	83	83	1	Set to "1" if applicable, otherwise "0"	Septicemia/Shock
41	Disease Coefficients HCC5	Char(1)	84	84	1	Set to "1" if applicable, otherwise "0"	Opportunistic Infections
42	Disease Coefficients HCC7	Char(1)	85	85	1	Set to "1" if applicable, otherwise "0"	Metastatic Cancer and Acute Leukemia
43	Disease Coefficients HCC8	Char(1)	86	86	1	Set to "1" if applicable, otherwise "0"	Lung, Upper Digestive Tract, and Other Severe Cancers
44	Disease Coefficients HCC9	Char(1)	87	87	1	Set to "1" if applicable, otherwise "0"	Lymphatic, Head and Neck, Brain, and Other Major Cancers
45	Disease Coefficients HCC10	Char(1)	88	88	1	Set to "1" if applicable, otherwise "0"	Breast, Prostate, Colorectal and Other Cancers and Tumors
46	Disease Coefficients HCC15	Char(1)	89	89	1	Set to "1" if applicable, otherwise "0"	Diabetes with Renal or Peripheral Circulatory Manifestation
47	Disease Coefficients HCC16	Char(1)	90	90	1	Set to "1" if applicable, otherwise "0"	Diabetes with Neurologic or Other Specified Manifestation
48	Disease Coefficients HCC17	Char(1)	91	91	1	Set to "1" if applicable, otherwise "0"	Diabetes with Acute Complications
49	Disease Coefficients HCC18	Char(1)	92	92	1	Set to "1" if applicable, otherwise "0"	Diabetes with Ophthalmologic or Unspecified Manifestation
50	Disease Coefficients HCC19	Char(1)	93	93	1	Set to "1" if applicable, otherwise "0"	Diabetes without Complication
51	Disease Coefficients HCC21	Char(1)	94	94	1	Set to "1" if applicable, otherwise "0"	Protein-Calorie Malnutrition
52	Disease Coefficients HCC25	Char(1)	95	95	1	Set to "1" if applicable, otherwise "0"	End-Stage Liver Disease
53	Disease Coefficients HCC26	Char(1)	96	96	1	Set to "1" if applicable, otherwise "0"	Cirrhosis of Liver
54	Disease Coefficients HCC27	Char(1)	97	97	1	Set to "1" if applicable, otherwise "0"	Chronic Hepatitis
55	Disease Coefficients HCC31	Char(1)	98	98	1	Set to "1" if applicable, otherwise "0"	Intestinal Obstruction/Perforation

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
56	Disease Coefficients HCC32	Char(1)	99	99	1	Set to "1" if applicable, otherwise "0"	Pancreatic Disease
57	Disease Coefficients HCC33	Char(1)	100	100	1	Set to "1" if applicable, otherwise "0"	Inflammatory Bowel Disease
58	Disease Coefficients HCC37	Char(1)	101	101	1	Set to "1" if applicable, otherwise "0"	Bone/Joint/Muscle Infections/Necrosis
59	Disease Coefficients HCC38	Char(1)	102	102	1	Set to "1" if applicable, otherwise "0"	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease
60	Disease Coefficients HCC44	Char(1)	103	103	1	Set to "1" if applicable, otherwise "0"	Severe Hematological Disorders
61	Disease Coefficients HCC45	Char(1)	104	104	1	Set to "1" if applicable, otherwise "0"	Disorders of Immunity
62	Disease Coefficients HCC51	Char(1)	105	105	1	Set to "1" if applicable, otherwise "0"	Drug/Alcohol Psychosis
63	Disease Coefficients HCC52	Char(1)	106	106	1	Set to "1" if applicable, otherwise "0"	Drug/Alcohol Dependence
64	Disease Coefficients HCC54	Char(1)	107	107	1	Set to "1" if applicable, otherwise "0"	Schizophrenia
65	Disease Coefficients HCC55	Char(1)	108	108	1	Set to "1" if applicable, otherwise "0"	Major Depressive, Bipolar, and Paranoid Disorders
66	Disease Coefficients HCC67	Char(1)	109	109	1	Set to "1" if applicable, otherwise "0"	Quadriplegia, Other Extensive Paralysis
67	Disease Coefficients HCC68	Char(1)	110	110	1	Set to "1" if applicable, otherwise "0"	Paraplegia
68	Disease Coefficients HCC69	Char(1)	111	111	1	Set to "1" if applicable, otherwise "0"	Spinal Cord Disorders/Injuries
69	Disease Coefficients HCC70	Char(1)	112	112	1	Set to "1" if applicable, otherwise "0"	Muscular Dystrophy
70	Disease Coefficients HCC71	Char(1)	113	113	1	Set to "1" if applicable, otherwise "0"	Polyneuropathy
71	Disease Coefficients HCC72	Char(1)	114	114	1	Set to "1" if applicable, otherwise "0"	Multiple Sclerosis
72	Disease Coefficients HCC73	Char(1)	115	115	1	Set to "1" if applicable, otherwise "0"	Parkinson's and Huntington's Diseases
73	Disease Coefficients HCC74	Char(1)	116	116	1	Set to "1" if applicable, otherwise "0"	Seizure Disorders and Convulsions

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
74	Disease Coefficients HCC75	Char(1)	117	117	1	Set to "1" if applicable, otherwise "0"	Coma, Brain Compression/Anoxic Damage
75	Disease Coefficients HCC77	Char(1)	118	118	1	Set to "1" if applicable, otherwise "0"	Respirator Dependence/Tracheostomy Status
76	Disease Coefficients HCC78	Char(1)	119	119	1	Set to "1" if applicable, otherwise "0"	Respiratory Arrest
77	Disease Coefficients HCC79	Char(1)	120	120	1	Set to "1" if applicable, otherwise "0"	Cardio-Respiratory Failure and Shock
78	Disease Coefficients HCC80	Char(1)	121	121	1	Set to "1" if applicable, otherwise "0"	Congestive Heart Failure
79	Disease Coefficients HCC81	Char(1)	122	122	1	Set to "1" if applicable, otherwise "0"	Acute Myocardial Infarction
80	Disease Coefficients HCC82	Char(1)	123	123	1	Set to "1" if applicable, otherwise "0"	Unstable Angina and Other Acute Ischemic Heart Disease
81	Disease Coefficients HCC83	Char(1)	124	124	1	Set to "1" if applicable, otherwise "0"	Angina Pectoris/Old Myocardial Infarction
82	Disease Coefficients HCC92	Char(1)	125	125	1	Set to "1" if applicable, otherwise "0"	Specified Heart Arrhythmias
83	Disease Coefficients HCC95	Char(1)	126	126	1	Set to "1" if applicable, otherwise "0"	Cerebral Hemorrhage
84	Disease Coefficients HCC96	Char(1)	127	127	1	Set to "1" if applicable, otherwise "0"	Ischemic or Unspecified Stroke
85	Disease Coefficients HCC100	Char(1)	128	128	1	Set to "1" if applicable, otherwise "0"	Hemiplegia/Hemiparesis
86	Disease Coefficients HCC101	Char(1)	129	129	1	Set to "1" if applicable, otherwise "0"	Cerebral Palsy and Other Paralytic Syndromes
87	Disease Coefficients HCC104	Char(1)	130	130	1	Set to "1" if applicable, otherwise "0"	Vascular Disease with Complications
88	Disease Coefficients HCC105	Char(1)	131	131	1	Set to "1" if applicable, otherwise "0"	Vascular Disease
89	Disease Coefficients HCC107	Char(1)	132	132	1	Set to "1" if applicable, otherwise "0"	Cystic Fibrosis
90	Disease Coefficients HCC108	Char(1)	133	133	1	Set to "1" if applicable, otherwise "0"	Chronic Obstructive Pulmonary Disease
91	Disease Coefficients HCC111	Char(1)	134	134	1	Set to "1" if applicable, otherwise "0"	Aspiration and Specified Bacterial Pneumonias

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
92	Disease Coefficients HCC112	Char(1)	135	135	1	Set to "1" if applicable, otherwise "0"	Pneumococcal Pneumonia, Empyema, Lung Abscess
93	Disease Coefficients HCC119	Char(1)	136	136	1	Set to "1" if applicable, otherwise "0"	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage
94	Disease Coefficients HCC130	Char(1)	137	137	1	Set to "1" if applicable, otherwise "0"	Dialysis Status
95	Disease Coefficients HCC131	Char(1)	138	138	1	Set to "1" if applicable, otherwise "0"	Renal Failure
96	Disease Coefficients HCC132	Char(1)	139	139	1	Set to "1" if applicable, otherwise "0"	Nephritis
97	Disease Coefficients HCC148	Char(1)	140	140	1	Set to "1" if applicable, otherwise "0"	Decubitus Ulcer of Skin
98	Disease Coefficients HCC149	Char(1)	141	141	1	Set to "1" if applicable, otherwise "0"	Chronic Ulcer of Skin, Except Decubitus
99	Disease Coefficients HCC150	Char(1)	142	142	1	Set to "1" if applicable, otherwise "0"	Extensive Third-Degree Burns
100	Disease Coefficients HCC154	Char(1)	143	143	1	Set to "1" if applicable, otherwise "0"	Severe Head Injury
101	Disease Coefficients HCC155	Char(1)	144	144	1	Set to "1" if applicable, otherwise "0"	Major Head Injury
102	Disease Coefficients HCC157	Char(1)	145	145	1	Set to "1" if applicable, otherwise "0"	Vertebral Fractures without Spinal Cord Injury
103	Disease Coefficients HCC158	Char(1)	146	146	1	Set to "1" if applicable, otherwise "0"	Hip Fracture/Dislocation
104	Disease Coefficients HCC161	Char(1)	147	147	1	Set to "1" if applicable, otherwise "0"	Traumatic Amputation
105	Disease Coefficients HCC164	Char(1)	148	148	1	Set to "1" if applicable, otherwise "0"	Major Complications of Medical Care and Trauma
106	Disease Coefficients HCC174	Char(1)	149	149	1	Set to "1" if applicable, otherwise "0"	Major Organ Transplant Status
107	Disease Coefficients HCC176	Char(1)	150	150	1	Set to "1" if applicable, otherwise "0"	Artificial Openings for Feeding or Elimination
108	Disease Coefficients HCC177	Char(1)	151	151	1	Set to "1" if applicable, otherwise "0"	Amputation Status, Lower Limb/Amputation Complications
109	Disabled Disease HCC5	Char(1)	152	152	1	Set to "1" if applicable, otherwise "0"	Disabled (Age <65) and Opportunistic Infections

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
110	Disabled Disease HCC44	Char(1)	153	153	1	Set to "1" if applicable, otherwise "0"	Disabled (Age <65) and Severe Hematological Disorders
111	Disabled Disease HCC51	Char(1)	154	154	1	Set to "1" if applicable, otherwise "0"	Disabled (Age <65) and Drug/Alcohol Psychosis
112	Disabled Disease HCC52	Char(1)	155	155	1	Set to "1" if applicable, otherwise "0"	Disabled (Age <65) and Drug/Alcohol Dependence
113	Disabled Disease HCC107	Char(1)	156	156	1	Set to "1" if applicable, otherwise "0"	Disabled (Age <65) and Cystic Fibrosis
114	Disease Interactions INT1	Char(1)	157	157	1	Set to "1" if applicable, otherwise "0"	DM_CHF
115	Disease Interactions INT2	Char(1)	158	158	1	Set to "1" if applicable, otherwise "0"	DM_CVD
116	Disease Interactions INT3	Char(1)	159	159	1	Set to "1" if applicable, otherwise "0"	CHF_COPD
117	Disease Interactions INT4	Char(1)	160	160	1	Set to "1" if applicable, otherwise "0"	COPD_CVD_CAD
118	Disease Interactions INT5	Char(1)	161	161	1	Set to "1" if applicable, otherwise "0"	RF_CHF
119	Disease Interactions INT6	Char(1)	162	162	1	Set to "1" if applicable, otherwise "0"	RF_CHF_DM
120	Filler	Char(38)	163	200	38	Spaces	Filler

**2012 Risk Adjustment System (RAPS) Part C (PTC) Monthly Model Output Report
(MOR) Detail Record Type B Layout – for New V21 CMS HCC Model**

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "B"	1 = Header, A = Details for old V12 PTC MOR, B = Details for new V21 PTC MOR, 3 = Trailer
2	Health Insurance Claim Account Number	Char(12)	2	13	12	Also known as HICAN	This is the Health Insurance Claim Account Number (known as HICAN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICAN consists of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD) uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12-byte account number.
3	Beneficiary Last Name	Char(12)	14	25	12	First 12 bytes of the Bene Last Name	Beneficiary Last Name
4	Beneficiary First Name	Char(7)	26	32	7	First 7 bytes of the bene First Name	Beneficiary First Name
5	Beneficiary Initial	Char(1)	33	33	1	1-byte Initial	Beneficiary Initial
6	Date of Birth	Char(8)	34	41	8	Formatted as yyyymmdd	The date of birth of the Medicare Beneficiary
7	Sex	Char(1)	42	42	1	0=unknown, 1=male, 2=female	Represents the sex of the Medicare Beneficiary. Examples include Male and Female.
8	Social Security Number	Char(9)	43	51	9	Also known as SSN_NUM	The beneficiary's current identification number that was assigned by the Social Security Administration.

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
9	RAS ESRD Indicator Switch	Char(1)	52	52	1	Y = ESRD, N = not ESRD	The beneficiary's ESRD status as of the model run. Also indicates if the beneficiary was processed by the ESRD models in the model run.
Beneficiary Demographic Indicators:							
10	Age Group Female0_34	Char(1)	53	53	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 0 and 34, inclusive.
11	Age Group Female35_44	Char(1)	54	54	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 35 and 44, inclusive.
12	Age Group Female45_54	Char(1)	55	55	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 45 and 54, inclusive.
13	Age Group Female55_59	Char(1)	56	56	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 55 and 59, inclusive.
14	Age Group Female60_64	Char(1)	57	57	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 60 and 64, inclusive.
15	Age Group Female65_69	Char(1)	58	58	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 65 and 69, inclusive.
16	Age Group Female70_74	Char(1)	59	59	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 70 and 74, inclusive.
17	Age Group Female75_79	Char(1)	60	60	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 75 and 79, inclusive.
18	Age Group Female80_84	Char(1)	61	61	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive.

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
19	Age Group Female85_89	Char(1)	62	62	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive.
20	Age Group Female90_94	Char(1)	63	63	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive.
21	Age Group Female95_GT	Char(1)	64	64	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater.
22	Age Group Male0_34	Char(1)	65	65	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive.
23	Age Group Male35_44	Char(1)	66	66	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive.
24	Age Group Male45_54	Char(1)	67	67	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive.
25	Age Group Male55_59	Char(1)	68	68	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive.
26	Age Group Male60_64	Char(1)	69	69	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive.
27	Age Group Male65_69	Char(1)	70	70	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive.
28	Age Group Male70_74	Char(1)	71	71	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive.

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
29	Age Group Male75_79	Char(1)	72	72	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive.
30	Age Group Male80_84	Char(1)	73	73	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive.
31	Age Group Male85_89	Char(1)	74	74	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive.
32	Age Group Male90_94	Char(1)	75	75	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive.
33	Age Group Male95_GT	Char(1)	76	76	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater.
34	Medicaid Female Disabled	Char(1)	77	77	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female disabled and also entitled to Medicaid.
35	Medicaid Female Aged	Char(1)	78	78	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female aged (> 64) and also entitled to Medicaid.
36	Medicaid Male Disabled	Char(1)	79	79	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male disabled and also entitled to Medicaid.
37	Medicaid Male Aged	Char(1)	80	80	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male aged (> 64) and also entitled to Medicaid.
38	Originally Disabled Female	Char(1)	81	81	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female and original Medicare entitlement was due to disability.
39	Originally Disabled Male	Char(1)	82	82	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male and original Medicare entitlement was due to disability.
HCC Indicators:							
40	HCC001	Char(1)	83	83	1	Set to "1" if applicable, otherwise "0"	HIV/AIDS
41	HCC002	Char(1)	84	84	1	Set to "1" if applicable, otherwise "0"	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
42	HCC006	Char(1)	85	85	1	Set to "1" if applicable, otherwise "0"	Opportunistic Infections
43	HCC008	Char(1)	86	86	1	Set to "1" if applicable, otherwise "0"	Metastatic Cancer and Acute Leukemia
44	HCC009	Char(1)	87	87	1	Set to "1" if applicable, otherwise "0"	Lung and Other Severe Cancers
45	HCC010	Char(1)	88	88	1	Set to "1" if applicable, otherwise "0"	Lymphoma and Other Cancers
46	HCC011	Char(1)	89	89	1	Set to "1" if applicable, otherwise "0"	Colorectal, Bladder, and Other Cancers
47	HCC012	Char(1)	90	90	1	Set to "1" if applicable, otherwise "0"	Breast, Prostate, and Other Cancers and Tumors
48	HCC017	Char(1)	91	91	1	Set to "1" if applicable, otherwise "0"	Diabetes with Acute Complications
49	HCC018	Char(1)	92	92	1	Set to "1" if applicable, otherwise "0"	Diabetes with Chronic Complications
50	HCC019	Char(1)	93	93	1	Set to "1" if applicable, otherwise "0"	Diabetes without Complication
51	HCC021	Char(1)	94	94	1	Set to "1" if applicable, otherwise "0"	Protein-Calorie Malnutrition
52	HCC022	Char(1)	95	95	1	Set to "1" if applicable, otherwise "0"	Morbid Obesity
53	HCC023	Char(1)	96	96	1	Set to "1" if applicable, otherwise "0"	Other Significant Endocrine and Metabolic Disorders
54	HCC027	Char(1)	97	97	1	Set to "1" if applicable, otherwise "0"	End-Stage Liver Disease
55	HCC028	Char(1)	98	98	1	Set to "1" if applicable, otherwise "0"	Cirrhosis of Liver
56	HCC029	Char(1)	99	99	1	Set to "1" if applicable, otherwise "0"	Chronic Hepatitis
57	HCC033	Char(1)	100	100	1	Set to "1" if applicable, otherwise "0"	Intestinal Obstruction/Perforation
58	HCC034	Char(1)	101	101	1	Set to "1" if applicable, otherwise "0"	Chronic Pancreatitis
59	HCC035	Char(1)	102	102	1	Set to "1" if applicable, otherwise "0"	Inflammatory Bowel Disease

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
60	HCC039	Char(1)	103	103	1	Set to "1" if applicable, otherwise "0"	Bone/Joint/Muscle Infections/Necrosis
61	HCC040	Char(1)	104	104	1	Set to "1" if applicable, otherwise "0"	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease
62	HCC046	Char(1)	105	105	1	Set to "1" if applicable, otherwise "0"	Severe Hematological Disorders
63	HCC047	Char(1)	106	106	1	Set to "1" if applicable, otherwise "0"	Disorders of Immunity
64	HCC048	Char(1)	107	107	1	Set to "1" if applicable, otherwise "0"	Coagulation Defects and Other Specified Hematological Disorders
65	HCC051	Char(1)	108	108	1	Set to "1" if applicable, otherwise "0"	Dementia With Complications
66	HCC052	Char(1)	109	109	1	Set to "1" if applicable, otherwise "0"	Dementia Without Complication
67	HCC054	Char(1)	110	110	1	Set to "1" if applicable, otherwise "0"	Drug/Alcohol Psychosis
68	HCC055	Char(1)	111	111	1	Set to "1" if applicable, otherwise "0"	Drug/Alcohol Dependence
69	HCC057	Char(1)	112	112	1	Set to "1" if applicable, otherwise "0"	Schizophrenia
70	HCC058	Char(1)	113	113	1	Set to "1" if applicable, otherwise "0"	Major Depressive, Bipolar, and Paranoid Disorders
71	HCC070	Char(1)	114	114	1	Set to "1" if applicable, otherwise "0"	Quadriplegia
72	HCC071	Char(1)	115	115	1	Set to "1" if applicable, otherwise "0"	Paraplegia
73	HCC072	Char(1)	116	116	1	Set to "1" if applicable, otherwise "0"	Spinal Cord Disorders/Injuries
74	HCC073	Char(1)	117	117	1	Set to "1" if applicable, otherwise "0"	Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease
75	HCC074	Char(1)	118	118	1	Set to "1" if applicable, otherwise "0"	Cerebral Palsy
76	HCC075	Char(1)	119	119	1	Set to "1" if applicable, otherwise "0"	Polyneuropathy
77	HCC076	Char(1)	120	120	1	Set to "1" if applicable, otherwise "0"	Muscular Dystrophy

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
78	HCC077	Char(1)	121	121	1	Set to "1" if applicable, otherwise "0"	Multiple Sclerosis
79	HCC078	Char(1)	122	122	1	Set to "1" if applicable, otherwise "0"	Parkinson's and Huntington's Diseases
80	HCC079	Char(1)	123	123	1	Set to "1" if applicable, otherwise "0"	Seizure Disorders and Convulsions
81	HCC080	Char(1)	124	124	1	Set to "1" if applicable, otherwise "0"	Coma, Brain Compression/Anoxic Damage
82	HCC082	Char(1)	125	125	1	Set to "1" if applicable, otherwise "0"	Respirator Dependence/Tracheostomy Status
83	HCC083	Char(1)	126	126	1	Set to "1" if applicable, otherwise "0"	Respiratory Arrest
84	HCC084	Char(1)	127	127	1	Set to "1" if applicable, otherwise "0"	Cardio-Respiratory Failure and Shock
85	HCC085	Char(1)	128	128	1	Set to "1" if applicable, otherwise "0"	Congestive Heart Failure
86	HCC086	Char(1)	129	129	1	Set to "1" if applicable, otherwise "0"	Acute Myocardial Infarction
87	HCC087	Char(1)	130	130	1	Set to "1" if applicable, otherwise "0"	Unstable Angina and Other Acute Ischemic Heart Disease
88	HCC088	Char(1)	131	131	1	Set to "1" if applicable, otherwise "0"	Angina Pectoris
89	HCC096	Char(1)	132	132	1	Set to "1" if applicable, otherwise "0"	Specified Heart Arrhythmias
90	HCC099	Char(1)	133	133	1	Set to "1" if applicable, otherwise "0"	Cerebral Hemorrhage
91	HCC100	Char(1)	134	134	1	Set to "1" if applicable, otherwise "0"	Ischemic or Unspecified Stroke
92	HCC103	Char(1)	135	135	1	Set to "1" if applicable, otherwise "0"	Hemiplegia/Hemiparesis
93	HCC104	Char(1)	136	136	1	Set to "1" if applicable, otherwise "0"	Monoplegia, Other Paralytic Syndromes
94	HCC106	Char(1)	137	137	1	Set to "1" if applicable, otherwise "0"	Atherosclerosis of the Extremities with Ulceration or Gangrene
95	HCC107	Char(1)	138	138	1	Set to "1" if applicable, otherwise "0"	Vascular Disease with Complications

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
96	HCC108	Char(1)	139	139	1	Set to "1" if applicable, otherwise "0"	Vascular Disease
97	HCC110	Char(1)	140	140	1	Set to "1" if applicable, otherwise "0"	Cystic Fibrosis
98	HCC111	Char(1)	141	141	1	Set to "1" if applicable, otherwise "0"	Chronic Obstructive Pulmonary Disease
99	HCC112	Char(1)	142	142	1	Set to "1" if applicable, otherwise "0"	Fibrosis of Lung and Other Chronic Lung Disorders
100	HCC114	Char(1)	143	143	1	Set to "1" if applicable, otherwise "0"	Aspiration and Specified Bacterial Pneumonias
101	HCC115	Char(1)	144	144	1	Set to "1" if applicable, otherwise "0"	Pneumococcal Pneumonia, Emphysema, Lung Abscess
102	HCC122	Char(1)	145	145	1	Set to "1" if applicable, otherwise "0"	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage
103	HCC124	Char(1)	146	146	1	Set to "1" if applicable, otherwise "0"	Exudative Macular Degeneration
104	HCC134	Char(1)	147	147	1	Set to "1" if applicable, otherwise "0"	Dialysis Status
105	HCC135	Char(1)	148	148	1	Set to "1" if applicable, otherwise "0"	Acute Renal Failure
106	HCC136	Char(1)	149	149	1	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease, Stage 5
107	HCC137	Char(1)	150	150	1	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease, Severe (Stage 4)
108	HCC138	Char(1)	151	151	1	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease, Moderate (Stage 3)
109	HCC139	Char(1)	152	152	1	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease, Mild or Unspecified (Stages 1-2 or Unspecified)
110	HCC140	Char(1)	153	153	1	Set to "1" if applicable, otherwise "0"	Unspecified Renal Failure
111	HCC141	Char(1)	154	154	1	Set to "1" if applicable, otherwise "0"	Nephritis
112	HCC157	Char(1)	155	155	1	Set to "1" if applicable, otherwise "0"	Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone
113	HCC158	Char(1)	156	156	1	Set to "1" if applicable, otherwise "0"	Pressure Ulcer of Skin with Full Thickness Skin Loss

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
114	HCC159	Char(1)	157	157	1	Set to "1" if applicable, otherwise "0"	Pressure Ulcer of Skin with Partial Thickness Skin Loss
115	HCC160	Char(1)	158	158	1	Set to "1" if applicable, otherwise "0"	Pressure Pre-Ulcer Skin Changes or Unspecified Stage
116	HCC161	Char(1)	159	159	1	Set to "1" if applicable, otherwise "0"	Chronic Ulcer of Skin, Except Pressure
117	HCC162	Char(1)	160	160	1	Set to "1" if applicable, otherwise "0"	Severe Skin Burn or Condition
118	HCC166	Char(1)	161	161	1	Set to "1" if applicable, otherwise "0"	Severe Head Injury
119	HCC167	Char(1)	162	162	1	Set to "1" if applicable, otherwise "0"	Major Head Injury
120	HCC169	Char(1)	163	163	1	Set to "1" if applicable, otherwise "0"	Vertebral Fractures without Spinal Cord Injury
121	HCC170	Char(1)	164	164	1	Set to "1" if applicable, otherwise "0"	Hip Fracture/Dislocation
122	HCC173	Char(1)	165	165	1	Set to "1" if applicable, otherwise "0"	Traumatic Amputations and Complications
123	HCC176	Char(1)	166	166	1	Set to "1" if applicable, otherwise "0"	Complications of Specified Implanted Device or Graft
124	HCC186	Char(1)	167	167	1	Set to "1" if applicable, otherwise "0"	Major Organ Transplant or Replacement Status
125	HCC188	Char(1)	168	168	1	Set to "1" if applicable, otherwise "0"	Artificial Openings for Feeding or Elimination
126	HCC189	Char(1)	169	169	1	Set to "1" if applicable, otherwise "0"	Amputation Status, Lower Limb/Amputation Complications
Disabled HCCs:							
127	Disabled Disease HCC006	Char(1)	170	170	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 006 Opportunistic Infections
128	Disabled Disease HCC034	Char(1)	171	171	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 034 Chronic Pancreatitis
129	Disabled Disease HCC046	Char(1)	172	172	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 046 Severe Hematological Disorders
130	Disabled Disease HCC054	Char(1)	173	173	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 054 Drug/Alcohol Psychosis

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
131	Disabled Disease HCC055	Char(1)	174	174	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 055 Drug/Alcohol Dependence
132	Disabled Disease HCC110	Char(1)	175	175	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 110 Cystic Fibrosis
133	Disabled Disease HCC176	Char(1)	176	176	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 176 Complications of Specified Implanted Device or Graft
Disease Interactions:							
134	CANCER_IMMUNE	Char(1)	177	177	1	Set to "1" if applicable, otherwise "0"	CANCER_IMMUNE
135	CHF_COPD	Char(1)	178	178	1	Set to "1" if applicable, otherwise "0"	CHF_COPD
136	CHF_RENAL	Char(1)	179	179	1	Set to "1" if applicable, otherwise "0"	CHF_RENAL
137	COPD_CARD_RESP_FAIL	Char(1)	180	180	1	Set to "1" if applicable, otherwise "0"	COPD_CARD_RESP_FAIL
138	DIABETES_CHF	Char(1)	181	181	1	Set to "1" if applicable, otherwise "0"	DIABETES_CHF
139	SEPSIS_CARD_RESP_FAIL	Char(1)	182	182	1	Set to "1" if applicable, otherwise "0"	SEPSIS_CARD_RESP_FAIL
Additional Institutional Coefficients:							
140	Medicaid	Char(1)	183	183	1	Set to "1" if applicable, otherwise "0"	Beneficiary is entitled to Medicaid.
141	Originally Disabled	Char(1)	184	184	1	Set to "1" if applicable, otherwise "0"	Beneficiary original Medicare entitlement was due to disability.
Disabled HCCs:							
142	Disabled Disease HCC039	Char(1)	185	185	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 039 Bone/Joint/Muscle Infections/Necrosis
143	Disabled Disease HCC077	Char(1)	186	186	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 077 Multiple Sclerosis
144	Disabled Disease HCC085	Char(1)	187	187	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 085 Congestive Heart Failure
145	Disabled Disease HCC161	Char(1)	188	188	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 161 Chronic Ulcer of Skin, Except Pressure
Disease Interactions:							

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
146	ART_OPENINGS_PRESSURE_ULCER	Char(1)	189	189	1	Set to "1" if applicable	ART_OPENINGS_PRESSURE_ULCER
147	ASP_SPEC_BACT_PNEUM_PRES_ULC	Char(1)	190	190	1	Set to "1" if applicable	ASP_SPEC_BACT_PNEUM_PRES_ULC
148	COPD_ASP_SPEC_BACT_PNEUM	Char(1)	191	191	1	Set to "1" if applicable	COPD_ASP_SPEC_BACT_PNEUM
149	DISABLED_PRESSURE_ULCER	Char(1)	192	192	1	Set to "1" if applicable	DISABLED_PRESSURE_ULCER
150	SCHIZO-PHRENIA_CHF	Char(1)	193	193	1	Set to "1" if applicable	SCHIZO-PHRENIA_CHF
151	SCHIZO-PHRENIA_COPD	Char(1)	194	194	1	Set to "1" if applicable	SCHIZO-PHRENIA_COPD
152	SCHIZO-PHRENIA_SEIZURES	Char(1)	195	195	1	Set to "1" if applicable	SCHIZO-PHRENIA_SEIZURES
153	SEPSIS_ARTIF_OPENINGS	Char(1)	196	196	1	Set to "1" if applicable	SEPSIS_ARTIF_OPENINGS
154	SEPSIS_ASP_SPEC_BACT_PNEUM	Char(1)	197	197	1	Set to "1" if applicable	SEPSIS_ASP_SPEC_BACT_PNEUM
155	SEPSIS_PRESSURE_ULCER	Char(1)	198	198	1	Set to "1" if applicable	SEPSIS_PRESSURE_ULCER
156	Filler	Char(2)	199	200	2	Spaces	Filler

2012 Risk Adjustment System (RAPS) Part C (PTC) Monthly Model Output Report (MOR)Trailer Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "3"	1 = Header, A = Details for old V12 PTC MOR, B = Details for new V21 PTC MOR, 3 = Trailer
2	Contract Number	Char(5)	2	6	5	Also known as MCO Plan number	Unique identification for a Managed Care Organization (MCO) enabling the MCO to provide coverage to eligible beneficiaries.
3	Total Record Count	Char(9)	7	15	9	Includes all header and trailer records	Record count in display format.
4	Filler	Char(185)	16	200	185	Spaces	Filler

Daily Transaction Reply Report (DTRR) Data File Layout

Field	Size	Position	Description
1. HICN	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Record Type	1	42	'T' = TRC record
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code; otherwise, spaces if not applicable.
10. County Code	3	50 – 52	Beneficiary Residence County Code; otherwise, spaces if not applicable.
11. Disability Indicator	1	53	'1' = Disabled; '0' = No Disability; Space = not applicable.
12. Hospice Indicator	1	54	'1' = Hospice; '0' = No Hospice; Space = not applicable.
13. Institutional/NHC Indicator	1	55	'1' = Institutional; '2' = NHC; '3' = HCBS; '0' = No Institutional; Space = not applicable.
14. ESRD Indicator	1	56	'1' = End-Stage Renal Disease; '0' = No End-Stage Renal Disease; Space = not applicable.
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code, see TRC list for values
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B, 'Z' = Entitled to Part A or B; Space = not applicable
18. Effective Date	8	63 – 70	YYYYMMDD Format; Effective date is present for all TRCs. However, for UI TRCs, field content is TRC dependent: 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for PBP correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment

Field	Size	Position	Description
			correction, 707 – Start date of enrollment period for corrected segment, 708 – Enrollment period end date assigned to existing opened ended enrollment, 709 & 710 – New start date resulting from update, 711 & 712 – New end date resulting from update, 713 – “00000000” – End date removed. Original end date is in field 24.X, 091 – Previously reported incorrect death date, 121, 194, and 223 – PBP enrollment effective date.
19. Working Aged	1	71	‘1’ = Working Aged; ‘0’ = No Working Aged;; Space = not applicable.
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.
23. UI Initiated Change Flag	1	84	‘1’ = transaction created through user interface; ‘0’ = transaction from source other than user interface; Space = not applicable.
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Effective Date of the Disenrollment	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 013, 014, 018
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 017
c. Claim Number (new)	12	85 – 96	Present only when TRC is one of the following: 022, 025, 086
d. Date of Death	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 090 (with Transaction Type 01), 092
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 071
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 072
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 073
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 074
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 048, 075, 158, 159
j. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 077
k. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 078
l. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 079
m. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 066
n. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 067
o. Part A Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 080
p. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 081
q. Part B Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 082
r. Old State and County Codes	5	85 – 89	Beneficiary’s prior state and county code; Present only when TRC is 085
s. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 035, 036, 045, 056

Field	Size	Position	Description
t. PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary's PBP change. Present only when TRC is 100.
u. Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the TRC is 181.
v. Date Identifying Information Changed by UI User	8	85 – 92	YYYYMMDD Format; Field content is dependent on TRC: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.
w. Modified Part C Premium Amount	12	85 – 96	ZZZZZZZZ9.99 Format; Part C premium amount reported by HPMS for the Plan. Present only when the TRC is 182.
x. Date of Death Removed	8	85 – 92	YYYYMMDD Format; Previously reported erroneous date of death. Present only when TRC is 091.
y. Dialysis End Date	8	85 - 92	YYYYMMDD Format; Present when TRC = 268.
z. Transplant Fail Date	8	85-92	YYYYMMDD Format; Present when TRC = 269 and the transplant has an end date.
aa. New ZIP Code	10	85 - 94	#####-#### Format; Is present when TRC is 305
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53; otherwise, spaces if not applicable.
26. Previous Part D Contract/PBP for TrOOP Transfer.	8	100 – 107	CCCCCPPP Format; Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field is spaces. CCCCC = Contract Number; PPP = Plan Benefit Package (PBP) Number.
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction is a PBP change; otherwise, spaces if not applicable.
30. Application Date	8	124 – 131	The date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132 – 133	'01' = Plan '02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32. Out of Area Flag	1	134	'Y' = Out of area; 'N' = Not out of area; Space = not applicable
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable.

Field	Size	Position	Description
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.
36. Election Type	1	154	<p>‘A’ = AEP; ‘D’ = MADP; ‘E’ = IEP; ‘F’ = IEP2; ‘I’ = ICEP; ‘O’ = OEP; ‘N’ = OEPNEW; ‘T’ = OEPI; ‘R’ = 5 Star SEP; ‘S’ = Other SEP; ‘U’ = Dual/LIS SEP; ‘V’ = Permanent Change in Residence SEP; ‘W’ = EGHP SEP; ‘X’ = Administrative Action SEP; ‘Y’ = CMS/Case Work SEP; Space = not applicable.</p> <p>(MAs use I, A, N, O, R, S, T, U, V, W, X, and Y. MAPDs use I, A, D, E, F, N, O, R, S, T, U, V, W, X, Y. PDPs use A, E, F, R, S, U, V, W, X, and Y.)</p>
37. Enrollment Source	1	155	<p>‘A’ = Auto enrolled by CMS; ‘B’ = Beneficiary Election; ‘C’ = Facilitated enrollment by CMS; ‘D’ = CMS Annual Rollover; ‘E’ = Plan initiated auto-enrollment; ‘F’ = Plan initiated facilitated-enrollment; ‘G’ = Point-of-sale enrollment; ‘H’ = CMS or Plan reassignment; ‘I’ = Invalid submitted value (transaction is not rejected); Space = not applicable.</p>
38. Part D Opt-Out Flag	1	156	<p>‘Y’ = Opt-out of auto-enrollment; ‘N’ = Not opted out of auto-enrollment; Space = No change to opt-out status</p>
39. Premium Withhold Option/Parts C-D	1	157	<p>‘D’ = Direct self-pay; ‘S’ = Deduct from SSA benefits; ‘R’ = Deduct from RRB benefits; ‘O’ = Deduct from OPM benefits; ‘N’ = No premium applicable; Option applies to both Part C and D Premiums; Space = not applicable.</p>
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage; otherwise, spaces if not applicable.
41. Creditable Coverage Flag	1	161	<p>‘Y’ = Member has creditable coverage; ‘N’ = Member does not have creditable coverage; ‘R’ = Setting uncovered months to zero due to a new IEP; ‘U’ = Setting uncovered months to the value prior to using R; Space = not applicable.</p>
42. Employer Subsidy Override Flag	1	162	<p>‘Y’ = Beneficiary is in a Plan receiving an employer subsidy, flag allows enrollment in a Part D Plan; Space = no flag submitted by Plan.</p>
43. Processing Timestamp	15	163 – 177	<p>Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS</p>

Field	Size	Position	Description
44. Filler	20	178 – 197	Spaces
45. Secondary Drug Insurance Flag	1	198	<p>Type 61 MA-PD and PDP transactions: ‘Y’ = Beneficiary has secondary drug insurance; ‘N’ = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by Plan.</p> <p>Type 72 MA-PD and PDP transactions: ‘Y’ = Secondary drug insurance available ‘N’ = No secondary drug insurance available Space = no change.</p> <p>Space returned with any other transaction type has no meaning.</p>
46. Secondary Rx ID	20	199 – 218	Beneficiary’s secondary insurance Plan’s ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
47. Secondary Rx Group	15	219 – 233	Beneficiary’s secondary insurance Plan’s Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
48. EGHP	1	234	<p>Type 61 transactions: ‘Y’ = EGHP; Space = not EGHP.</p> <p>Type 74 transactions: ‘Y’ = EGHP; ‘N’ = Not EGHP; Space = no change.</p> <p>Space reported with any other transaction type has no meaning.</p>
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	<p>Part D low-income premium subsidy percentage category: ‘000’ = No subsidy, ‘025’ = 25% subsidy level; ‘050’ = 50% subsidy level; ‘075’ = 75% subsidy level; ‘100’ = 100% subsidy level; Spaces = not applicable.</p>
50. Low-Income Co-Pay Category	1	238	<p>Definitions of the co-payment categories: ‘0’ = none, not low-income ‘1’ = (High); ‘2’ = (Low); ‘3’ = (0); ‘4’ = 15%; ‘5’ = Unknown; Space = not applicable.</p>
51. Low-Income Period Effective Date	8	239 - 246	<p>Date low income period starts. Format: YYYYMMDD Spaces if not applicable.</p>

Field	Size	Position	Description
52. Part D Late Enrollment Penalty Amount	8	247 - 254	Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
55. Low-Income Part D Premium Subsidy Amount	8	271 - 278	Amount of Part D low-income premium subsidy as of the enrollment period start date. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Rx BIN	6	279 - 284	Beneficiary's Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
57. Part D Rx PCN	10	285 - 294	Beneficiary's Part D Rx PCN taken from the input transaction (61, or 72); otherwise, spaces if not provided via a transaction.
58. Part D Rx Group	15	295 - 309	Beneficiary's Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
59. Part D Rx ID	20	310 - 329	Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
60. Secondary Rx BIN	6	330 - 335	Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
61. Secondary Rx PCN	10	336 - 345	Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
62. De Minimis Differential Amount	8	346 - 353	Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
63. Filler	1	354	Spaces
64. Low Income Period End Date	8	355 - 362	Date low income period closes. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field is blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194, 223. FORMAT: YYYYMMDD; otherwise, spaces if not applicable.
65. Low Income Subsidy Source Code	1	363	'A' = Approved SSA applicant; 'D' = Deemed eligible by CMS; Space = not applicable.
66. Enrollee Type Flag, PBP Level	1	364	Designation relative to the report generation date (Transaction Date, field #22) 'C' = Current PBP enrollee; 'P' = Prospective PBP enrollee; 'Y' = Previous PBP enrollee; Spaces = not applicable.
67. Application Date Indicator	1	365	Identifies whether the application date associated with a UI submitted enrollment has a system generated default value: 'Y' = Default value for UI enrollment; Space = Not applicable
68. TRC Short Name	15	366 - 380	TRC's short-name identifier

Field	Size	Position	Description
69. Filler	94	381 - 474	Spaces
70. System Assigned Transaction Tracking ID	11	475 - 485	System assigned transaction tracking ID.
71. Plan Assigned Transaction Tracking ID	15	486 - 500	Plan submitted batch input transaction tracking ID.

The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
HEADER RECORD					
1	Contract Number	1-5	5	Character	Contract Number
2	Record Identification Code	6-6	1	Character	Record Type Identifier H = Header Record
3	Contract Name	7 – 56	50	Character	Name of the Contract
4	Payment Cycle Date	57 – 62	6	Character	Identified the month and year of payment: Format = YYYYMM
5	Run Date	63 – 70	8	Character	Identifies the date file was created: Format = YYYYMMDD
6	Filler	71 – 200	130	Character	Spaces
CAPITATED PAYMENT – CURRENT ACTIVITY					
7	Contract Number	1-5			Contract Number
8	Record Identification Code	6-6			Record Type Identifier C = Capitated Payment
9	Table ID Number	7-7			1
10	Adjustment Reason Code	8-9			Blank = Prospective Payment For a list of current MMR Adjustment Reason Codes (ARC) consult the Medicare Advantage and Prescription Drug Plan Communications Users Guide.
11	Part A Total Members	10-17	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part A payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
12	Part B Total Members	18-25	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part B payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9

Item	Data Element	Position	Length	Type	Description
13	Part D Total Members	26-33	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part D payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
14	Part A Payment Amount	34-46	13	Numeric	Total Part A Amount Format: SSSSSSSS9.99
15	Part B Payment Amount	47-59	13	Numeric	Total Part B Amount Format: SSSSSSSS9.99
16	Part D Payment Amount	60-72	13	Numeric	Total Part D Amount Format: SSSSSSSS9.99
17	Coverage Gap Discount Amount	73-85	13	Numeric	The Coverage Gap Discount included in Part D Payment. Format: SSSSSSSS9.99
18	Total Payment	86- 98	13	Numeric	Total Payment Format: SSSSSSSS9.99
19	Filler	99 – 200	102	Character	Spaces
PREMIUM SETTLEMENT					
20	Contract Number	1 – 5	5	Character	Contract Number
21	Record Identification Code	6 – 6	1	Character	Record Type Identifier P = Premium Settlement
22	Table ID Number	7 – 7	1	Character	2
23	Part C Premium Withholding Amount	8 – 20	13	Numeric	Total Part C Premium Amount Format: SSSSSSSS9.99
24	Part D Premium Withholding Amount	21 – 33	13	Numeric	Total Part D Premium Amount Format: SSSSSSSS9.99
25	Part D Low Income Premium Subsidy	34 – 46	13	Numeric	Total Low Income Premium Subsidy Format: SSSSSSSS9.99
26	Part D Late Enrollment Penalty	47 – 59	13	Numeric	Total Late Enrollment Penalty (Direct Bill Members Only) Format: SSSSSSSS9.99
27	Total Premium Settlement Amount	60 – 72	13	Numeric	Total Premium Settlement Format: SSSSSSSS9.99
28	Filler	73 – 200	128	Character	Spaces
FEES					
29	Contract Number	1 – 5	5	Character	Contract Number
30	Record Identification Code	6 – 6	1	Character	Record Type Identifier F = FEES
31	Table ID Number	7 – 7	1	Character	3
32	NMEC Part A Subject to Fee	8 – 20	13	Numeric	Part A amount subject to National Medicare Educational Campaign fees.

Item	Data Element	Position	Length	Type	Description
					Format:ZZZZZZZZZ9.99
33	NMEC Part A Rate	21 – 27	7	Numeric	Rate used to calculate the fees for Part A. Format: 0.99999
34	Part A Fee Amount	28 – 40	13	Numeric	Fee Assessed for Part A Format:SSSSSSSS9.99
35	NMEC Part B Subject to Fee	41 – 53	13	Numeric	Part B amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
36	NMEC Part B Rate	54 – 60	7	Numeric	Rate used to calculate the fees for Part B. Format: 0.99999
37	Part B Fee Amount	61 – 73	13	Numeric	Fee Assessed for Part B Format: SSSSSSS9.99
38	NMEC Part D Subject to Fee	74 – 86	13	Numeric	Part D amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
39	NMEC Part D Rate	87 – 93	7	Numeric	Rate used to calculate the fees for Part D. Format: 0.99999
40	Part D Fee Amount	94 – 106	13	Numeric	Fee Assessed for Part D Format: SSSSSSS9.99
41	Total NMEC Fee Assessed	107 – 119	13	Numeric	Total NMEC Fee Assessed for Part A, B and D Format: SSSSSSS9.99
42	Total Prospective Part D Members	120 – 127	8	Numeric	Total members for Part D Format: ZZZZZZZ9
43	Rate for COB Fees	128 – 131	4	Numeric	Rate used to calculate the COB fees, per Prospective Part D Member. Format: 0.99
44	Amount of COB Fees	132 – 144	13	Numeric	COB Fee Format: SSSSSSS9.99
45	Total of Assessed Fees	145 – 157	13	Numeric	Total of all Fees Assessments Format: SSSSSSS9.99
46	Filler	158 – 200	43	Character	Spaces
SPECIAL ADJUSTMENTS					
47	Contract Number	1 – 5	5	Character	Contract Number
48	Record Identification Code	6 – 6	1	Character	Record Type Identifier S = Special Adjustments
49	Table ID Number	7 – 7	1	Character	4
50	Document ID	8 – 15	8	Numeric	The document ID for identifying the adjustment.
51	Source	16-20	5	Character	The CMS division responsible for initiating the adjustments.
52	Description	21 – 70	50	Character	The reason the adjustment was made.
53	Type	71 – 90	20	Character	The type of adjustment. CMP = Civil Monetary Penalty

Item	Data Element	Position	Length	Type	Description
					CST = Cost Plan Adjustment PRS = Annual Part D Reconciliation RSK = Risk Adjustment PTD= Part D Risk Adjustment CGD = Coverage Gap Discount Invoice OTH = Other, non-specific type
54	Adjustment to Part A	91 – 103	13	Numeric	Adjustment amount for Part A Format: SSSSSSSS9.99
55	Adjustment to Part B	104 – 116	13	Numeric	Adjustment amount for Part B Format: SSSSSSSS9.99
56	Adjustment to Part D	117 – 129	13	Numeric	Adjustment amount for Part D. Format: SSSSSSSS9.99
57	Part C Premium Withholding, Part A Portion	130 - 142	13	Numeric	Adjustment amount for Part C Premium Withholding, Part A portion. Format: SSSSSSSS9.99
58	Part Premium C Withholding, Part B Portion	143 – 155	13	Numeric	Adjustment amount for Part C Premium Withholding, Part B portion. Format: SSSSSSSS9.99
59	Part D Premium Withholding	156 – 168	13	Numeric	Adjustment amount for Part D Premium Withholding. Format: SSSSSSSS9.99
60	Part D Low Income Premium Subsidy	169 - 181	13	Numeric	Adjustment amount for Part D Low Income Premium Subsidy. Format: SSSSSSSS9.99
61	Total Adjustment Amount	182 – 194	13	Numeric	Total Adjustments Format: SSSSSSSS9.99
62	Filler	195 – 200	6	Character	Spaces
Previous Cycle Balance Summary					
63	Contract Number	1 – 5	5	Character	Contract Number
64	Record Identification Code	6 – 6	1	Character	Record Type Identifier L = Last Period Carry Over Amounts carried over to this month from previous months
65	Table ID Number	7 – 7	1	Character	5
66	Part A Carry Over Amount	8 – 20	13	Numeric	Part A Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
67	Part B Carry Over Amount	21 – 33	13	Numeric	Part B Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
68	Part D Carry Over Amount	34 – 46	13	Numeric	Part D Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
69	Part C Premium Withholding Carry Over Amount	47 – 59	13	Numeric	Part C Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
70	Part D Premium Withholding Carry Over Amount	60 – 72	13	Numeric	Part D Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
71	Part D Low Income Premium Subsidy Carry Over Amount	73 – 85	13	Numeric	Part D Low Income Premium Subsidy Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
72	Part D Late Enrollment Penalty Carry Over Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
73	Education User Fee Carry Over Amount	99 – 111	13	Numeric	Education User Fee Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
74	Part D COB User Fee Carry Over Amount	112 – 124	13	Numeric	Part D COB User Fee Carry Over Amount - Previous Balance Column. Format:SSSSSSSS9.99
75	CMS Special Adjustments Carry Over Amount	125 – 137	13	Numeric	CMS Special Adjustments Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
76	Total Carry Over Amount	138 – 150	13	Numeric	Sum of amounts in Previous Balance Column Format: SSSSSSSSS9.99
77	Filler	151 – 200	50	Character	Spaces.
Payment Summary					
78	Contract Number	1 – 5	5	Character	Contract Number
79	Record Identification Code	6 – 6	1	Character	Record Type Identifier A = Payment Summary Amounts included in this month's payment from Tables 1 thru 4 plus Carry Over (from Previous Balance Column).
80	Table ID Number	7 – 7	1	Character	5
81	Part A Amount	8 – 20	13	Numeric	Part A amount - Net Payment Column. Format: ZZZZZZZZZ9.99
82	Part B Amount	21 – 33	13	Numeric	Part B amount - Net Payment Column. Format: ZZZZZZZZZ9.99
83	Part D Amount	34 – 46	13	Numeric	Part D amount - Net Payment Column. Format: ZZZZZZZZZ9.99
84	Part C Premium Withholding Amount	47 – 59	13	Numeric	Part C Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99
85	Part D Premium Withholding Amount	60 – 72	13	Numeric	Part D Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99

Item	Data Element	Position	Length	Type	Description
86	Part D Low Income Premium Subsidy Amount	73 – 85	13	Numeric	Part D Low Income Subsidy Amount - Net Payment Column. Format: ZZZZZZZZ9.99
87	Part D Late Enrollment Penalty Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount - Net Payment Column. Format: SSSSSSSS9.99
88	Education User Fee Amount	99 – 111	13	Numeric	Education User Fee Amount - Net Payment Column. Format: SSSSSSSS9.99
89	Part D COB User Fee Amount	112 – 124	13	Numeric	Part B COB Fee Amount - Net Payment Column. Format: SSSSSSSS9.99
90	CMS Special Adjustments Amount	125 – 137	13	Numeric	CMS Special Adjustments Amount - Net Payment Column. Format: SSSSSSSS9.99
91	Total Net Payment	138 – 150	13	Numeric	Sum of amounts in Net Payment Column. This is the plan's Net Payment Amount for this month. If the amount is negative, the payment will be carried forward. Format: SSSSSSSS9.99
92	Filler	151 – 200	50	Character	Spaces.
Payment Balance Carried Forward					
93	Contract Number	1 – 5	5	Character	Contract Number
94	Record Identification Code	6 – 6	1	Character	Record Type Identifier N = Balance Carried Forward to Next Cycle. Amounts carried forward (and not paid) to next month from this month
95	Table ID Number	7 – 7	1	Character	5
96	Part A Amount Carry Forward	8 – 20	13	Numeric	Part A Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
97	Part B Amount Carry Forward	21 – 33	13	Numeric	Part B Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
98	Part D Amount Carry Forward	34 – 46	13	Numeric	Part D Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
99	Part C Premium Withholding Amount Carry Forward	47 – 59	13	Numeric	Part C Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99
100	Part D Premium Withholding Amount Carry Forward	60 – 72	13	Numeric	Part D Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99
101	Part D Low Income Premium Subsidy Amount Carry Forward	73 – 85	13	Numeric	Part D Low Income Subsidy Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
102	Part D Late Enrollment Penalty Amount Carry Forward	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
103	Education User Fee Amount Carry Forward	99 – 111	13	Numeric	Education User Fee Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
104	Part D COB User Fee Amount Carry Forward	112 – 124	13	Numeric	Part B COB Fee Amount Carry Forward - Balance Forward Column. Format:SSSSSSSS9.99
105	CMS Special Adjustments Amount Carry Forward	125 – 137	13	Numeric	CMS Special Adjustments Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
106	Total Carry Forward Amount	138 – 150	13	Numeric	Sum of amounts in Balance Forward Column Format: SSSSSSSSS9.99
107	Filler	151 – 200	50	Character	Spaces.

Daily Transaction Reply Report (DTRR) Data File Layout

Field	Size	Position	Description
1. HICN	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Record Type	1	42	'T' = TRC record
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code; otherwise, spaces if not applicable.
10. County Code	3	50 – 52	Beneficiary Residence County Code; otherwise, spaces if not applicable.
11. Disability Indicator	1	53	'1' = Disabled; '0' = No Disability; Space = not applicable.
12. Hospice Indicator	1	54	'1' = Hospice; '0' = No Hospice; Space = not applicable.
13. Institutional/NHC Indicator	1	55	'1' = Institutional; '2' = NHC; '3' = HCBS; '0' = No Institutional; Space = not applicable.
14. ESRD Indicator	1	56	'1' = End-Stage Renal Disease; '0' = No End-Stage Renal Disease; Space = not applicable.
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code, see TRC list for values
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B, 'Z' = Entitled to Part A or B; Space = not applicable
18. Effective Date	8	63 – 70	YYYYMMDD Format; Effective date is present for all TRCs. However, for UI TRCs, field content is TRC dependent: 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for PBP correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction,

Field	Size	Position	Description
			707 – Start date of enrollment period for corrected segment, 708 – Enrollment period end date assigned to existing opened ended enrollment, 709 & 710 – New start date resulting from update, 711 & 712 – New end date resulting from update, 713 – “00000000” – End date removed. Original end date is in field 24.X, 091 – Previously reported incorrect death date, 121, 194, and 223 – PBP enrollment effective date.
19. Working Aged	1	71	‘1’ = Working Aged; ‘0’ = No Working Aged;; Space = not applicable.
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.
23. UI Initiated Change Flag	1	84	‘1’ = transaction created through user interface; ‘0’ = transaction from source other than user interface; Space = not applicable.
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Effective Date of the Disenrollment	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 013, 014, 018
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 017
c. Claim Number (new)	12	85 – 96	Present only when TRC is one of the following: 022, 025, 086
d. Date of Death	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 090 (with Transaction Type 01), 092
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 071
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 072
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 073
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 074
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 048, 075, 158, 159
j. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 077
k. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 078
l. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 079
m. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 066
n. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 067
o. Part A Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 080
p. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 081
q. Part B Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 082
r. Old State and County Codes	5	85 – 89	Beneficiary’s prior state and county code; Present only when TRC is 085
v. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 035, 036, 045, 056
w. PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary’s PBP change. Present only when TRC is 100.

Field	Size	Position	Description
x. Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the TRC is 181.
bb. Date Identifying Information Changed by UI User	8	85 – 92	YYYYMMDD Format; Field content is dependent on TRC: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.
cc. Modified Part C Premium Amount	12	85 – 96	ZZZZZZZZ9.99 Format; Part C premium amount reported by HPMS for the Plan. Present only when the TRC is 182.
dd. Date of Death Removed	8	85 – 92	YYYYMMDD Format; Previously reported erroneous date of death. Present only when TRC is 091.
ee. Dialysis End Date	8	85 - 92	YYYYMMDD Format; Present when TRC = 268.
ff. Transplant Fail Date	8	85-92	YYYYMMDD Format; Present when TRC = 269 and the transplant has an end date.
gg. New ZIP Code	10	85 - 94	#####-#### Format; Is present when TRC is 305
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53; otherwise, spaces if not applicable.
26. Previous Part D Contract/PBP for TrOOP Transfer.	8	100 – 107	CCCCCPPP Format; Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field is spaces. CCCCC = Contract Number; PPP = Plan Benefit Package (PBP) Number.
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction is a PBP change; otherwise, spaces if not applicable.
30. Application Date	8	124 – 131	The date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132 – 133	'01' = Plan '02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32. Out of Area Flag	1	134	'Y' = Out of area; 'N' = Not out of area; Space = not applicable
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable.
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.

Field	Size	Position	Description
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.
36. Election Type	1	154	‘A’ = AEP; ‘D’ = MADP; ‘E’ = IEP; ‘F’ = IEP2; ‘I’ = ICEP; ‘O’ = OEP; ‘N’ = OEPNEW; ‘T’ = OEPI; ‘R’ = 5 Star SEP; ‘S’ = Other SEP; ‘U’ = Dual/LIS SEP; ‘V’ = Permanent Change in Residence SEP; ‘W’ = EGHP SEP; ‘X’ = Administrative Action SEP; ‘Y’ = CMS/Case Work SEP; Space = not applicable. (MAs use I, A, N, O, R, S, T, U, V, W, X, and Y. MAPDs use I, A, D, E, F, N, O, R, S, T, U, V, W, X, Y. PDPs use A, E, F, R, S, U, V, W, X, and Y.)
37. Enrollment Source	1	155	‘A’ = Auto enrolled by CMS; ‘B’ = Beneficiary Election; ‘C’ = Facilitated enrollment by CMS; ‘D’ = CMS Annual Rollover; ‘E’ = Plan initiated auto-enrollment; ‘F’ = Plan initiated facilitated-enrollment; ‘G’ = Point-of-sale enrollment; ‘H’ = CMS or Plan reassignment; ‘I’ = Invalid submitted value (transaction is not rejected); Space = not applicable.
38. Part D Opt-Out Flag	1	156	‘Y’ = Opt-out of auto-enrollment; ‘N’ = Not opted out of auto-enrollment; Space = No change to opt-out status
39. Premium Withhold Option/Parts C-D	1	157	‘D’ = Direct self-pay; ‘S’ = Deduct from SSA benefits; ‘R’ = Deduct from RRB benefits; ‘O’ = Deduct from OPM benefits; ‘N’ = No premium applicable; Option applies to both Part C and D Premiums; Space = not applicable.
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage; otherwise, spaces if not applicable.
41. Creditable Coverage Flag	1	161	‘Y’ = Member has creditable coverage; ‘N’ = Member does not have creditable coverage; ‘R’ = Setting uncovered months to zero due to a new IEP; ‘U’ = Setting uncovered months to the value prior to using R; Space = not applicable.
42. Employer Subsidy Override Flag	1	162	‘Y’ = Beneficiary is in a Plan receiving an employer subsidy, flag allows enrollment in a Part D Plan; Space = no flag submitted by Plan.
43. Processing Timestamp	15	163 – 177	Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS
44. Filler	20	178 – 197	Spaces

Field	Size	Position	Description
45. Secondary Drug Insurance Flag	1	198	<p>Type 61 MA-PD and PDP transactions: ‘Y’ = Beneficiary has secondary drug insurance; ‘N’ = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by Plan.</p> <p>Type 72 MA-PD and PDP transactions: ‘Y’ = Secondary drug insurance available ‘N’ = No secondary drug insurance available Space = no change.</p> <p>Space returned with any other transaction type has no meaning.</p>
46. Secondary Rx ID	20	199 – 218	Beneficiary’s secondary insurance Plan’s ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
47. Secondary Rx Group	15	219 – 233	Beneficiary’s secondary insurance Plan’s Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
48. EGHP	1	234	<p>Type 61 transactions: ‘Y’ = EGHP; Space = not EGHP.</p> <p>Type 74 transactions: ‘Y’ = EGHP; ‘N’ = Not EGHP; Space = no change.</p> <p>Space reported with any other transaction type has no meaning.</p>
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	<p>Part D low-income premium subsidy percentage category: ‘000’ = No subsidy, ‘025’ = 25% subsidy level; ‘050’ = 50% subsidy level; ‘075’ = 75% subsidy level; ‘100’ = 100% subsidy level; Spaces = not applicable.</p>
50. Low-Income Co-Pay Category	1	238	<p>Definitions of the co-payment categories: ‘0’ = none, not low-income ‘1’ = (High); ‘2’ = (Low); ‘3’ = (0); ‘4’ = 15%; ‘5’ = Unknown; Space = not applicable.</p>
51. Low-Income Period Effective Date	8	239 - 246	<p>Date low income period starts. Format: YYYYMMDD Spaces if not applicable.</p>
52. Part D Late Enrollment Penalty Amount	8	247 - 254	<p>Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.</p>

Field	Size	Position	Description
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	Amount of Part D low-income premium subsidy as of the enrollment period start date. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Rx BIN	6	279 - 284	Beneficiary's Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
57. Part D Rx PCN	10	285 - 294	Beneficiary's Part D Rx PCN taken from the input transaction (61, or 72); otherwise, spaces if not provided via a transaction.
58. Part D Rx Group	15	295 - 309	Beneficiary's Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
59. Part D Rx ID	20	310 - 329	Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
60. Secondary Rx BIN	6	330 - 335	Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
61. Secondary Rx PCN	10	336 - 345	Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
62. De Minimis Differential Amount	8	346 - 353	Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
63. Filler	1	354	Spaces
64. Low Income Period End Date	8	355 - 362	Date low income period closes. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field is blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194, 223. FORMAT: YYYYMMDD; otherwise, spaces if not applicable.
65. Low Income Subsidy Source Code	1	363	'A' = Approved SSA applicant; 'D' = Deemed eligible by CMS; Space = not applicable.
66. Enrollee Type Flag, PBP Level	1	364	Designation relative to the report generation date (Transaction Date, field #22) 'C' = Current PBP enrollee; 'P' = Prospective PBP enrollee; 'Y' = Previous PBP enrollee; Spaces = not applicable.
67. Application Date Indicator	1	365	Identifies whether the application date associated with a UI submitted enrollment has a system generated default value: 'Y' = Default value for UI enrollment; Space = Not applicable
68. TRC Short Name	15	366 - 380	TRC's short-name identifier
69. Filler	94	381 - 474	Spaces

Field	Size	Position	Description
70. System Assigned Transaction Tracking ID	11	475 - 485	System assigned transaction tracking ID.
71. Plan Assigned Transaction Tracking ID	15	486 - 500	Plan submitted batch input transaction tracking ID.

The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
HEADER RECORD					
1	Contract Number	1-5	5	Character	Contract Number
2	Record Identification Code	6-6	1	Character	Record Type Identifier H = Header Record
3	Contract Name	7 – 56	50	Character	Name of the Contract
4	Payment Cycle Date	57 – 62	6	Character	Identified the month and year of payment: Format = YYYYMM
5	Run Date	63 – 70	8	Character	Identifies the date file was created: Format = YYYYMMDD
6	Filler	71 – 200	130	Character	Spaces
CAPITATED PAYMENT – CURRENT ACTIVITY					
7	Contract Number	1-5			Contract Number
8	Record Identification Code	6-6			Record Type Identifier C = Capitated Payment
9	Table ID Number	7-7			1
10	Adjustment Reason Code	8-9			Blank = Prospective Payment For a list of current MMR Adjustment Reason Codes (ARC) consult the Medicare Advantage and Prescription Drug Plan Communications Users Guide.
11	Part A Total Members	10-17	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part A payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
12	Part B Total Members	18-25	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part B payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9

Item	Data Element	Position	Length	Type	Description
13	Part D Total Members	26-33	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part D payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
14	Part A Payment Amount	34-46	13	Numeric	Total Part A Amount Format: SSSSSSSS9.99
15	Part B Payment Amount	47-59	13	Numeric	Total Part B Amount Format: SSSSSSSS9.99
16	Part D Payment Amount	60-72	13	Numeric	Total Part D Amount Format: SSSSSSSS9.99
17	Coverage Gap Discount Amount	73-85	13	Numeric	The Coverage Gap Discount included in Part D Payment. Format: SSSSSSSS9.99
18	Total Payment	86- 98	13	Numeric	Total Payment Format: SSSSSSSS9.99
19	Filler	99 – 200	102	Character	Spaces
PREMIUM SETTLEMENT					
20	Contract Number	1 – 5	5	Character	Contract Number
21	Record Identification Code	6 – 6	1	Character	Record Type Identifier P = Premium Settlement
22	Table ID Number	7 – 7	1	Character	2
23	Part C Premium Withholding Amount	8 – 20	13	Numeric	Total Part C Premium Amount Format: SSSSSSSS9.99
24	Part D Premium Withholding Amount	21 – 33	13	Numeric	Total Part D Premium Amount Format: SSSSSSSS9.99
25	Part D Low Income Premium Subsidy	34 – 46	13	Numeric	Total Low Income Premium Subsidy Format: SSSSSSSS9.99
26	Part D Late Enrollment Penalty	47 – 59	13	Numeric	Total Late Enrollment Penalty (Direct Bill Members Only) Format: SSSSSSSS9.99
27	Total Premium Settlement Amount	60 – 72	13	Numeric	Total Premium Settlement Format: SSSSSSSS9.99
28	Filler	73 – 200	128	Character	Spaces
FEES					
29	Contract Number	1 – 5	5	Character	Contract Number
30	Record Identification Code	6 – 6	1	Character	Record Type Identifier F = FEES
31	Table ID Number	7 – 7	1	Character	3
32	NMEC Part A Subject to Fee	8 – 20	13	Numeric	Part A amount subject to National Medicare Educational Campaign fees.

Item	Data Element	Position	Length	Type	Description
					Format:ZZZZZZZZZ9.99
33	NMEC Part A Rate	21 – 27	7	Numeric	Rate used to calculate the fees for Part A. Format: 0.99999
34	Part A Fee Amount	28 – 40	13	Numeric	Fee Assessed for Part A Format:SSSSSSSS9.99
35	NMEC Part B Subject to Fee	41 – 53	13	Numeric	Part B amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
36	NMEC Part B Rate	54 – 60	7	Numeric	Rate used to calculate the fees for Part B. Format: 0.99999
37	Part B Fee Amount	61 – 73	13	Numeric	Fee Assessed for Part B Format: SSSSSSS9.99
38	NMEC Part D Subject to Fee	74 – 86	13	Numeric	Part D amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
39	NMEC Part D Rate	87 – 93	7	Numeric	Rate used to calculate the fees for Part D. Format: 0.99999
40	Part D Fee Amount	94 – 106	13	Numeric	Fee Assessed for Part D Format: SSSSSSS9.99
41	Total NMEC Fee Assessed	107 – 119	13	Numeric	Total NMEC Fee Assessed for Part A, B and D Format: SSSSSSS9.99
42	Total Prospective Part D Members	120 – 127	8	Numeric	Total members for Part D Format: ZZZZZZZ
43	Rate for COB Fees	128 – 131	4	Numeric	Rate used to calculate the COB fees, per Prospective Part D Member. Format: 0.99
44	Amount of COB Fees	132 – 144	13	Numeric	COB Fee Format: SSSSSSS9.99
45	Total of Assessed Fees	145 – 157	13	Numeric	Total of all Fees Assessments Format: SSSSSSS9.99
46	Filler	158 – 200	43	Character	Spaces
SPECIAL ADJUSTMENTS					
47	Contract Number	1 – 5	5	Character	Contract Number
48	Record Identification Code	6 – 6	1	Character	Record Type Identifier S = Special Adjustments
49	Table ID Number	7 – 7	1	Character	4
50	Document ID	8 – 15	8	Numeric	The document ID for identifying the adjustment.
51	Source	16-20	5	Character	The CMS division responsible for initiating the adjustments.
52	Description	21 – 70	50	Character	The reason the adjustment was made.
53	Type	71 – 90	20	Character	The type of adjustment. CMP = Civil Monetary Penalty

Item	Data Element	Position	Length	Type	Description
					CST = Cost Plan Adjustment PRS = Annual Part D Reconciliation RSK = Risk Adjustment PTD= Part D Risk Adjustment CGD = Coverage Gap Discount Invoice OTH = Other, non-specific type
54	Adjustment to Part A	91 – 103	13	Numeric	Adjustment amount for Part A Format: SSSSSSSS9.99
55	Adjustment to Part B	104 – 116	13	Numeric	Adjustment amount for Part B Format: SSSSSSSS9.99
56	Adjustment to Part D	117 – 129	13	Numeric	Adjustment amount for Part D. Format: SSSSSSSS9.99
57	Part C Premium Withholding, Part A Portion	130 - 142	13	Numeric	Adjustment amount for Part C Premium Withholding, Part A portion. Format: SSSSSSSS9.99
58	Part Premium C Withholding, Part B Portion	143 – 155	13	Numeric	Adjustment amount for Part C Premium Withholding, Part B portion. Format: SSSSSSSS9.99
59	Part D Premium Withholding	156 – 168	13	Numeric	Adjustment amount for Part D Premium Withholding. Format: SSSSSSSS9.99
60	Part D Low Income Premium Subsidy	169 - 181	13	Numeric	Adjustment amount for Part D Low Income Premium Subsidy. Format: SSSSSSSS9.99
61	Total Adjustment Amount	182 – 194	13	Numeric	Total Adjustments Format: SSSSSSSS9.99
62	Filler	195 – 200	6	Character	Spaces
Previous Cycle Balance Summary					
63	Contract Number	1 – 5	5	Character	Contract Number
64	Record Identification Code	6 – 6	1	Character	Record Type Identifier L = Last Period Carry Over Amounts carried over to this month from previous months
65	Table ID Number	7 – 7	1	Character	5
66	Part A Carry Over Amount	8 – 20	13	Numeric	Part A Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
67	Part B Carry Over Amount	21 – 33	13	Numeric	Part B Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
68	Part D Carry Over Amount	34 – 46	13	Numeric	Part D Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
69	Part C Premium Withholding Carry Over Amount	47 – 59	13	Numeric	Part C Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
70	Part D Premium Withholding Carry Over Amount	60 – 72	13	Numeric	Part D Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
71	Part D Low Income Premium Subsidy Carry Over Amount	73 – 85	13	Numeric	Part D Low Income Premium Subsidy Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
72	Part D Late Enrollment Penalty Carry Over Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
73	Education User Fee Carry Over Amount	99 – 111	13	Numeric	Education User Fee Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
74	Part D COB User Fee Carry Over Amount	112 – 124	13	Numeric	Part D COB User Fee Carry Over Amount - Previous Balance Column. Format:SSSSSSSS9.99
75	CMS Special Adjustments Carry Over Amount	125 – 137	13	Numeric	CMS Special Adjustments Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
76	Total Carry Over Amount	138 – 150	13	Numeric	Sum of amounts in Previous Balance Column Format: SSSSSSSSS9.99
77	Filler	151 – 200	50	Character	Spaces.
Payment Summary					
78	Contract Number	1 – 5	5	Character	Contract Number
79	Record Identification Code	6 – 6	1	Character	Record Type Identifier A = Payment Summary Amounts included in this month's payment from Tables 1 thru 4 plus Carry Over (from Previous Balance Column).
80	Table ID Number	7 – 7	1	Character	5
81	Part A Amount	8 – 20	13	Numeric	Part A amount - Net Payment Column. Format: ZZZZZZZZZ9.99
82	Part B Amount	21 – 33	13	Numeric	Part B amount - Net Payment Column. Format: ZZZZZZZZZ9.99
83	Part D Amount	34 – 46	13	Numeric	Part D amount - Net Payment Column. Format: ZZZZZZZZZ9.99
84	Part C Premium Withholding Amount	47 – 59	13	Numeric	Part C Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99
85	Part D Premium Withholding Amount	60 – 72	13	Numeric	Part D Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99

Item	Data Element	Position	Length	Type	Description
86	Part D Low Income Premium Subsidy Amount	73 – 85	13	Numeric	Part D Low Income Subsidy Amount - Net Payment Column. Format: ZZZZZZZZ9.99
87	Part D Late Enrollment Penalty Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount - Net Payment Column. Format: SSSSSSSS9.99
88	Education User Fee Amount	99 – 111	13	Numeric	Education User Fee Amount - Net Payment Column. Format: SSSSSSSS9.99
89	Part D COB User Fee Amount	112 – 124	13	Numeric	Part B COB Fee Amount - Net Payment Column. Format: SSSSSSSS9.99
90	CMS Special Adjustments Amount	125 – 137	13	Numeric	CMS Special Adjustments Amount - Net Payment Column. Format: SSSSSSSS9.99
91	Total Net Payment	138 – 150	13	Numeric	Sum of amounts in Net Payment Column. This is the plan's Net Payment Amount for this month. If the amount is negative, the payment will be carried forward. Format: SSSSSSSS9.99
92	Filler	151 – 200	50	Character	Spaces.
Payment Balance Carried Forward					
93	Contract Number	1 – 5	5	Character	Contract Number
94	Record Identification Code	6 – 6	1	Character	Record Type Identifier N = Balance Carried Forward to Next Cycle. Amounts carried forward (and not paid) to next month from this month
95	Table ID Number	7 – 7	1	Character	5
96	Part A Amount Carry Forward	8 – 20	13	Numeric	Part A Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
97	Part B Amount Carry Forward	21 – 33	13	Numeric	Part B Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
98	Part D Amount Carry Forward	34 – 46	13	Numeric	Part D Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
99	Part C Premium Withholding Amount Carry Forward	47 – 59	13	Numeric	Part C Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99
100	Part D Premium Withholding Amount Carry Forward	60 – 72	13	Numeric	Part D Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99
101	Part D Low Income Premium Subsidy Amount Carry Forward	73 – 85	13	Numeric	Part D Low Income Subsidy Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
102	Part D Late Enrollment Penalty Amount Carry Forward	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
103	Education User Fee Amount Carry Forward	99 – 111	13	Numeric	Education User Fee Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
104	Part D COB User Fee Amount Carry Forward	112 – 124	13	Numeric	Part B COB Fee Amount Carry Forward - Balance Forward Column. Format:SSSSSSSS9.99
105	CMS Special Adjustments Amount Carry Forward	125 – 137	13	Numeric	CMS Special Adjustments Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
106	Total Carry Forward Amount	138 – 150	13	Numeric	Sum of amounts in Balance Forward Column Format: SSSSSSSSS9.99
107	Filler	151 – 200	50	Character	Spaces.

Daily Transaction Reply Report (DTRR) Data File Layout

Field	Size	Position	Description
1. HICN	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Record Type	1	42	'T' = TRC record
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code; otherwise, spaces if not applicable.
10. County Code	3	50 – 52	Beneficiary Residence County Code; otherwise, spaces if not applicable.
11. Disability Indicator	1	53	'1' = Disabled; '0' = No Disability; Space = not applicable.
12. Hospice Indicator	1	54	'1' = Hospice; '0' = No Hospice; Space = not applicable.
13. Institutional/NHC Indicator	1	55	'1' = Institutional; '2' = NHC; '3' = HCBS; '0' = No Institutional; Space = not applicable.
14. ESRD Indicator	1	56	'1' = End-Stage Renal Disease; '0' = No End-Stage Renal Disease; Space = not applicable.
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code, see TRC list for values
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B, 'Z' = Entitled to Part A or B; Space = not applicable
18. Effective Date	8	63 – 70	YYYYMMDD Format; Effective date is present for all TRCs. However, for UI TRCs, field content is TRC dependent: 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for PBP correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction,

Field	Size	Position	Description
			707 – Start date of enrollment period for corrected segment, 708 – Enrollment period end date assigned to existing opened ended enrollment, 709 & 710 – New start date resulting from update, 711 & 712 – New end date resulting from update, 713 – “00000000” – End date removed. Original end date is in field 24.X, 091 – Previously reported incorrect death date, 121, 194, and 223 – PBP enrollment effective date.
19. Working Aged	1	71	‘1’ = Working Aged; ‘0’ = No Working Aged;; Space = not applicable.
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.
23. UI Initiated Change Flag	1	84	‘1’ = transaction created through user interface; ‘0’ = transaction from source other than user interface; Space = not applicable.
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Effective Date of the Disenrollment	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 013, 014, 018
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 017
c. Claim Number (new)	12	85 – 96	Present only when TRC is one of the following: 022, 025, 086
d. Date of Death	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 090 (with Transaction Type 01), 092
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 071
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 072
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 073
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 074
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 048, 075, 158, 159
j. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 077
k. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 078
l. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 079
m. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 066
n. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 067
o. Part A Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 080
p. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 081
q. Part B Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 082
r. Old State and County Codes	5	85 – 89	Beneficiary’s prior state and county code; Present only when TRC is 085
y. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 035, 036, 045, 056
z. PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary’s PBP change. Present only when TRC is 100.

Field	Size	Position	Description
aa. Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the TRC is 181.
hh. Date Identifying Information Changed by UI User	8	85 – 92	YYYYMMDD Format; Field content is dependent on TRC: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.
ii. Modified Part C Premium Amount	12	85 – 96	ZZZZZZZZ9.99 Format; Part C premium amount reported by HPMS for the Plan. Present only when the TRC is 182.
jj. Date of Death Removed	8	85 – 92	YYYYMMDD Format; Previously reported erroneous date of death. Present only when TRC is 091.
kk. Dialysis End Date	8	85 - 92	YYYYMMDD Format; Present when TRC = 268.
ll. Transplant Fail Date	8	85-92	YYYYMMDD Format; Present when TRC = 269 and the transplant has an end date.
mm. New ZIP Code	10	85 - 94	#####-#### Format; Is present when TRC is 305
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53; otherwise, spaces if not applicable.
26. Previous Part D Contract/PBP for TrOOP Transfer.	8	100 – 107	CCCCPPP Format; Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field is spaces. CCCCC = Contract Number; PPP = Plan Benefit Package (PBP) Number.
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction is a PBP change; otherwise, spaces if not applicable.
30. Application Date	8	124 – 131	The date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132 – 133	'01' = Plan '02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32. Out of Area Flag	1	134	'Y' = Out of area; 'N' = Not out of area; Space = not applicable
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable.
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.

Field	Size	Position	Description
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.
36. Election Type	1	154	‘A’ = AEP; ‘D’ = MADP; ‘E’ = IEP; ‘F’ = IEP2; ‘I’ = ICEP; ‘O’ = OEP; ‘N’ = OEPNEW; ‘T’ = OEPI; ‘R’ = 5 Star SEP; ‘S’ = Other SEP; ‘U’ = Dual/LIS SEP; ‘V’ = Permanent Change in Residence SEP; ‘W’ = EGHP SEP; ‘X’ = Administrative Action SEP; ‘Y’ = CMS/Case Work SEP; Space = not applicable. (MAs use I, A, N, O, R, S, T, U, V, W, X, and Y. MAPDs use I, A, D, E, F, N, O, R, S, T, U, V, W, X, Y. PDPs use A, E, F, R, S, U, V, W, X, and Y.)
37. Enrollment Source	1	155	‘A’ = Auto enrolled by CMS; ‘B’ = Beneficiary Election; ‘C’ = Facilitated enrollment by CMS; ‘D’ = CMS Annual Rollover; ‘E’ = Plan initiated auto-enrollment; ‘F’ = Plan initiated facilitated-enrollment; ‘G’ = Point-of-sale enrollment; ‘H’ = CMS or Plan reassignment; ‘I’ = Invalid submitted value (transaction is not rejected); Space = not applicable.
38. Part D Opt-Out Flag	1	156	‘Y’ = Opt-out of auto-enrollment; ‘N’ = Not opted out of auto-enrollment; Space = No change to opt-out status
39. Premium Withhold Option/Parts C-D	1	157	‘D’ = Direct self-pay; ‘S’ = Deduct from SSA benefits; ‘R’ = Deduct from RRB benefits; ‘O’ = Deduct from OPM benefits; ‘N’ = No premium applicable; Option applies to both Part C and D Premiums; Space = not applicable.
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage; otherwise, spaces if not applicable.
41. Creditable Coverage Flag	1	161	‘Y’ = Member has creditable coverage; ‘N’ = Member does not have creditable coverage; ‘R’ = Setting uncovered months to zero due to a new IEP; ‘U’ = Setting uncovered months to the value prior to using R; Space = not applicable.
42. Employer Subsidy Override Flag	1	162	‘Y’ = Beneficiary is in a Plan receiving an employer subsidy, flag allows enrollment in a Part D Plan; Space = no flag submitted by Plan.
43. Processing Timestamp	15	163 – 177	Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS
44. Filler	20	178 – 197	Spaces

Field	Size	Position	Description
45. Secondary Drug Insurance Flag	1	198	<p>Type 61 MA-PD and PDP transactions: ‘Y’ = Beneficiary has secondary drug insurance; ‘N’ = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by Plan.</p> <p>Type 72 MA-PD and PDP transactions: ‘Y’ = Secondary drug insurance available ‘N’ = No secondary drug insurance available Space = no change.</p> <p>Space returned with any other transaction type has no meaning.</p>
46. Secondary Rx ID	20	199 – 218	Beneficiary’s secondary insurance Plan’s ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
47. Secondary Rx Group	15	219 – 233	Beneficiary’s secondary insurance Plan’s Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
48. EGHP	1	234	<p>Type 61 transactions: ‘Y’ = EGHP; Space = not EGHP.</p> <p>Type 74 transactions: ‘Y’ = EGHP; ‘N’ = Not EGHP; Space = no change.</p> <p>Space reported with any other transaction type has no meaning.</p>
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	<p>Part D low-income premium subsidy percentage category: ‘000’ = No subsidy, ‘025’ = 25% subsidy level; ‘050’ = 50% subsidy level; ‘075’ = 75% subsidy level; ‘100’ = 100% subsidy level; Spaces = not applicable.</p>
50. Low-Income Co-Pay Category	1	238	<p>Definitions of the co-payment categories: ‘0’ = none, not low-income ‘1’ = (High); ‘2’ = (Low); ‘3’ = (0); ‘4’ = 15%; ‘5’ = Unknown; Space = not applicable.</p>
51. Low-Income Period Effective Date	8	239 - 246	<p>Date low income period starts. Format: YYYYMMDD Spaces if not applicable.</p>
52. Part D Late Enrollment Penalty Amount	8	247 - 254	<p>Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.</p>

Field	Size	Position	Description
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	Amount of Part D low-income premium subsidy as of the enrollment period start date. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Rx BIN	6	279 - 284	Beneficiary's Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
57. Part D Rx PCN	10	285 - 294	Beneficiary's Part D Rx PCN taken from the input transaction (61, or 72); otherwise, spaces if not provided via a transaction.
58. Part D Rx Group	15	295 - 309	Beneficiary's Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
59. Part D Rx ID	20	310 - 329	Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
60. Secondary Rx BIN	6	330 - 335	Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
61. Secondary Rx PCN	10	336 - 345	Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
62. De Minimis Differential Amount	8	346 - 353	Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
63. Filler	1	354	Spaces
64. Low Income Period End Date	8	355 - 362	Date low income period closes. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field is blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194, 223. FORMAT: YYYYMMDD; otherwise, spaces if not applicable.
65. Low Income Subsidy Source Code	1	363	'A' = Approved SSA applicant; 'D' = Deemed eligible by CMS; Space = not applicable.
66. Enrollee Type Flag, PBP Level	1	364	Designation relative to the report generation date (Transaction Date, field #22) 'C' = Current PBP enrollee; 'P' = Prospective PBP enrollee; 'Y' = Previous PBP enrollee; Spaces = not applicable.
67. Application Date Indicator	1	365	Identifies whether the application date associated with a UI submitted enrollment has a system generated default value: 'Y' = Default value for UI enrollment; Space = Not applicable
68. TRC Short Name	15	366 - 380	TRC's short-name identifier
69. Filler	94	381 - 474	Spaces

Field	Size	Position	Description
70. System Assigned Transaction Tracking ID	11	475 - 485	System assigned transaction tracking ID.
71. Plan Assigned Transaction Tracking ID	15	486 - 500	Plan submitted batch input transaction tracking ID.

The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
HEADER RECORD					
1	Contract Number	1-5	5	Character	Contract Number
2	Record Identification Code	6-6	1	Character	Record Type Identifier H = Header Record
3	Contract Name	7 – 56	50	Character	Name of the Contract
4	Payment Cycle Date	57 – 62	6	Character	Identified the month and year of payment: Format = YYYYMM
5	Run Date	63 – 70	8	Character	Identifies the date file was created: Format = YYYYMMDD
6	Filler	71 – 200	130	Character	Spaces
CAPITATED PAYMENT – CURRENT ACTIVITY					
7	Contract Number	1-5			Contract Number
8	Record Identification Code	6-6			Record Type Identifier C = Capitated Payment
9	Table ID Number	7-7			1
10	Adjustment Reason Code	8-9			Blank = Prospective Payment For a list of current MMR Adjustment Reason Codes (ARC) consult the Medicare Advantage and Prescription Drug Plan Communications Users Guide.
11	Part A Total Members	10-17	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part A payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
12	Part B Total Members	18-25	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part B payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9

Item	Data Element	Position	Length	Type	Description
13	Part D Total Members	26-33	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part D payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
14	Part A Payment Amount	34-46	13	Numeric	Total Part A Amount Format: SSSSSSSS9.99
15	Part B Payment Amount	47-59	13	Numeric	Total Part B Amount Format: SSSSSSSS9.99
16	Part D Payment Amount	60-72	13	Numeric	Total Part D Amount Format: SSSSSSSS9.99
17	Coverage Gap Discount Amount	73-85	13	Numeric	The Coverage Gap Discount included in Part D Payment. Format: SSSSSSSS9.99
18	Total Payment	86- 98	13	Numeric	Total Payment Format: SSSSSSSS9.99
19	Filler	99 – 200	102	Character	Spaces
PREMIUM SETTLEMENT					
20	Contract Number	1 – 5	5	Character	Contract Number
21	Record Identification Code	6 – 6	1	Character	Record Type Identifier P = Premium Settlement
22	Table ID Number	7 – 7	1	Character	2
23	Part C Premium Withholding Amount	8 – 20	13	Numeric	Total Part C Premium Amount Format: SSSSSSSS9.99
24	Part D Premium Withholding Amount	21 – 33	13	Numeric	Total Part D Premium Amount Format: SSSSSSSS9.99
25	Part D Low Income Premium Subsidy	34 – 46	13	Numeric	Total Low Income Premium Subsidy Format: SSSSSSSS9.99
26	Part D Late Enrollment Penalty	47 – 59	13	Numeric	Total Late Enrollment Penalty (Direct Bill Members Only) Format: SSSSSSSS9.99
27	Total Premium Settlement Amount	60 – 72	13	Numeric	Total Premium Settlement Format: SSSSSSSS9.99
28	Filler	73 – 200	128	Character	Spaces
FEES					
29	Contract Number	1 – 5	5	Character	Contract Number
30	Record Identification Code	6 – 6	1	Character	Record Type Identifier F = FEES
31	Table ID Number	7 – 7	1	Character	3
32	NMEC Part A Subject to Fee	8 – 20	13	Numeric	Part A amount subject to National Medicare Educational Campaign fees.

Item	Data Element	Position	Length	Type	Description
					Format:ZZZZZZZZZ9.99
33	NMEC Part A Rate	21 – 27	7	Numeric	Rate used to calculate the fees for Part A. Format: 0.99999
34	Part A Fee Amount	28 – 40	13	Numeric	Fee Assessed for Part A Format:SSSSSSSS9.99
35	NMEC Part B Subject to Fee	41 – 53	13	Numeric	Part B amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
36	NMEC Part B Rate	54 – 60	7	Numeric	Rate used to calculate the fees for Part B. Format: 0.99999
37	Part B Fee Amount	61 – 73	13	Numeric	Fee Assessed for Part B Format: SSSSSSSS9.99
38	NMEC Part D Subject to Fee	74 – 86	13	Numeric	Part D amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
39	NMEC Part D Rate	87 – 93	7	Numeric	Rate used to calculate the fees for Part D. Format: 0.99999
40	Part D Fee Amount	94 – 106	13	Numeric	Fee Assessed for Part D Format: SSSSSSSS9.99
41	Total NMEC Fee Assessed	107 – 119	13	Numeric	Total NMEC Fee Assessed for Part A, B and D Format: SSSSSSSS9.99
42	Total Prospective Part D Members	120 – 127	8	Numeric	Total members for Part D Format: ZZZZZZZ9
43	Rate for COB Fees	128 – 131	4	Numeric	Rate used to calculate the COB fees, per Prospective Part D Member. Format: 0.99
44	Amount of COB Fees	132 – 144	13	Numeric	COB Fee Format: SSSSSSSS9.99
45	Total of Assessed Fees	145 – 157	13	Numeric	Total of all Fees Assessments Format: SSSSSSSS9.99
46	Filler	158 – 200	43	Character	Spaces
SPECIAL ADJUSTMENTS					
47	Contract Number	1 – 5	5	Character	Contract Number
48	Record Identification Code	6 – 6	1	Character	Record Type Identifier S = Special Adjustments
49	Table ID Number	7 – 7	1	Character	4
50	Document ID	8 – 15	8	Numeric	The document ID for identifying the adjustment.
51	Source	16-20	5	Character	The CMS division responsible for initiating the adjustments.
52	Description	21 – 70	50	Character	The reason the adjustment was made.
53	Type	71 – 90	20	Character	The type of adjustment. CMP = Civil Monetary Penalty

Item	Data Element	Position	Length	Type	Description
					CST = Cost Plan Adjustment PRS = Annual Part D Reconciliation RSK = Risk Adjustment PTD= Part D Risk Adjustment CGD = Coverage Gap Discount Invoice OTH = Other, non-specific type
54	Adjustment to Part A	91 – 103	13	Numeric	Adjustment amount for Part A Format: SSSSSSSS9.99
55	Adjustment to Part B	104 – 116	13	Numeric	Adjustment amount for Part B Format: SSSSSSSS9.99
56	Adjustment to Part D	117 – 129	13	Numeric	Adjustment amount for Part D. Format: SSSSSSSS9.99
57	Part C Premium Withholding, Part A Portion	130 - 142	13	Numeric	Adjustment amount for Part C Premium Withholding, Part A portion. Format: SSSSSSSS9.99
58	Part Premium C Withholding, Part B Portion	143 – 155	13	Numeric	Adjustment amount for Part C Premium Withholding, Part B portion. Format: SSSSSSSS9.99
59	Part D Premium Withholding	156 – 168	13	Numeric	Adjustment amount for Part D Premium Withholding. Format: SSSSSSSS9.99
60	Part D Low Income Premium Subsidy	169 - 181	13	Numeric	Adjustment amount for Part D Low Income Premium Subsidy. Format: SSSSSSSS9.99
61	Total Adjustment Amount	182 – 194	13	Numeric	Total Adjustments Format: SSSSSSSS9.99
62	Filler	195 – 200	6	Character	Spaces
Previous Cycle Balance Summary					
63	Contract Number	1 – 5	5	Character	Contract Number
64	Record Identification Code	6 – 6	1	Character	Record Type Identifier L = Last Period Carry Over Amounts carried over to this month from previous months
65	Table ID Number	7 – 7	1	Character	5
66	Part A Carry Over Amount	8 – 20	13	Numeric	Part A Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
67	Part B Carry Over Amount	21 – 33	13	Numeric	Part B Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
68	Part D Carry Over Amount	34 – 46	13	Numeric	Part D Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
69	Part C Premium Withholding Carry Over Amount	47 – 59	13	Numeric	Part C Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
70	Part D Premium Withholding Carry Over Amount	60 – 72	13	Numeric	Part D Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
71	Part D Low Income Premium Subsidy Carry Over Amount	73 – 85	13	Numeric	Part D Low Income Premium Subsidy Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
72	Part D Late Enrollment Penalty Carry Over Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
73	Education User Fee Carry Over Amount	99 – 111	13	Numeric	Education User Fee Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
74	Part D COB User Fee Carry Over Amount	112 – 124	13	Numeric	Part D COB User Fee Carry Over Amount - Previous Balance Column. Format:SSSSSSSS9.99
75	CMS Special Adjustments Carry Over Amount	125 – 137	13	Numeric	CMS Special Adjustments Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
76	Total Carry Over Amount	138 – 150	13	Numeric	Sum of amounts in Previous Balance Column Format: SSSSSSSSS9.99
77	Filler	151 – 200	50	Character	Spaces.
Payment Summary					
78	Contract Number	1 – 5	5	Character	Contract Number
79	Record Identification Code	6 – 6	1	Character	Record Type Identifier A = Payment Summary Amounts included in this month's payment from Tables 1 thru 4 plus Carry Over (from Previous Balance Column).
80	Table ID Number	7 – 7	1	Character	5
81	Part A Amount	8 – 20	13	Numeric	Part A amount - Net Payment Column. Format: ZZZZZZZZZ9.99
82	Part B Amount	21 – 33	13	Numeric	Part B amount - Net Payment Column. Format: ZZZZZZZZZ9.99
83	Part D Amount	34 – 46	13	Numeric	Part D amount - Net Payment Column. Format: ZZZZZZZZZ9.99
84	Part C Premium Withholding Amount	47 – 59	13	Numeric	Part C Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99
85	Part D Premium Withholding Amount	60 – 72	13	Numeric	Part D Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99

Item	Data Element	Position	Length	Type	Description
86	Part D Low Income Premium Subsidy Amount	73 – 85	13	Numeric	Part D Low Income Subsidy Amount - Net Payment Column. Format: ZZZZZZZZ9.99
87	Part D Late Enrollment Penalty Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount - Net Payment Column. Format: SSSSSSSS9.99
88	Education User Fee Amount	99 – 111	13	Numeric	Education User Fee Amount - Net Payment Column. Format: SSSSSSSS9.99
89	Part D COB User Fee Amount	112 – 124	13	Numeric	Part B COB Fee Amount - Net Payment Column. Format: SSSSSSSS9.99
90	CMS Special Adjustments Amount	125 – 137	13	Numeric	CMS Special Adjustments Amount - Net Payment Column. Format: SSSSSSSS9.99
91	Total Net Payment	138 – 150	13	Numeric	Sum of amounts in Net Payment Column. This is the plan's Net Payment Amount for this month. If the amount is negative, the payment will be carried forward. Format: SSSSSSSS9.99
92	Filler	151 – 200	50	Character	Spaces.
Payment Balance Carried Forward					
93	Contract Number	1 – 5	5	Character	Contract Number
94	Record Identification Code	6 – 6	1	Character	Record Type Identifier N = Balance Carried Forward to Next Cycle. Amounts carried forward (and not paid) to next month from this month
95	Table ID Number	7 – 7	1	Character	5
96	Part A Amount Carry Forward	8 – 20	13	Numeric	Part A Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
97	Part B Amount Carry Forward	21 – 33	13	Numeric	Part B Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
98	Part D Amount Carry Forward	34 – 46	13	Numeric	Part D Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
99	Part C Premium Withholding Amount Carry Forward	47 – 59	13	Numeric	Part C Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99
100	Part D Premium Withholding Amount Carry Forward	60 – 72	13	Numeric	Part D Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99
101	Part D Low Income Premium Subsidy Amount Carry Forward	73 – 85	13	Numeric	Part D Low Income Subsidy Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
102	Part D Late Enrollment Penalty Amount Carry Forward	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
103	Education User Fee Amount Carry Forward	99 – 111	13	Numeric	Education User Fee Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
104	Part D COB User Fee Amount Carry Forward	112 – 124	13	Numeric	Part B COB Fee Amount Carry Forward - Balance Forward Column. Format:SSSSSSSS9.99
105	CMS Special Adjustments Amount Carry Forward	125 – 137	13	Numeric	CMS Special Adjustments Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
106	Total Carry Forward Amount	138 – 150	13	Numeric	Sum of amounts in Balance Forward Column Format: SSSSSSSSS9.99
107	Filler	151 – 200	50	Character	Spaces.

Daily Transaction Reply Report (DTRR) Data File Layout

Field	Size	Position	Description
1. HICN	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Record Type	1	42	'T' = TRC record
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code; otherwise, spaces if not applicable.
10. County Code	3	50 – 52	Beneficiary Residence County Code; otherwise, spaces if not applicable.
11. Disability Indicator	1	53	'1' = Disabled; '0' = No Disability; Space = not applicable.
12. Hospice Indicator	1	54	'1' = Hospice; '0' = No Hospice; Space = not applicable.
13. Institutional/NHC Indicator	1	55	'1' = Institutional; '2' = NHC; '3' = HCBS; '0' = No Institutional; Space = not applicable.
14. ESRD Indicator	1	56	'1' = End-Stage Renal Disease; '0' = No End-Stage Renal Disease; Space = not applicable.
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code, see TRC list for values
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B, 'Z' = Entitled to Part A or B; Space = not applicable
18. Effective Date	8	63 – 70	YYYYMMDD Format; Effective date is present for all TRCs. However, for UI TRCs, field content is TRC dependent: 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for PBP correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction,

Field	Size	Position	Description
			707 – Start date of enrollment period for corrected segment, 708 – Enrollment period end date assigned to existing opened ended enrollment, 709 & 710 – New start date resulting from update, 711 & 712 – New end date resulting from update, 713 – “00000000” – End date removed. Original end date is in field 24.X, 091 – Previously reported incorrect death date, 121, 194, and 223 – PBP enrollment effective date.
19. Working Aged	1	71	‘1’ = Working Aged; ‘0’ = No Working Aged;; Space = not applicable.
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.
23. UI Initiated Change Flag	1	84	‘1’ = transaction created through user interface; ‘0’ = transaction from source other than user interface; Space = not applicable.
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Effective Date of the Disenrollment	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 013, 014, 018
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 017
c. Claim Number (new)	12	85 – 96	Present only when TRC is one of the following: 022, 025, 086
d. Date of Death	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 090 (with Transaction Type 01), 092
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 071
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 072
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 073
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 074
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 048, 075, 158, 159
j. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 077
k. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 078
l. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 079
m. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 066
n. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 067
o. Part A Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 080
p. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 081
q. Part B Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 082
r. Old State and County Codes	5	85 – 89	Beneficiary’s prior state and county code; Present only when TRC is 085
bb. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 035, 036, 045, 056
cc. PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary’s PBP change. Present only when TRC is 100.

Field	Size	Position	Description
dd. Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the TRC is 181.
nn. Date Identifying Information Changed by UI User	8	85 – 92	YYYYMMDD Format; Field content is dependent on TRC: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.
oo. Modified Part C Premium Amount	12	85 – 96	ZZZZZZZZ9.99 Format; Part C premium amount reported by HPMS for the Plan. Present only when the TRC is 182.
pp. Date of Death Removed	8	85 – 92	YYYYMMDD Format; Previously reported erroneous date of death. Present only when TRC is 091.
qq. Dialysis End Date	8	85 - 92	YYYYMMDD Format; Present when TRC = 268.
rr. Transplant Fail Date	8	85-92	YYYYMMDD Format; Present when TRC = 269 and the transplant has an end date.
ss.New ZIP Code	10	85 - 94	#####-#### Format; Is present when TRC is 305
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53; otherwise, spaces if not applicable.
26. Previous Part D Contract/PBP for TrOOP Transfer.	8	100 – 107	CCCCPPP Format; Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field is spaces. CCCCC = Contract Number; PPP = Plan Benefit Package (PBP) Number.
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction is a PBP change; otherwise, spaces if not applicable.
30. Application Date	8	124 – 131	The date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132 – 133	'01' = Plan '02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32. Out of Area Flag	1	134	'Y' = Out of area; 'N' = Not out of area; Space = not applicable
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable.
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.

Field	Size	Position	Description
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.
36. Election Type	1	154	‘A’ = AEP; ‘D’ = MADP; ‘E’ = IEP; ‘F’ = IEP2; ‘I’ = ICEP; ‘O’ = OEP; ‘N’ = OEPNEW; ‘T’ = OEPI; ‘R’ = 5 Star SEP; ‘S’ = Other SEP; ‘U’ = Dual/LIS SEP; ‘V’ = Permanent Change in Residence SEP; ‘W’ = EGHP SEP; ‘X’ = Administrative Action SEP; ‘Y’ = CMS/Case Work SEP; Space = not applicable. (MAs use I, A, N, O, R, S, T, U, V, W, X, and Y. MAPDs use I, A, D, E, F, N, O, R, S, T, U, V, W, X, Y. PDPs use A, E, F, R, S, U, V, W, X, and Y.)
37. Enrollment Source	1	155	‘A’ = Auto enrolled by CMS; ‘B’ = Beneficiary Election; ‘C’ = Facilitated enrollment by CMS; ‘D’ = CMS Annual Rollover; ‘E’ = Plan initiated auto-enrollment; ‘F’ = Plan initiated facilitated-enrollment; ‘G’ = Point-of-sale enrollment; ‘H’ = CMS or Plan reassignment; ‘I’ = Invalid submitted value (transaction is not rejected); Space = not applicable.
38. Part D Opt-Out Flag	1	156	‘Y’ = Opt-out of auto-enrollment; ‘N’ = Not opted out of auto-enrollment; Space = No change to opt-out status
39. Premium Withhold Option/Parts C-D	1	157	‘D’ = Direct self-pay; ‘S’ = Deduct from SSA benefits; ‘R’ = Deduct from RRB benefits; ‘O’ = Deduct from OPM benefits; ‘N’ = No premium applicable; Option applies to both Part C and D Premiums; Space = not applicable.
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage; otherwise, spaces if not applicable.
41. Creditable Coverage Flag	1	161	‘Y’ = Member has creditable coverage; ‘N’ = Member does not have creditable coverage; ‘R’ = Setting uncovered months to zero due to a new IEP; ‘U’ = Setting uncovered months to the value prior to using R; Space = not applicable.
42. Employer Subsidy Override Flag	1	162	‘Y’ = Beneficiary is in a Plan receiving an employer subsidy, flag allows enrollment in a Part D Plan; Space = no flag submitted by Plan.
43. Processing Timestamp	15	163 – 177	Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS
44. Filler	20	178 – 197	Spaces

Field	Size	Position	Description
45. Secondary Drug Insurance Flag	1	198	<p>Type 61 MA-PD and PDP transactions: ‘Y’ = Beneficiary has secondary drug insurance; ‘N’ = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by Plan.</p> <p>Type 72 MA-PD and PDP transactions: ‘Y’ = Secondary drug insurance available ‘N’ = No secondary drug insurance available Space = no change.</p> <p>Space returned with any other transaction type has no meaning.</p>
46. Secondary Rx ID	20	199 – 218	Beneficiary’s secondary insurance Plan’s ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
47. Secondary Rx Group	15	219 – 233	Beneficiary’s secondary insurance Plan’s Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
48. EGHP	1	234	<p>Type 61 transactions: ‘Y’ = EGHP; Space = not EGHP.</p> <p>Type 74 transactions: ‘Y’ = EGHP; ‘N’ = Not EGHP; Space = no change.</p> <p>Space reported with any other transaction type has no meaning.</p>
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	<p>Part D low-income premium subsidy percentage category: ‘000’ = No subsidy, ‘025’ = 25% subsidy level; ‘050’ = 50% subsidy level; ‘075’ = 75% subsidy level; ‘100’ = 100% subsidy level; Spaces = not applicable.</p>
50. Low-Income Co-Pay Category	1	238	<p>Definitions of the co-payment categories: ‘0’ = none, not low-income ‘1’ = (High); ‘2’ = (Low); ‘3’ = (0); ‘4’ = 15%; ‘5’ = Unknown; Space = not applicable.</p>
51. Low-Income Period Effective Date	8	239 - 246	<p>Date low income period starts. Format: YYYYMMDD Spaces if not applicable.</p>
52. Part D Late Enrollment Penalty Amount	8	247 - 254	<p>Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.</p>

Field	Size	Position	Description
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	Amount of Part D low-income premium subsidy as of the enrollment period start date. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Rx BIN	6	279 - 284	Beneficiary's Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
57. Part D Rx PCN	10	285 - 294	Beneficiary's Part D Rx PCN taken from the input transaction (61, or 72); otherwise, spaces if not provided via a transaction.
58. Part D Rx Group	15	295 - 309	Beneficiary's Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
59. Part D Rx ID	20	310 - 329	Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
60. Secondary Rx BIN	6	330 - 335	Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
61. Secondary Rx PCN	10	336 - 345	Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
62. De Minimis Differential Amount	8	346 - 353	Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
63. Filler	1	354	Spaces
64. Low Income Period End Date	8	355 - 362	Date low income period closes. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field is blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194, 223. FORMAT: YYYYMMDD; otherwise, spaces if not applicable.
65. Low Income Subsidy Source Code	1	363	'A' = Approved SSA applicant; 'D' = Deemed eligible by CMS; Space = not applicable.
66. Enrollee Type Flag, PBP Level	1	364	Designation relative to the report generation date (Transaction Date, field #22) 'C' = Current PBP enrollee; 'P' = Prospective PBP enrollee; 'Y' = Previous PBP enrollee; Spaces = not applicable.
67. Application Date Indicator	1	365	Identifies whether the application date associated with a UI submitted enrollment has a system generated default value: 'Y' = Default value for UI enrollment; Space = Not applicable
68. TRC Short Name	15	366 - 380	TRC's short-name identifier
69. Filler	94	381 - 474	Spaces

Field	Size	Position	Description
70. System Assigned Transaction Tracking ID	11	475 - 485	System assigned transaction tracking ID.
71. Plan Assigned Transaction Tracking ID	15	486 - 500	Plan submitted batch input transaction tracking ID.

The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
HEADER RECORD					
1	Contract Number	1-5	5	Character	Contract Number
2	Record Identification Code	6-6	1	Character	Record Type Identifier H = Header Record
3	Contract Name	7 – 56	50	Character	Name of the Contract
4	Payment Cycle Date	57 – 62	6	Character	Identified the month and year of payment: Format = YYYYMM
5	Run Date	63 – 70	8	Character	Identifies the date file was created: Format = YYYYMMDD
6	Filler	71 – 200	130	Character	Spaces
CAPITATED PAYMENT – CURRENT ACTIVITY					
7	Contract Number	1-5			Contract Number
8	Record Identification Code	6-6			Record Type Identifier C = Capitated Payment
9	Table ID Number	7-7			1
10	Adjustment Reason Code	8-9			Blank = Prospective Payment For a list of current MMR Adjustment Reason Codes (ARC) consult the Medicare Advantage and Prescription Drug Plan Communications Users Guide.
11	Part A Total Members	10-17	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part A payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
12	Part B Total Members	18-25	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part B payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9

Item	Data Element	Position	Length	Type	Description
13	Part D Total Members	26-33	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part D payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
14	Part A Payment Amount	34-46	13	Numeric	Total Part A Amount Format: SSSSSSSS9.99
15	Part B Payment Amount	47-59	13	Numeric	Total Part B Amount Format: SSSSSSSS9.99
16	Part D Payment Amount	60-72	13	Numeric	Total Part D Amount Format: SSSSSSSS9.99
17	Coverage Gap Discount Amount	73-85	13	Numeric	The Coverage Gap Discount included in Part D Payment. Format: SSSSSSSS9.99
18	Total Payment	86- 98	13	Numeric	Total Payment Format: SSSSSSSS9.99
19	Filler	99 – 200	102	Character	Spaces
PREMIUM SETTLEMENT					
20	Contract Number	1 – 5	5	Character	Contract Number
21	Record Identification Code	6 – 6	1	Character	Record Type Identifier P = Premium Settlement
22	Table ID Number	7 – 7	1	Character	2
23	Part C Premium Withholding Amount	8 – 20	13	Numeric	Total Part C Premium Amount Format: SSSSSSSS9.99
24	Part D Premium Withholding Amount	21 – 33	13	Numeric	Total Part D Premium Amount Format: SSSSSSSS9.99
25	Part D Low Income Premium Subsidy	34 – 46	13	Numeric	Total Low Income Premium Subsidy Format: SSSSSSSS9.99
26	Part D Late Enrollment Penalty	47 – 59	13	Numeric	Total Late Enrollment Penalty (Direct Bill Members Only) Format: SSSSSSSS9.99
27	Total Premium Settlement Amount	60 – 72	13	Numeric	Total Premium Settlement Format: SSSSSSSS9.99
28	Filler	73 – 200	128	Character	Spaces
FEES					
29	Contract Number	1 – 5	5	Character	Contract Number
30	Record Identification Code	6 – 6	1	Character	Record Type Identifier F = FEES
31	Table ID Number	7 – 7	1	Character	3
32	NMEC Part A Subject to Fee	8 – 20	13	Numeric	Part A amount subject to National Medicare Educational Campaign fees.

Item	Data Element	Position	Length	Type	Description
					Format:ZZZZZZZZZ9.99
33	NMEC Part A Rate	21 – 27	7	Numeric	Rate used to calculate the fees for Part A. Format: 0.99999
34	Part A Fee Amount	28 – 40	13	Numeric	Fee Assessed for Part A Format:SSSSSSSS9.99
35	NMEC Part B Subject to Fee	41 – 53	13	Numeric	Part B amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
36	NMEC Part B Rate	54 – 60	7	Numeric	Rate used to calculate the fees for Part B. Format: 0.99999
37	Part B Fee Amount	61 – 73	13	Numeric	Fee Assessed for Part B Format: SSSSSSSS9.99
38	NMEC Part D Subject to Fee	74 – 86	13	Numeric	Part D amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
39	NMEC Part D Rate	87 – 93	7	Numeric	Rate used to calculate the fees for Part D. Format: 0.99999
40	Part D Fee Amount	94 – 106	13	Numeric	Fee Assessed for Part D Format: SSSSSSSS9.99
41	Total NMEC Fee Assessed	107 – 119	13	Numeric	Total NMEC Fee Assessed for Part A, B and D Format: SSSSSSSS9.99
42	Total Prospective Part D Members	120 – 127	8	Numeric	Total members for Part D Format: ZZZZZZZ9
43	Rate for COB Fees	128 – 131	4	Numeric	Rate used to calculate the COB fees, per Prospective Part D Member. Format: 0.99
44	Amount of COB Fees	132 – 144	13	Numeric	COB Fee Format: SSSSSSSS9.99
45	Total of Assessed Fees	145 – 157	13	Numeric	Total of all Fees Assessments Format: SSSSSSSS9.99
46	Filler	158 – 200	43	Character	Spaces
SPECIAL ADJUSTMENTS					
47	Contract Number	1 – 5	5	Character	Contract Number
48	Record Identification Code	6 – 6	1	Character	Record Type Identifier S = Special Adjustments
49	Table ID Number	7 – 7	1	Character	4
50	Document ID	8 – 15	8	Numeric	The document ID for identifying the adjustment.
51	Source	16-20	5	Character	The CMS division responsible for initiating the adjustments.
52	Description	21 – 70	50	Character	The reason the adjustment was made.
53	Type	71 – 90	20	Character	The type of adjustment. CMP = Civil Monetary Penalty

Item	Data Element	Position	Length	Type	Description
					CST = Cost Plan Adjustment PRS = Annual Part D Reconciliation RSK = Risk Adjustment PTD= Part D Risk Adjustment CGD = Coverage Gap Discount Invoice OTH = Other, non-specific type
54	Adjustment to Part A	91 – 103	13	Numeric	Adjustment amount for Part A Format: SSSSSSSS9.99
55	Adjustment to Part B	104 – 116	13	Numeric	Adjustment amount for Part B Format: SSSSSSSS9.99
56	Adjustment to Part D	117 – 129	13	Numeric	Adjustment amount for Part D. Format: SSSSSSSS9.99
57	Part C Premium Withholding, Part A Portion	130 - 142	13	Numeric	Adjustment amount for Part C Premium Withholding, Part A portion. Format: SSSSSSSS9.99
58	Part Premium C Withholding, Part B Portion	143 – 155	13	Numeric	Adjustment amount for Part C Premium Withholding, Part B portion. Format: SSSSSSSS9.99
59	Part D Premium Withholding	156 – 168	13	Numeric	Adjustment amount for Part D Premium Withholding. Format: SSSSSSSS9.99
60	Part D Low Income Premium Subsidy	169 - 181	13	Numeric	Adjustment amount for Part D Low Income Premium Subsidy. Format: SSSSSSSS9.99
61	Total Adjustment Amount	182 – 194	13	Numeric	Total Adjustments Format: SSSSSSSS9.99
62	Filler	195 – 200	6	Character	Spaces
Previous Cycle Balance Summary					
63	Contract Number	1 – 5	5	Character	Contract Number
64	Record Identification Code	6 – 6	1	Character	Record Type Identifier L = Last Period Carry Over Amounts carried over to this month from previous months
65	Table ID Number	7 – 7	1	Character	5
66	Part A Carry Over Amount	8 – 20	13	Numeric	Part A Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
67	Part B Carry Over Amount	21 – 33	13	Numeric	Part B Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
68	Part D Carry Over Amount	34 – 46	13	Numeric	Part D Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
69	Part C Premium Withholding Carry Over Amount	47 – 59	13	Numeric	Part C Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
70	Part D Premium Withholding Carry Over Amount	60 – 72	13	Numeric	Part D Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
71	Part D Low Income Premium Subsidy Carry Over Amount	73 – 85	13	Numeric	Part D Low Income Premium Subsidy Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
72	Part D Late Enrollment Penalty Carry Over Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
73	Education User Fee Carry Over Amount	99 – 111	13	Numeric	Education User Fee Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
74	Part D COB User Fee Carry Over Amount	112 – 124	13	Numeric	Part D COB User Fee Carry Over Amount - Previous Balance Column. Format:SSSSSSSS9.99
75	CMS Special Adjustments Carry Over Amount	125 – 137	13	Numeric	CMS Special Adjustments Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
76	Total Carry Over Amount	138 – 150	13	Numeric	Sum of amounts in Previous Balance Column Format: SSSSSSSSS9.99
77	Filler	151 – 200	50	Character	Spaces.
Payment Summary					
78	Contract Number	1 – 5	5	Character	Contract Number
79	Record Identification Code	6 – 6	1	Character	Record Type Identifier A = Payment Summary Amounts included in this month's payment from Tables 1 thru 4 plus Carry Over (from Previous Balance Column).
80	Table ID Number	7 – 7	1	Character	5
81	Part A Amount	8 – 20	13	Numeric	Part A amount - Net Payment Column. Format: ZZZZZZZZZ9.99
82	Part B Amount	21 – 33	13	Numeric	Part B amount - Net Payment Column. Format: ZZZZZZZZZ9.99
83	Part D Amount	34 – 46	13	Numeric	Part D amount - Net Payment Column. Format: ZZZZZZZZZ9.99
84	Part C Premium Withholding Amount	47 – 59	13	Numeric	Part C Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99
85	Part D Premium Withholding Amount	60 – 72	13	Numeric	Part D Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99

Item	Data Element	Position	Length	Type	Description
86	Part D Low Income Premium Subsidy Amount	73 – 85	13	Numeric	Part D Low Income Subsidy Amount - Net Payment Column. Format: ZZZZZZZZ9.99
87	Part D Late Enrollment Penalty Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount - Net Payment Column. Format: SSSSSSSS9.99
88	Education User Fee Amount	99 – 111	13	Numeric	Education User Fee Amount - Net Payment Column. Format: SSSSSSSS9.99
89	Part D COB User Fee Amount	112 – 124	13	Numeric	Part B COB Fee Amount - Net Payment Column. Format: SSSSSSSS9.99
90	CMS Special Adjustments Amount	125 – 137	13	Numeric	CMS Special Adjustments Amount - Net Payment Column. Format: SSSSSSSS9.99
91	Total Net Payment	138 – 150	13	Numeric	Sum of amounts in Net Payment Column. This is the plan's Net Payment Amount for this month. If the amount is negative, the payment will be carried forward. Format: SSSSSSSS9.99
92	Filler	151 – 200	50	Character	Spaces.
Payment Balance Carried Forward					
93	Contract Number	1 – 5	5	Character	Contract Number
94	Record Identification Code	6 – 6	1	Character	Record Type Identifier N = Balance Carried Forward to Next Cycle. Amounts carried forward (and not paid) to next month from this month
95	Table ID Number	7 – 7	1	Character	5
96	Part A Amount Carry Forward	8 – 20	13	Numeric	Part A Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
97	Part B Amount Carry Forward	21 – 33	13	Numeric	Part B Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
98	Part D Amount Carry Forward	34 – 46	13	Numeric	Part D Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
99	Part C Premium Withholding Amount Carry Forward	47 – 59	13	Numeric	Part C Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99
100	Part D Premium Withholding Amount Carry Forward	60 – 72	13	Numeric	Part D Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99
101	Part D Low Income Premium Subsidy Amount Carry Forward	73 – 85	13	Numeric	Part D Low Income Subsidy Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
102	Part D Late Enrollment Penalty Amount Carry Forward	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
103	Education User Fee Amount Carry Forward	99 – 111	13	Numeric	Education User Fee Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
104	Part D COB User Fee Amount Carry Forward	112 – 124	13	Numeric	Part B COB Fee Amount Carry Forward - Balance Forward Column. Format:SSSSSSSS9.99
105	CMS Special Adjustments Amount Carry Forward	125 – 137	13	Numeric	CMS Special Adjustments Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
106	Total Carry Forward Amount	138 – 150	13	Numeric	Sum of amounts in Balance Forward Column Format: SSSSSSSSS9.99
107	Filler	151 – 200	50	Character	Spaces.

Daily Transaction Reply Report (DTRR) Data File Layout

Field	Size	Position	Description
1. HICN	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Record Type	1	42	'T' = TRC record
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code; otherwise, spaces if not applicable.
10. County Code	3	50 – 52	Beneficiary Residence County Code; otherwise, spaces if not applicable.
11. Disability Indicator	1	53	'1' = Disabled; '0' = No Disability; Space = not applicable.
12. Hospice Indicator	1	54	'1' = Hospice; '0' = No Hospice; Space = not applicable.
13. Institutional/NHC Indicator	1	55	'1' = Institutional; '2' = NHC; '3' = HCBS; '0' = No Institutional; Space = not applicable.
14. ESRD Indicator	1	56	'1' = End-Stage Renal Disease; '0' = No End-Stage Renal Disease; Space = not applicable.
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code, see TRC list for values
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B, 'Z' = Entitled to Part A or B; Space = not applicable
18. Effective Date	8	63 – 70	YYYYMMDD Format; Effective date is present for all TRCs. However, for UI TRCs, field content is TRC dependent: 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for PBP correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction,

Field	Size	Position	Description
			707 – Start date of enrollment period for corrected segment, 708 – Enrollment period end date assigned to existing opened ended enrollment, 709 & 710 – New start date resulting from update, 711 & 712 – New end date resulting from update, 713 – “00000000” – End date removed. Original end date is in field 24.X, 091 – Previously reported incorrect death date, 121, 194, and 223 – PBP enrollment effective date.
19. Working Aged	1	71	‘1’ = Working Aged; ‘0’ = No Working Aged;; Space = not applicable.
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.
23. UI Initiated Change Flag	1	84	‘1’ = transaction created through user interface; ‘0’ = transaction from source other than user interface; Space = not applicable.
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Effective Date of the Disenrollment	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 013, 014, 018
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 017
c. Claim Number (new)	12	85 – 96	Present only when TRC is one of the following: 022, 025, 086
d. Date of Death	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 090 (with Transaction Type 01), 092
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 071
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 072
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 073
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 074
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 048, 075, 158, 159
j. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 077
k. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 078
l. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 079
m. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 066
n. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 067
o. Part A Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 080
p. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 081
q. Part B Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 082
r. Old State and County Codes	5	85 – 89	Beneficiary’s prior state and county code; Present only when TRC is 085
ee. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 035, 036, 045, 056
ff. PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary’s PBP change. Present only when TRC is 100.

Field	Size	Position	Description
gg. Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the TRC is 181.
tt. Date Identifying Information Changed by UI User	8	85 – 92	YYYYMMDD Format; Field content is dependent on TRC: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.
uu. Modified Part C Premium Amount	12	85 – 96	ZZZZZZZZ9.99 Format; Part C premium amount reported by HPMS for the Plan. Present only when the TRC is 182.
vv. Date of Death Removed	8	85 – 92	YYYYMMDD Format; Previously reported erroneous date of death. Present only when TRC is 091.
ww. Dialysis End Date	8	85 - 92	YYYYMMDD Format; Present when TRC = 268.
xx. Transplant Fail Date	8	85-92	YYYYMMDD Format; Present when TRC = 269 and the transplant has an end date.
yy. New ZIP Code	10	85 - 94	#####-#### Format; Is present when TRC is 305
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53; otherwise, spaces if not applicable.
26. Previous Part D Contract/PBP for TrOOP Transfer.	8	100 – 107	CCCCPPP Format; Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field is spaces. CCCCC = Contract Number; PPP = Plan Benefit Package (PBP) Number.
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction is a PBP change; otherwise, spaces if not applicable.
30. Application Date	8	124 – 131	The date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132 – 133	'01' = Plan '02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32. Out of Area Flag	1	134	'Y' = Out of area; 'N' = Not out of area; Space = not applicable
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable.
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.

Field	Size	Position	Description
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.
36. Election Type	1	154	<p>‘A’ = AEP; ‘D’ = MADP; ‘E’ = IEP; ‘F’ = IEP2; ‘I’ = ICEP; ‘O’ = OEP; ‘N’ = OEPNEW; ‘T’ = OEPI; ‘R’ = 5 Star SEP; ‘S’ = Other SEP; ‘U’ = Dual/LIS SEP; ‘V’ = Permanent Change in Residence SEP; ‘W’ = EGHP SEP; ‘X’ = Administrative Action SEP; ‘Y’ = CMS/Case Work SEP; Space = not applicable.</p> <p>(MAs use I, A, N, O, R, S, T, U, V, W, X, and Y. MAPDs use I, A, D, E, F, N, O, R, S, T, U, V, W, X, Y. PDPs use A, E, F, R, S, U, V, W, X, and Y.)</p>
37. Enrollment Source	1	155	<p>‘A’ = Auto enrolled by CMS; ‘B’ = Beneficiary Election; ‘C’ = Facilitated enrollment by CMS; ‘D’ = CMS Annual Rollover; ‘E’ = Plan initiated auto-enrollment; ‘F’ = Plan initiated facilitated-enrollment; ‘G’ = Point-of-sale enrollment; ‘H’ = CMS or Plan reassignment; ‘I’ = Invalid submitted value (transaction is not rejected); Space = not applicable.</p>
38. Part D Opt-Out Flag	1	156	<p>‘Y’ = Opt-out of auto-enrollment; ‘N’ = Not opted out of auto-enrollment; Space = No change to opt-out status</p>
39. Premium Withhold Option/Parts C-D	1	157	<p>‘D’ = Direct self-pay; ‘S’ = Deduct from SSA benefits; ‘R’ = Deduct from RRB benefits; ‘O’ = Deduct from OPM benefits; ‘N’ = No premium applicable; Option applies to both Part C and D Premiums; Space = not applicable.</p>
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage; otherwise, spaces if not applicable.
41. Creditable Coverage Flag	1	161	<p>‘Y’ = Member has creditable coverage; ‘N’ = Member does not have creditable coverage; ‘R’ = Setting uncovered months to zero due to a new IEP; ‘U’ = Setting uncovered months to the value prior to using R; Space = not applicable.</p>
42. Employer Subsidy Override Flag	1	162	<p>‘Y’ = Beneficiary is in a Plan receiving an employer subsidy, flag allows enrollment in a Part D Plan; Space = no flag submitted by Plan.</p>
43. Processing Timestamp	15	163 – 177	<p>Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS</p>
44. Filler	20	178 – 197	Spaces

Field	Size	Position	Description
45. Secondary Drug Insurance Flag	1	198	<p>Type 61 MA-PD and PDP transactions: ‘Y’ = Beneficiary has secondary drug insurance; ‘N’ = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by Plan.</p> <p>Type 72 MA-PD and PDP transactions: ‘Y’ = Secondary drug insurance available ‘N’ = No secondary drug insurance available Space = no change.</p> <p>Space returned with any other transaction type has no meaning.</p>
46. Secondary Rx ID	20	199 – 218	Beneficiary’s secondary insurance Plan’s ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
47. Secondary Rx Group	15	219 – 233	Beneficiary’s secondary insurance Plan’s Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
48. EGHP	1	234	<p>Type 61 transactions: ‘Y’ = EGHP; Space = not EGHP.</p> <p>Type 74 transactions: ‘Y’ = EGHP; ‘N’ = Not EGHP; Space = no change.</p> <p>Space reported with any other transaction type has no meaning.</p>
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	<p>Part D low-income premium subsidy percentage category: ‘000’ = No subsidy, ‘025’ = 25% subsidy level; ‘050’ = 50% subsidy level; ‘075’ = 75% subsidy level; ‘100’ = 100% subsidy level; Spaces = not applicable.</p>
50. Low-Income Co-Pay Category	1	238	<p>Definitions of the co-payment categories: ‘0’ = none, not low-income ‘1’ = (High); ‘2’ = (Low); ‘3’ = (0); ‘4’ = 15%; ‘5’ = Unknown; Space = not applicable.</p>
51. Low-Income Period Effective Date	8	239 - 246	<p>Date low income period starts. Format: YYYYMMDD Spaces if not applicable.</p>
52. Part D Late Enrollment Penalty Amount	8	247 - 254	<p>Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.</p>

Field	Size	Position	Description
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	Amount of Part D low-income premium subsidy as of the enrollment period start date. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Rx BIN	6	279 - 284	Beneficiary's Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
57. Part D Rx PCN	10	285 - 294	Beneficiary's Part D Rx PCN taken from the input transaction (61, or 72); otherwise, spaces if not provided via a transaction.
58. Part D Rx Group	15	295 - 309	Beneficiary's Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
59. Part D Rx ID	20	310 - 329	Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
60. Secondary Rx BIN	6	330 - 335	Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
61. Secondary Rx PCN	10	336 - 345	Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
62. De Minimis Differential Amount	8	346 - 353	Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
63. Filler	1	354	Spaces
64. Low Income Period End Date	8	355 - 362	Date low income period closes. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field is blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194, 223. FORMAT: YYYYMMDD; otherwise, spaces if not applicable.
65. Low Income Subsidy Source Code	1	363	'A' = Approved SSA applicant; 'D' = Deemed eligible by CMS; Space = not applicable.
66. Enrollee Type Flag, PBP Level	1	364	Designation relative to the report generation date (Transaction Date, field #22) 'C' = Current PBP enrollee; 'P' = Prospective PBP enrollee; 'Y' = Previous PBP enrollee; Spaces = not applicable.
67. Application Date Indicator	1	365	Identifies whether the application date associated with a UI submitted enrollment has a system generated default value: 'Y' = Default value for UI enrollment; Space = Not applicable
68. TRC Short Name	15	366 - 380	TRC's short-name identifier
69. Filler	94	381 - 474	Spaces

Field	Size	Position	Description
70. System Assigned Transaction Tracking ID	11	475 - 485	System assigned transaction tracking ID.
71. Plan Assigned Transaction Tracking ID	15	486 - 500	Plan submitted batch input transaction tracking ID.

The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
HEADER RECORD					
1	Contract Number	1-5	5	Character	Contract Number
2	Record Identification Code	6-6	1	Character	Record Type Identifier H = Header Record
3	Contract Name	7 – 56	50	Character	Name of the Contract
4	Payment Cycle Date	57 – 62	6	Character	Identified the month and year of payment: Format = YYYYMM
5	Run Date	63 – 70	8	Character	Identifies the date file was created: Format = YYYYMMDD
6	Filler	71 – 200	130	Character	Spaces
CAPITATED PAYMENT – CURRENT ACTIVITY					
7	Contract Number	1-5			Contract Number
8	Record Identification Code	6-6			Record Type Identifier C = Capitated Payment
9	Table ID Number	7-7			1
10	Adjustment Reason Code	8-9			Blank = Prospective Payment For a list of current MMR Adjustment Reason Codes (ARC) consult the Medicare Advantage and Prescription Drug Plan Communications Users Guide.
11	Part A Total Members	10-17	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part A payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
12	Part B Total Members	18-25	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part B payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9

Item	Data Element	Position	Length	Type	Description
13	Part D Total Members	26-33	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part D payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
14	Part A Payment Amount	34-46	13	Numeric	Total Part A Amount Format: SSSSSSSS9.99
15	Part B Payment Amount	47-59	13	Numeric	Total Part B Amount Format: SSSSSSSS9.99
16	Part D Payment Amount	60-72	13	Numeric	Total Part D Amount Format: SSSSSSSS9.99
17	Coverage Gap Discount Amount	73-85	13	Numeric	The Coverage Gap Discount included in Part D Payment. Format: SSSSSSSS9.99
18	Total Payment	86- 98	13	Numeric	Total Payment Format: SSSSSSSS9.99
19	Filler	99 – 200	102	Character	Spaces
PREMIUM SETTLEMENT					
20	Contract Number	1 – 5	5	Character	Contract Number
21	Record Identification Code	6 – 6	1	Character	Record Type Identifier P = Premium Settlement
22	Table ID Number	7 – 7	1	Character	2
23	Part C Premium Withholding Amount	8 – 20	13	Numeric	Total Part C Premium Amount Format: SSSSSSSS9.99
24	Part D Premium Withholding Amount	21 – 33	13	Numeric	Total Part D Premium Amount Format: SSSSSSSS9.99
25	Part D Low Income Premium Subsidy	34 – 46	13	Numeric	Total Low Income Premium Subsidy Format: SSSSSSSS9.99
26	Part D Late Enrollment Penalty	47 – 59	13	Numeric	Total Late Enrollment Penalty (Direct Bill Members Only) Format: SSSSSSSS9.99
27	Total Premium Settlement Amount	60 – 72	13	Numeric	Total Premium Settlement Format: SSSSSSSS9.99
28	Filler	73 – 200	128	Character	Spaces
FEES					
29	Contract Number	1 – 5	5	Character	Contract Number
30	Record Identification Code	6 – 6	1	Character	Record Type Identifier F = FEES
31	Table ID Number	7 – 7	1	Character	3
32	NMEC Part A Subject to Fee	8 – 20	13	Numeric	Part A amount subject to National Medicare Educational Campaign fees.

Item	Data Element	Position	Length	Type	Description
					Format:ZZZZZZZZZ9.99
33	NMEC Part A Rate	21 – 27	7	Numeric	Rate used to calculate the fees for Part A. Format: 0.99999
34	Part A Fee Amount	28 – 40	13	Numeric	Fee Assessed for Part A Format:SSSSSSSS9.99
35	NMEC Part B Subject to Fee	41 – 53	13	Numeric	Part B amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
36	NMEC Part B Rate	54 – 60	7	Numeric	Rate used to calculate the fees for Part B. Format: 0.99999
37	Part B Fee Amount	61 – 73	13	Numeric	Fee Assessed for Part B Format: SSSSSSSS9.99
38	NMEC Part D Subject to Fee	74 – 86	13	Numeric	Part D amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
39	NMEC Part D Rate	87 – 93	7	Numeric	Rate used to calculate the fees for Part D. Format: 0.99999
40	Part D Fee Amount	94 – 106	13	Numeric	Fee Assessed for Part D Format: SSSSSSSS9.99
41	Total NMEC Fee Assessed	107 – 119	13	Numeric	Total NMEC Fee Assessed for Part A, B and D Format: SSSSSSSS9.99
42	Total Prospective Part D Members	120 – 127	8	Numeric	Total members for Part D Format: ZZZZZZZ9
43	Rate for COB Fees	128 – 131	4	Numeric	Rate used to calculate the COB fees, per Prospective Part D Member. Format: 0.99
44	Amount of COB Fees	132 – 144	13	Numeric	COB Fee Format: SSSSSSSS9.99
45	Total of Assessed Fees	145 – 157	13	Numeric	Total of all Fees Assessments Format: SSSSSSSS9.99
46	Filler	158 – 200	43	Character	Spaces
SPECIAL ADJUSTMENTS					
47	Contract Number	1 – 5	5	Character	Contract Number
48	Record Identification Code	6 – 6	1	Character	Record Type Identifier S = Special Adjustments
49	Table ID Number	7 – 7	1	Character	4
50	Document ID	8 – 15	8	Numeric	The document ID for identifying the adjustment.
51	Source	16-20	5	Character	The CMS division responsible for initiating the adjustments.
52	Description	21 – 70	50	Character	The reason the adjustment was made.
53	Type	71 – 90	20	Character	The type of adjustment. CMP = Civil Monetary Penalty

Item	Data Element	Position	Length	Type	Description
					CST = Cost Plan Adjustment PRS = Annual Part D Reconciliation RSK = Risk Adjustment PTD= Part D Risk Adjustment CGD = Coverage Gap Discount Invoice OTH = Other, non-specific type
54	Adjustment to Part A	91 – 103	13	Numeric	Adjustment amount for Part A Format: SSSSSSSS9.99
55	Adjustment to Part B	104 – 116	13	Numeric	Adjustment amount for Part B Format: SSSSSSSS9.99
56	Adjustment to Part D	117 – 129	13	Numeric	Adjustment amount for Part D. Format: SSSSSSSS9.99
57	Part C Premium Withholding, Part A Portion	130 - 142	13	Numeric	Adjustment amount for Part C Premium Withholding, Part A portion. Format: SSSSSSSS9.99
58	Part Premium C Withholding, Part B Portion	143 – 155	13	Numeric	Adjustment amount for Part C Premium Withholding, Part B portion. Format: SSSSSSSS9.99
59	Part D Premium Withholding	156 – 168	13	Numeric	Adjustment amount for Part D Premium Withholding. Format: SSSSSSSS9.99
60	Part D Low Income Premium Subsidy	169 - 181	13	Numeric	Adjustment amount for Part D Low Income Premium Subsidy. Format: SSSSSSSS9.99
61	Total Adjustment Amount	182 – 194	13	Numeric	Total Adjustments Format: SSSSSSSS9.99
62	Filler	195 – 200	6	Character	Spaces
Previous Cycle Balance Summary					
63	Contract Number	1 – 5	5	Character	Contract Number
64	Record Identification Code	6 – 6	1	Character	Record Type Identifier L = Last Period Carry Over Amounts carried over to this month from previous months
65	Table ID Number	7 – 7	1	Character	5
66	Part A Carry Over Amount	8 – 20	13	Numeric	Part A Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
67	Part B Carry Over Amount	21 – 33	13	Numeric	Part B Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
68	Part D Carry Over Amount	34 – 46	13	Numeric	Part D Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
69	Part C Premium Withholding Carry Over Amount	47 – 59	13	Numeric	Part C Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
70	Part D Premium Withholding Carry Over Amount	60 – 72	13	Numeric	Part D Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
71	Part D Low Income Premium Subsidy Carry Over Amount	73 – 85	13	Numeric	Part D Low Income Premium Subsidy Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
72	Part D Late Enrollment Penalty Carry Over Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
73	Education User Fee Carry Over Amount	99 – 111	13	Numeric	Education User Fee Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
74	Part D COB User Fee Carry Over Amount	112 – 124	13	Numeric	Part D COB User Fee Carry Over Amount - Previous Balance Column. Format:SSSSSSSS9.99
75	CMS Special Adjustments Carry Over Amount	125 – 137	13	Numeric	CMS Special Adjustments Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
76	Total Carry Over Amount	138 – 150	13	Numeric	Sum of amounts in Previous Balance Column Format: SSSSSSSSS9.99
77	Filler	151 – 200	50	Character	Spaces.
Payment Summary					
78	Contract Number	1 – 5	5	Character	Contract Number
79	Record Identification Code	6 – 6	1	Character	Record Type Identifier A = Payment Summary Amounts included in this month's payment from Tables 1 thru 4 plus Carry Over (from Previous Balance Column).
80	Table ID Number	7 – 7	1	Character	5
81	Part A Amount	8 – 20	13	Numeric	Part A amount - Net Payment Column. Format: ZZZZZZZZZ9.99
82	Part B Amount	21 – 33	13	Numeric	Part B amount - Net Payment Column. Format: ZZZZZZZZZ9.99
83	Part D Amount	34 – 46	13	Numeric	Part D amount - Net Payment Column. Format: ZZZZZZZZZ9.99
84	Part C Premium Withholding Amount	47 – 59	13	Numeric	Part C Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99
85	Part D Premium Withholding Amount	60 – 72	13	Numeric	Part D Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99

Item	Data Element	Position	Length	Type	Description
86	Part D Low Income Premium Subsidy Amount	73 – 85	13	Numeric	Part D Low Income Subsidy Amount - Net Payment Column. Format: ZZZZZZZZ9.99
87	Part D Late Enrollment Penalty Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount - Net Payment Column. Format: SSSSSSSS9.99
88	Education User Fee Amount	99 – 111	13	Numeric	Education User Fee Amount - Net Payment Column. Format: SSSSSSSS9.99
89	Part D COB User Fee Amount	112 – 124	13	Numeric	Part B COB Fee Amount - Net Payment Column. Format: SSSSSSSS9.99
90	CMS Special Adjustments Amount	125 – 137	13	Numeric	CMS Special Adjustments Amount - Net Payment Column. Format: SSSSSSSS9.99
91	Total Net Payment	138 – 150	13	Numeric	Sum of amounts in Net Payment Column. This is the plan's Net Payment Amount for this month. If the amount is negative, the payment will be carried forward. Format: SSSSSSSS9.99
92	Filler	151 – 200	50	Character	Spaces.
Payment Balance Carried Forward					
93	Contract Number	1 – 5	5	Character	Contract Number
94	Record Identification Code	6 – 6	1	Character	Record Type Identifier N = Balance Carried Forward to Next Cycle. Amounts carried forward (and not paid) to next month from this month
95	Table ID Number	7 – 7	1	Character	5
96	Part A Amount Carry Forward	8 – 20	13	Numeric	Part A Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
97	Part B Amount Carry Forward	21 – 33	13	Numeric	Part B Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
98	Part D Amount Carry Forward	34 – 46	13	Numeric	Part D Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
99	Part C Premium Withholding Amount Carry Forward	47 – 59	13	Numeric	Part C Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99
100	Part D Premium Withholding Amount Carry Forward	60 – 72	13	Numeric	Part D Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99
101	Part D Low Income Premium Subsidy Amount Carry Forward	73 – 85	13	Numeric	Part D Low Income Subsidy Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
102	Part D Late Enrollment Penalty Amount Carry Forward	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
103	Education User Fee Amount Carry Forward	99 – 111	13	Numeric	Education User Fee Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
104	Part D COB User Fee Amount Carry Forward	112 – 124	13	Numeric	Part B COB Fee Amount Carry Forward - Balance Forward Column. Format:SSSSSSSS9.99
105	CMS Special Adjustments Amount Carry Forward	125 – 137	13	Numeric	CMS Special Adjustments Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
106	Total Carry Forward Amount	138 – 150	13	Numeric	Sum of amounts in Balance Forward Column Format: SSSSSSSSS9.99
107	Filler	151 – 200	50	Character	Spaces.

Daily Transaction Reply Report (DTRR) Data File Layout

Field	Size	Position	Description
1. HICN	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Record Type	1	42	'T' = TRC record
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code; otherwise, spaces if not applicable.
10. County Code	3	50 – 52	Beneficiary Residence County Code; otherwise, spaces if not applicable.
11. Disability Indicator	1	53	'1' = Disabled; '0' = No Disability; Space = not applicable.
12. Hospice Indicator	1	54	'1' = Hospice; '0' = No Hospice; Space = not applicable.
13. Institutional/NHC Indicator	1	55	'1' = Institutional; '2' = NHC; '3' = HCBS; '0' = No Institutional; Space = not applicable.
14. ESRD Indicator	1	56	'1' = End-Stage Renal Disease; '0' = No End-Stage Renal Disease; Space = not applicable.
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code, see TRC list for values
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B, 'Z' = Entitled to Part A or B; Space = not applicable
18. Effective Date	8	63 – 70	YYYYMMDD Format; Effective date is present for all TRCs. However, for UI TRCs, field content is TRC dependent: 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for PBP correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction,

Field	Size	Position	Description
			707 – Start date of enrollment period for corrected segment, 708 – Enrollment period end date assigned to existing opened ended enrollment, 709 & 710 – New start date resulting from update, 711 & 712 – New end date resulting from update, 713 – “00000000” – End date removed. Original end date is in field 24.X, 091 – Previously reported incorrect death date, 121, 194, and 223 – PBP enrollment effective date.
19. Working Aged	1	71	‘1’ = Working Aged; ‘0’ = No Working Aged;; Space = not applicable.
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.
23. UI Initiated Change Flag	1	84	‘1’ = transaction created through user interface; ‘0’ = transaction from source other than user interface; Space = not applicable.
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Effective Date of the Disenrollment	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 013, 014, 018
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 017
c. Claim Number (new)	12	85 – 96	Present only when TRC is one of the following: 022, 025, 086
d. Date of Death	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 090 (with Transaction Type 01), 092
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 071
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 072
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 073
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 074
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 048, 075, 158, 159
j. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 077
k. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 078
l. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 079
m. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 066
n. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 067
o. Part A Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 080
p. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 081
q. Part B Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 082
r. Old State and County Codes	5	85 – 89	Beneficiary’s prior state and county code; Present only when TRC is 085
hh. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 035, 036, 045, 056
ii. PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary’s PBP change. Present only when TRC is 100.

Field	Size	Position	Description
jj. Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the TRC is 181.
zz. Date Identifying Information Changed by UI User	8	85 – 92	YYYYMMDD Format; Field content is dependent on TRC: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.
aaa. Modified Part C Premium Amount	12	85 – 96	ZZZZZZZZ9.99 Format; Part C premium amount reported by HPMS for the Plan. Present only when the TRC is 182.
bbb.Date of Death Removed	8	85 – 92	YYYYMMDD Format; Previously reported erroneous date of death. Present only when TRC is 091.
ccc. Dialysis End Date	8	85 - 92	YYYYMMDD Format; Present when TRC = 268.
ddd.Transplant Fail Date	8	85-92	YYYYMMDD Format; Present when TRC = 269 and the transplant has an end date.
eee. New ZIP Code	10	85 - 94	#####-#### Format; Is present when TRC is 305
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53; otherwise, spaces if not applicable.
26. Previous Part D Contract/PBP for TrOOP Transfer.	8	100 – 107	CCCCPPP Format; Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field is spaces. CCCCC = Contract Number; PPP = Plan Benefit Package (PBP) Number.
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction is a PBP change; otherwise, spaces if not applicable.
30. Application Date	8	124 – 131	The date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132 – 133	'01' = Plan '02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32. Out of Area Flag	1	134	'Y' = Out of area; 'N' = Not out of area; Space = not applicable
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable.
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.

Field	Size	Position	Description
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.
36. Election Type	1	154	‘A’ = AEP; ‘D’ = MADP; ‘E’ = IEP; ‘F’ = IEP2; ‘I’ = ICEP; ‘O’ = OEP; ‘N’ = OEPNEW; ‘T’ = OEPI; ‘R’ = 5 Star SEP; ‘S’ = Other SEP; ‘U’ = Dual/LIS SEP; ‘V’ = Permanent Change in Residence SEP; ‘W’ = EGHP SEP; ‘X’ = Administrative Action SEP; ‘Y’ = CMS/Case Work SEP; Space = not applicable. (MAs use I, A, N, O, R, S, T, U, V, W, X, and Y. MAPDs use I, A, D, E, F, N, O, R, S, T, U, V, W, X, Y. PDPs use A, E, F, R, S, U, V, W, X, and Y.)
37. Enrollment Source	1	155	‘A’ = Auto enrolled by CMS; ‘B’ = Beneficiary Election; ‘C’ = Facilitated enrollment by CMS; ‘D’ = CMS Annual Rollover; ‘E’ = Plan initiated auto-enrollment; ‘F’ = Plan initiated facilitated-enrollment; ‘G’ = Point-of-sale enrollment; ‘H’ = CMS or Plan reassignment; ‘I’ = Invalid submitted value (transaction is not rejected); Space = not applicable.
38. Part D Opt-Out Flag	1	156	‘Y’ = Opt-out of auto-enrollment; ‘N’ = Not opted out of auto-enrollment; Space = No change to opt-out status
39. Premium Withhold Option/Parts C-D	1	157	‘D’ = Direct self-pay; ‘S’ = Deduct from SSA benefits; ‘R’ = Deduct from RRB benefits; ‘O’ = Deduct from OPM benefits; ‘N’ = No premium applicable; Option applies to both Part C and D Premiums; Space = not applicable.
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage; otherwise, spaces if not applicable.
41. Creditable Coverage Flag	1	161	‘Y’ = Member has creditable coverage; ‘N’ = Member does not have creditable coverage; ‘R’ = Setting uncovered months to zero due to a new IEP; ‘U’ = Setting uncovered months to the value prior to using R; Space = not applicable.
42. Employer Subsidy Override Flag	1	162	‘Y’ = Beneficiary is in a Plan receiving an employer subsidy, flag allows enrollment in a Part D Plan; Space = no flag submitted by Plan.
43. Processing Timestamp	15	163 – 177	Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS
44. Filler	20	178 – 197	Spaces

Field	Size	Position	Description
45. Secondary Drug Insurance Flag	1	198	<p>Type 61 MA-PD and PDP transactions: ‘Y’ = Beneficiary has secondary drug insurance; ‘N’ = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by Plan.</p> <p>Type 72 MA-PD and PDP transactions: ‘Y’ = Secondary drug insurance available ‘N’ = No secondary drug insurance available Space = no change.</p> <p>Space returned with any other transaction type has no meaning.</p>
46. Secondary Rx ID	20	199 – 218	Beneficiary’s secondary insurance Plan’s ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
47. Secondary Rx Group	15	219 – 233	Beneficiary’s secondary insurance Plan’s Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
48. EGHP	1	234	<p>Type 61 transactions: ‘Y’ = EGHP; Space = not EGHP.</p> <p>Type 74 transactions: ‘Y’ = EGHP; ‘N’ = Not EGHP; Space = no change.</p> <p>Space reported with any other transaction type has no meaning.</p>
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	<p>Part D low-income premium subsidy percentage category: ‘000’ = No subsidy, ‘025’ = 25% subsidy level; ‘050’ = 50% subsidy level; ‘075’ = 75% subsidy level; ‘100’ = 100% subsidy level; Spaces = not applicable.</p>
50. Low-Income Co-Pay Category	1	238	<p>Definitions of the co-payment categories: ‘0’ = none, not low-income ‘1’ = (High); ‘2’ = (Low); ‘3’ = (0); ‘4’ = 15%; ‘5’ = Unknown; Space = not applicable.</p>
51. Low-Income Period Effective Date	8	239 - 246	<p>Date low income period starts. Format: YYYYMMDD Spaces if not applicable.</p>
52. Part D Late Enrollment Penalty Amount	8	247 - 254	<p>Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.</p>

Field	Size	Position	Description
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	Amount of Part D low-income premium subsidy as of the enrollment period start date. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Rx BIN	6	279 - 284	Beneficiary's Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
57. Part D Rx PCN	10	285 - 294	Beneficiary's Part D Rx PCN taken from the input transaction (61, or 72); otherwise, spaces if not provided via a transaction.
58. Part D Rx Group	15	295 - 309	Beneficiary's Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
59. Part D Rx ID	20	310 - 329	Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
60. Secondary Rx BIN	6	330 - 335	Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
61. Secondary Rx PCN	10	336 - 345	Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
62. De Minimis Differential Amount	8	346 - 353	Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
63. Filler	1	354	Spaces
64. Low Income Period End Date	8	355 - 362	Date low income period closes. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field is blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194, 223. FORMAT: YYYYMMDD; otherwise, spaces if not applicable.
65. Low Income Subsidy Source Code	1	363	'A' = Approved SSA applicant; 'D' = Deemed eligible by CMS; Space = not applicable.
66. Enrollee Type Flag, PBP Level	1	364	Designation relative to the report generation date (Transaction Date, field #22) 'C' = Current PBP enrollee; 'P' = Prospective PBP enrollee; 'Y' = Previous PBP enrollee; Spaces = not applicable.
67. Application Date Indicator	1	365	Identifies whether the application date associated with a UI submitted enrollment has a system generated default value: 'Y' = Default value for UI enrollment; Space = Not applicable
68. TRC Short Name	15	366 - 380	TRC's short-name identifier
69. Filler	94	381 - 474	Spaces

Field	Size	Position	Description
70. System Assigned Transaction Tracking ID	11	475 - 485	System assigned transaction tracking ID.
71. Plan Assigned Transaction Tracking ID	15	486 - 500	Plan submitted batch input transaction tracking ID.

The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
HEADER RECORD					
1	Contract Number	1-5	5	Character	Contract Number
2	Record Identification Code	6-6	1	Character	Record Type Identifier H = Header Record
3	Contract Name	7 – 56	50	Character	Name of the Contract
4	Payment Cycle Date	57 – 62	6	Character	Identified the month and year of payment: Format = YYYYMM
5	Run Date	63 – 70	8	Character	Identifies the date file was created: Format = YYYYMMDD
6	Filler	71 – 200	130	Character	Spaces
CAPITATED PAYMENT – CURRENT ACTIVITY					
7	Contract Number	1-5			Contract Number
8	Record Identification Code	6-6			Record Type Identifier C = Capitated Payment
9	Table ID Number	7-7			1
10	Adjustment Reason Code	8-9			Blank = Prospective Payment For a list of current MMR Adjustment Reason Codes (ARC) consult the Medicare Advantage and Prescription Drug Plan Communications Users Guide.
11	Part A Total Members	10-17	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part A payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
12	Part B Total Members	18-25	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part B payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9

Item	Data Element	Position	Length	Type	Description
13	Part D Total Members	26-33	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part D payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
14	Part A Payment Amount	34-46	13	Numeric	Total Part A Amount Format: SSSSSSSS9.99
15	Part B Payment Amount	47-59	13	Numeric	Total Part B Amount Format: SSSSSSSS9.99
16	Part D Payment Amount	60-72	13	Numeric	Total Part D Amount Format: SSSSSSSS9.99
17	Coverage Gap Discount Amount	73-85	13	Numeric	The Coverage Gap Discount included in Part D Payment. Format: SSSSSSSS9.99
18	Total Payment	86- 98	13	Numeric	Total Payment Format: SSSSSSSS9.99
19	Filler	99 – 200	102	Character	Spaces
PREMIUM SETTLEMENT					
20	Contract Number	1 – 5	5	Character	Contract Number
21	Record Identification Code	6 – 6	1	Character	Record Type Identifier P = Premium Settlement
22	Table ID Number	7 – 7	1	Character	2
23	Part C Premium Withholding Amount	8 – 20	13	Numeric	Total Part C Premium Amount Format: SSSSSSSS9.99
24	Part D Premium Withholding Amount	21 – 33	13	Numeric	Total Part D Premium Amount Format: SSSSSSSS9.99
25	Part D Low Income Premium Subsidy	34 – 46	13	Numeric	Total Low Income Premium Subsidy Format: SSSSSSSS9.99
26	Part D Late Enrollment Penalty	47 – 59	13	Numeric	Total Late Enrollment Penalty (Direct Bill Members Only) Format: SSSSSSSS9.99
27	Total Premium Settlement Amount	60 – 72	13	Numeric	Total Premium Settlement Format: SSSSSSSS9.99
28	Filler	73 – 200	128	Character	Spaces
FEES					
29	Contract Number	1 – 5	5	Character	Contract Number
30	Record Identification Code	6 – 6	1	Character	Record Type Identifier F = FEES
31	Table ID Number	7 – 7	1	Character	3
32	NMEC Part A Subject to Fee	8 – 20	13	Numeric	Part A amount subject to National Medicare Educational Campaign fees.

Item	Data Element	Position	Length	Type	Description
					Format:ZZZZZZZZZ9.99
33	NMEC Part A Rate	21 – 27	7	Numeric	Rate used to calculate the fees for Part A. Format: 0.99999
34	Part A Fee Amount	28 – 40	13	Numeric	Fee Assessed for Part A Format:SSSSSSSS9.99
35	NMEC Part B Subject to Fee	41 – 53	13	Numeric	Part B amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
36	NMEC Part B Rate	54 – 60	7	Numeric	Rate used to calculate the fees for Part B. Format: 0.99999
37	Part B Fee Amount	61 – 73	13	Numeric	Fee Assessed for Part B Format: SSSSSSS9.99
38	NMEC Part D Subject to Fee	74 – 86	13	Numeric	Part D amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
39	NMEC Part D Rate	87 – 93	7	Numeric	Rate used to calculate the fees for Part D. Format: 0.99999
40	Part D Fee Amount	94 – 106	13	Numeric	Fee Assessed for Part D Format: SSSSSSS9.99
41	Total NMEC Fee Assessed	107 – 119	13	Numeric	Total NMEC Fee Assessed for Part A, B and D Format: SSSSSSS9.99
42	Total Prospective Part D Members	120 – 127	8	Numeric	Total members for Part D Format: ZZZZZZZ9
43	Rate for COB Fees	128 – 131	4	Numeric	Rate used to calculate the COB fees, per Prospective Part D Member. Format: 0.99
44	Amount of COB Fees	132 – 144	13	Numeric	COB Fee Format: SSSSSSS9.99
45	Total of Assessed Fees	145 – 157	13	Numeric	Total of all Fees Assessments Format: SSSSSSS9.99
46	Filler	158 – 200	43	Character	Spaces
SPECIAL ADJUSTMENTS					
47	Contract Number	1 – 5	5	Character	Contract Number
48	Record Identification Code	6 – 6	1	Character	Record Type Identifier S = Special Adjustments
49	Table ID Number	7 – 7	1	Character	4
50	Document ID	8 – 15	8	Numeric	The document ID for identifying the adjustment.
51	Source	16-20	5	Character	The CMS division responsible for initiating the adjustments.
52	Description	21 – 70	50	Character	The reason the adjustment was made.
53	Type	71 – 90	20	Character	The type of adjustment. CMP = Civil Monetary Penalty

Item	Data Element	Position	Length	Type	Description
					CST = Cost Plan Adjustment PRS = Annual Part D Reconciliation RSK = Risk Adjustment PTD= Part D Risk Adjustment CGD = Coverage Gap Discount Invoice OTH = Other, non-specific type
54	Adjustment to Part A	91 – 103	13	Numeric	Adjustment amount for Part A Format: SSSSSSSS9.99
55	Adjustment to Part B	104 – 116	13	Numeric	Adjustment amount for Part B Format: SSSSSSSS9.99
56	Adjustment to Part D	117 – 129	13	Numeric	Adjustment amount for Part D. Format: SSSSSSSS9.99
57	Part C Premium Withholding, Part A Portion	130 - 142	13	Numeric	Adjustment amount for Part C Premium Withholding, Part A portion. Format: SSSSSSSS9.99
58	Part Premium C Withholding, Part B Portion	143 – 155	13	Numeric	Adjustment amount for Part C Premium Withholding, Part B portion. Format: SSSSSSSS9.99
59	Part D Premium Withholding	156 – 168	13	Numeric	Adjustment amount for Part D Premium Withholding. Format: SSSSSSSS9.99
60	Part D Low Income Premium Subsidy	169 - 181	13	Numeric	Adjustment amount for Part D Low Income Premium Subsidy. Format: SSSSSSSS9.99
61	Total Adjustment Amount	182 – 194	13	Numeric	Total Adjustments Format: SSSSSSSS9.99
62	Filler	195 – 200	6	Character	Spaces
Previous Cycle Balance Summary					
63	Contract Number	1 – 5	5	Character	Contract Number
64	Record Identification Code	6 – 6	1	Character	Record Type Identifier L = Last Period Carry Over Amounts carried over to this month from previous months
65	Table ID Number	7 – 7	1	Character	5
66	Part A Carry Over Amount	8 – 20	13	Numeric	Part A Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
67	Part B Carry Over Amount	21 – 33	13	Numeric	Part B Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
68	Part D Carry Over Amount	34 – 46	13	Numeric	Part D Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
69	Part C Premium Withholding Carry Over Amount	47 – 59	13	Numeric	Part C Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
70	Part D Premium Withholding Carry Over Amount	60 – 72	13	Numeric	Part D Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
71	Part D Low Income Premium Subsidy Carry Over Amount	73 – 85	13	Numeric	Part D Low Income Premium Subsidy Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
72	Part D Late Enrollment Penalty Carry Over Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
73	Education User Fee Carry Over Amount	99 – 111	13	Numeric	Education User Fee Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
74	Part D COB User Fee Carry Over Amount	112 – 124	13	Numeric	Part D COB User Fee Carry Over Amount - Previous Balance Column. Format:SSSSSSSS9.99
75	CMS Special Adjustments Carry Over Amount	125 – 137	13	Numeric	CMS Special Adjustments Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
76	Total Carry Over Amount	138 – 150	13	Numeric	Sum of amounts in Previous Balance Column Format: SSSSSSSSS9.99
77	Filler	151 – 200	50	Character	Spaces.
Payment Summary					
78	Contract Number	1 – 5	5	Character	Contract Number
79	Record Identification Code	6 – 6	1	Character	Record Type Identifier A = Payment Summary Amounts included in this month's payment from Tables 1 thru 4 plus Carry Over (from Previous Balance Column).
80	Table ID Number	7 – 7	1	Character	5
81	Part A Amount	8 – 20	13	Numeric	Part A amount - Net Payment Column. Format: ZZZZZZZZZ9.99
82	Part B Amount	21 – 33	13	Numeric	Part B amount - Net Payment Column. Format: ZZZZZZZZZ9.99
83	Part D Amount	34 – 46	13	Numeric	Part D amount - Net Payment Column. Format: ZZZZZZZZZ9.99
84	Part C Premium Withholding Amount	47 – 59	13	Numeric	Part C Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99
85	Part D Premium Withholding Amount	60 – 72	13	Numeric	Part D Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99

Item	Data Element	Position	Length	Type	Description
86	Part D Low Income Premium Subsidy Amount	73 – 85	13	Numeric	Part D Low Income Subsidy Amount - Net Payment Column. Format: ZZZZZZZZ9.99
87	Part D Late Enrollment Penalty Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount - Net Payment Column. Format: SSSSSSSS9.99
88	Education User Fee Amount	99 – 111	13	Numeric	Education User Fee Amount - Net Payment Column. Format: SSSSSSSS9.99
89	Part D COB User Fee Amount	112 – 124	13	Numeric	Part B COB Fee Amount - Net Payment Column. Format: SSSSSSSS9.99
90	CMS Special Adjustments Amount	125 – 137	13	Numeric	CMS Special Adjustments Amount - Net Payment Column. Format: SSSSSSSS9.99
91	Total Net Payment	138 – 150	13	Numeric	Sum of amounts in Net Payment Column. This is the plan's Net Payment Amount for this month. If the amount is negative, the payment will be carried forward. Format: SSSSSSSS9.99
92	Filler	151 – 200	50	Character	Spaces.
Payment Balance Carried Forward					
93	Contract Number	1 – 5	5	Character	Contract Number
94	Record Identification Code	6 – 6	1	Character	Record Type Identifier N = Balance Carried Forward to Next Cycle. Amounts carried forward (and not paid) to next month from this month
95	Table ID Number	7 – 7	1	Character	5
96	Part A Amount Carry Forward	8 – 20	13	Numeric	Part A Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
97	Part B Amount Carry Forward	21 – 33	13	Numeric	Part B Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
98	Part D Amount Carry Forward	34 – 46	13	Numeric	Part D Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
99	Part C Premium Withholding Amount Carry Forward	47 – 59	13	Numeric	Part C Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99
100	Part D Premium Withholding Amount Carry Forward	60 – 72	13	Numeric	Part D Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99
101	Part D Low Income Premium Subsidy Amount Carry Forward	73 – 85	13	Numeric	Part D Low Income Subsidy Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
102	Part D Late Enrollment Penalty Amount Carry Forward	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
103	Education User Fee Amount Carry Forward	99 – 111	13	Numeric	Education User Fee Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
104	Part D COB User Fee Amount Carry Forward	112 – 124	13	Numeric	Part B COB Fee Amount Carry Forward - Balance Forward Column. Format:SSSSSSSS9.99
105	CMS Special Adjustments Amount Carry Forward	125 – 137	13	Numeric	CMS Special Adjustments Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
106	Total Carry Forward Amount	138 – 150	13	Numeric	Sum of amounts in Balance Forward Column Format: SSSSSSSSS9.99
107	Filler	151 – 200	50	Character	Spaces.

Daily Transaction Reply Report (DTRR) Data File Layout

Field	Size	Position	Description
1. HICN	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Record Type	1	42	'T' = TRC record
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code; otherwise, spaces if not applicable.
10. County Code	3	50 – 52	Beneficiary Residence County Code; otherwise, spaces if not applicable.
11. Disability Indicator	1	53	'1' = Disabled; '0' = No Disability; Space = not applicable.
12. Hospice Indicator	1	54	'1' = Hospice; '0' = No Hospice; Space = not applicable.
13. Institutional/NHC Indicator	1	55	'1' = Institutional; '2' = NHC; '3' = HCBS; '0' = No Institutional; Space = not applicable.
14. ESRD Indicator	1	56	'1' = End-Stage Renal Disease; '0' = No End-Stage Renal Disease; Space = not applicable.
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code, see TRC list for values
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B, 'Z' = Entitled to Part A or B; Space = not applicable
18. Effective Date	8	63 – 70	YYYYMMDD Format; Effective date is present for all TRCs. However, for UI TRCs, field content is TRC dependent: 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for PBP correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction,

Field	Size	Position	Description
			707 – Start date of enrollment period for corrected segment, 708 – Enrollment period end date assigned to existing opened ended enrollment, 709 & 710 – New start date resulting from update, 711 & 712 – New end date resulting from update, 713 – “00000000” – End date removed. Original end date is in field 24.X, 091 – Previously reported incorrect death date, 121, 194, and 223 – PBP enrollment effective date.
19. Working Aged	1	71	‘1’ = Working Aged; ‘0’ = No Working Aged;; Space = not applicable.
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.
23. UI Initiated Change Flag	1	84	‘1’ = transaction created through user interface; ‘0’ = transaction from source other than user interface; Space = not applicable.
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Effective Date of the Disenrollment	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 013, 014, 018
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 017
c. Claim Number (new)	12	85 – 96	Present only when TRC is one of the following: 022, 025, 086
d. Date of Death	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 090 (with Transaction Type 01), 092
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 071
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 072
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 073
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 074
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 048, 075, 158, 159
j. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 077
k. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 078
l. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 079
m. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 066
n. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 067
o. Part A Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 080
p. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 081
q. Part B Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 082
r. Old State and County Codes	5	85 – 89	Beneficiary’s prior state and county code; Present only when TRC is 085
kk. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 035, 036, 045, 056
ll. PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary’s PBP change. Present only when TRC is 100.

Field	Size	Position	Description
mm. Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the TRC is 181.
fff. Date Identifying Information Changed by UI User	8	85 – 92	YYYYMMDD Format; Field content is dependent on TRC: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.
ggg. Modified Part C Premium Amount	12	85 – 96	ZZZZZZZZ9.99 Format; Part C premium amount reported by HPMS for the Plan. Present only when the TRC is 182.
hhh. Date of Death Removed	8	85 – 92	YYYYMMDD Format; Previously reported erroneous date of death. Present only when TRC is 091.
iii. Dialysis End Date	8	85 - 92	YYYYMMDD Format; Present when TRC = 268.
jjj. Transplant Fail Date	8	85-92	YYYYMMDD Format; Present when TRC = 269 and the transplant has an end date.
kkk. New ZIP Code	10	85 - 94	#####-#### Format; Is present when TRC is 305
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53; otherwise, spaces if not applicable.
26. Previous Part D Contract/PBP for TrOOP Transfer.	8	100 – 107	CCCCPPP Format; Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field is spaces. CCCCC = Contract Number; PPP = Plan Benefit Package (PBP) Number.
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction is a PBP change; otherwise, spaces if not applicable.
30. Application Date	8	124 – 131	The date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132 – 133	'01' = Plan '02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32. Out of Area Flag	1	134	'Y' = Out of area; 'N' = Not out of area; Space = not applicable
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable.
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.

Field	Size	Position	Description
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.
36. Election Type	1	154	<p>‘A’ = AEP; ‘D’ = MADP; ‘E’ = IEP; ‘F’ = IEP2; ‘I’ = ICEP; ‘O’ = OEP; ‘N’ = OEPNEW; ‘T’ = OEPI; ‘R’ = 5 Star SEP; ‘S’ = Other SEP; ‘U’ = Dual/LIS SEP; ‘V’ = Permanent Change in Residence SEP; ‘W’ = EGHP SEP; ‘X’ = Administrative Action SEP; ‘Y’ = CMS/Case Work SEP; Space = not applicable.</p> <p>(MAs use I, A, N, O, R, S, T, U, V, W, X, and Y. MAPDs use I, A, D, E, F, N, O, R, S, T, U, V, W, X, Y. PDPs use A, E, F, R, S, U, V, W, X, and Y.)</p>
37. Enrollment Source	1	155	<p>‘A’ = Auto enrolled by CMS; ‘B’ = Beneficiary Election; ‘C’ = Facilitated enrollment by CMS; ‘D’ = CMS Annual Rollover; ‘E’ = Plan initiated auto-enrollment; ‘F’ = Plan initiated facilitated-enrollment; ‘G’ = Point-of-sale enrollment; ‘H’ = CMS or Plan reassignment; ‘I’ = Invalid submitted value (transaction is not rejected); Space = not applicable.</p>
38. Part D Opt-Out Flag	1	156	<p>‘Y’ = Opt-out of auto-enrollment; ‘N’ = Not opted out of auto-enrollment; Space = No change to opt-out status</p>
39. Premium Withhold Option/Parts C-D	1	157	<p>‘D’ = Direct self-pay; ‘S’ = Deduct from SSA benefits; ‘R’ = Deduct from RRB benefits; ‘O’ = Deduct from OPM benefits; ‘N’ = No premium applicable; Option applies to both Part C and D Premiums; Space = not applicable.</p>
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage; otherwise, spaces if not applicable.
41. Creditable Coverage Flag	1	161	<p>‘Y’ = Member has creditable coverage; ‘N’ = Member does not have creditable coverage; ‘R’ = Setting uncovered months to zero due to a new IEP; ‘U’ = Setting uncovered months to the value prior to using R; Space = not applicable.</p>
42. Employer Subsidy Override Flag	1	162	<p>‘Y’ = Beneficiary is in a Plan receiving an employer subsidy, flag allows enrollment in a Part D Plan; Space = no flag submitted by Plan.</p>
43. Processing Timestamp	15	163 – 177	<p>Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS</p>
44. Filler	20	178 – 197	Spaces

Field	Size	Position	Description
45. Secondary Drug Insurance Flag	1	198	<p>Type 61 MA-PD and PDP transactions: ‘Y’ = Beneficiary has secondary drug insurance; ‘N’ = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by Plan.</p> <p>Type 72 MA-PD and PDP transactions: ‘Y’ = Secondary drug insurance available ‘N’ = No secondary drug insurance available Space = no change.</p> <p>Space returned with any other transaction type has no meaning.</p>
46. Secondary Rx ID	20	199 – 218	Beneficiary’s secondary insurance Plan’s ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
47. Secondary Rx Group	15	219 – 233	Beneficiary’s secondary insurance Plan’s Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
48. EGHP	1	234	<p>Type 61 transactions: ‘Y’ = EGHP; Space = not EGHP.</p> <p>Type 74 transactions: ‘Y’ = EGHP; ‘N’ = Not EGHP; Space = no change.</p> <p>Space reported with any other transaction type has no meaning.</p>
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	<p>Part D low-income premium subsidy percentage category: ‘000’ = No subsidy, ‘025’ = 25% subsidy level; ‘050’ = 50% subsidy level; ‘075’ = 75% subsidy level; ‘100’ = 100% subsidy level; Spaces = not applicable.</p>
50. Low-Income Co-Pay Category	1	238	<p>Definitions of the co-payment categories: ‘0’ = none, not low-income ‘1’ = (High); ‘2’ = (Low); ‘3’ = (0); ‘4’ = 15%; ‘5’ = Unknown; Space = not applicable.</p>
51. Low-Income Period Effective Date	8	239 - 246	<p>Date low income period starts. Format: YYYYMMDD Spaces if not applicable.</p>
52. Part D Late Enrollment Penalty Amount	8	247 - 254	<p>Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.</p>

Field	Size	Position	Description
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	Amount of Part D low-income premium subsidy as of the enrollment period start date. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Rx BIN	6	279 - 284	Beneficiary's Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
57. Part D Rx PCN	10	285 - 294	Beneficiary's Part D Rx PCN taken from the input transaction (61, or 72); otherwise, spaces if not provided via a transaction.
58. Part D Rx Group	15	295 - 309	Beneficiary's Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
59. Part D Rx ID	20	310 - 329	Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
60. Secondary Rx BIN	6	330 - 335	Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
61. Secondary Rx PCN	10	336 - 345	Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
62. De Minimis Differential Amount	8	346 - 353	Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
63. Filler	1	354	Spaces
64. Low Income Period End Date	8	355 - 362	Date low income period closes. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field is blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194, 223. FORMAT: YYYYMMDD; otherwise, spaces if not applicable.
65. Low Income Subsidy Source Code	1	363	'A' = Approved SSA applicant; 'D' = Deemed eligible by CMS; Space = not applicable.
66. Enrollee Type Flag, PBP Level	1	364	Designation relative to the report generation date (Transaction Date, field #22) 'C' = Current PBP enrollee; 'P' = Prospective PBP enrollee; 'Y' = Previous PBP enrollee; Spaces = not applicable.
67. Application Date Indicator	1	365	Identifies whether the application date associated with a UI submitted enrollment has a system generated default value: 'Y' = Default value for UI enrollment; Space = Not applicable
68. TRC Short Name	15	366 - 380	TRC's short-name identifier
69. Filler	94	381 - 474	Spaces

Field	Size	Position	Description
70. System Assigned Transaction Tracking ID	11	475 - 485	System assigned transaction tracking ID.
71. Plan Assigned Transaction Tracking ID	15	486 - 500	Plan submitted batch input transaction tracking ID.

The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
HEADER RECORD					
1	Contract Number	1-5	5	Character	Contract Number
2	Record Identification Code	6-6	1	Character	Record Type Identifier H = Header Record
3	Contract Name	7 – 56	50	Character	Name of the Contract
4	Payment Cycle Date	57 – 62	6	Character	Identified the month and year of payment: Format = YYYYMM
5	Run Date	63 – 70	8	Character	Identifies the date file was created: Format = YYYYMMDD
6	Filler	71 – 200	130	Character	Spaces
CAPITATED PAYMENT – CURRENT ACTIVITY					
7	Contract Number	1-5			Contract Number
8	Record Identification Code	6-6			Record Type Identifier C = Capitated Payment
9	Table ID Number	7-7			1
10	Adjustment Reason Code	8-9			Blank = Prospective Payment For a list of current MMR Adjustment Reason Codes (ARC) consult the Medicare Advantage and Prescription Drug Plan Communications Users Guide.
11	Part A Total Members	10-17	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part A payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
12	Part B Total Members	18-25	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part B payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9

Item	Data Element	Position	Length	Type	Description
13	Part D Total Members	26-33	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part D payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
14	Part A Payment Amount	34-46	13	Numeric	Total Part A Amount Format: SSSSSSSS9.99
15	Part B Payment Amount	47-59	13	Numeric	Total Part B Amount Format: SSSSSSSS9.99
16	Part D Payment Amount	60-72	13	Numeric	Total Part D Amount Format: SSSSSSSS9.99
17	Coverage Gap Discount Amount	73-85	13	Numeric	The Coverage Gap Discount included in Part D Payment. Format: SSSSSSSS9.99
18	Total Payment	86- 98	13	Numeric	Total Payment Format: SSSSSSSS9.99
19	Filler	99 – 200	102	Character	Spaces
PREMIUM SETTLEMENT					
20	Contract Number	1 – 5	5	Character	Contract Number
21	Record Identification Code	6 – 6	1	Character	Record Type Identifier P = Premium Settlement
22	Table ID Number	7 – 7	1	Character	2
23	Part C Premium Withholding Amount	8 – 20	13	Numeric	Total Part C Premium Amount Format: SSSSSSSS9.99
24	Part D Premium Withholding Amount	21 – 33	13	Numeric	Total Part D Premium Amount Format: SSSSSSSS9.99
25	Part D Low Income Premium Subsidy	34 – 46	13	Numeric	Total Low Income Premium Subsidy Format: SSSSSSSS9.99
26	Part D Late Enrollment Penalty	47 – 59	13	Numeric	Total Late Enrollment Penalty (Direct Bill Members Only) Format: SSSSSSSS9.99
27	Total Premium Settlement Amount	60 – 72	13	Numeric	Total Premium Settlement Format: SSSSSSSS9.99
28	Filler	73 – 200	128	Character	Spaces
FEES					
29	Contract Number	1 – 5	5	Character	Contract Number
30	Record Identification Code	6 – 6	1	Character	Record Type Identifier F = FEES
31	Table ID Number	7 – 7	1	Character	3
32	NMEC Part A Subject to Fee	8 – 20	13	Numeric	Part A amount subject to National Medicare Educational Campaign fees.

Item	Data Element	Position	Length	Type	Description
					Format:ZZZZZZZZZ9.99
33	NMEC Part A Rate	21 – 27	7	Numeric	Rate used to calculate the fees for Part A. Format: 0.99999
34	Part A Fee Amount	28 – 40	13	Numeric	Fee Assessed for Part A Format:SSSSSSSS9.99
35	NMEC Part B Subject to Fee	41 – 53	13	Numeric	Part B amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
36	NMEC Part B Rate	54 – 60	7	Numeric	Rate used to calculate the fees for Part B. Format: 0.99999
37	Part B Fee Amount	61 – 73	13	Numeric	Fee Assessed for Part B Format: SSSSSSSS9.99
38	NMEC Part D Subject to Fee	74 – 86	13	Numeric	Part D amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
39	NMEC Part D Rate	87 – 93	7	Numeric	Rate used to calculate the fees for Part D. Format: 0.99999
40	Part D Fee Amount	94 – 106	13	Numeric	Fee Assessed for Part D Format: SSSSSSSS9.99
41	Total NMEC Fee Assessed	107 – 119	13	Numeric	Total NMEC Fee Assessed for Part A, B and D Format: SSSSSSSS9.99
42	Total Prospective Part D Members	120 – 127	8	Numeric	Total members for Part D Format: ZZZZZZZ9
43	Rate for COB Fees	128 – 131	4	Numeric	Rate used to calculate the COB fees, per Prospective Part D Member. Format: 0.99
44	Amount of COB Fees	132 – 144	13	Numeric	COB Fee Format: SSSSSSSS9.99
45	Total of Assessed Fees	145 – 157	13	Numeric	Total of all Fees Assessments Format: SSSSSSSS9.99
46	Filler	158 – 200	43	Character	Spaces
SPECIAL ADJUSTMENTS					
47	Contract Number	1 – 5	5	Character	Contract Number
48	Record Identification Code	6 – 6	1	Character	Record Type Identifier S = Special Adjustments
49	Table ID Number	7 – 7	1	Character	4
50	Document ID	8 – 15	8	Numeric	The document ID for identifying the adjustment.
51	Source	16-20	5	Character	The CMS division responsible for initiating the adjustments.
52	Description	21 – 70	50	Character	The reason the adjustment was made.
53	Type	71 – 90	20	Character	The type of adjustment. CMP = Civil Monetary Penalty

Item	Data Element	Position	Length	Type	Description
					CST = Cost Plan Adjustment PRS = Annual Part D Reconciliation RSK = Risk Adjustment PTD= Part D Risk Adjustment CGD = Coverage Gap Discount Invoice OTH = Other, non-specific type
54	Adjustment to Part A	91 – 103	13	Numeric	Adjustment amount for Part A Format: SSSSSSSS9.99
55	Adjustment to Part B	104 – 116	13	Numeric	Adjustment amount for Part B Format: SSSSSSSS9.99
56	Adjustment to Part D	117 – 129	13	Numeric	Adjustment amount for Part D. Format: SSSSSSSS9.99
57	Part C Premium Withholding, Part A Portion	130 - 142	13	Numeric	Adjustment amount for Part C Premium Withholding, Part A portion. Format: SSSSSSSS9.99
58	Part Premium C Withholding, Part B Portion	143 – 155	13	Numeric	Adjustment amount for Part C Premium Withholding, Part B portion. Format: SSSSSSSS9.99
59	Part D Premium Withholding	156 – 168	13	Numeric	Adjustment amount for Part D Premium Withholding. Format: SSSSSSSS9.99
60	Part D Low Income Premium Subsidy	169 - 181	13	Numeric	Adjustment amount for Part D Low Income Premium Subsidy. Format: SSSSSSSS9.99
61	Total Adjustment Amount	182 – 194	13	Numeric	Total Adjustments Format: SSSSSSSS9.99
62	Filler	195 – 200	6	Character	Spaces
Previous Cycle Balance Summary					
63	Contract Number	1 – 5	5	Character	Contract Number
64	Record Identification Code	6 – 6	1	Character	Record Type Identifier L = Last Period Carry Over Amounts carried over to this month from previous months
65	Table ID Number	7 – 7	1	Character	5
66	Part A Carry Over Amount	8 – 20	13	Numeric	Part A Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
67	Part B Carry Over Amount	21 – 33	13	Numeric	Part B Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
68	Part D Carry Over Amount	34 – 46	13	Numeric	Part D Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
69	Part C Premium Withholding Carry Over Amount	47 – 59	13	Numeric	Part C Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
70	Part D Premium Withholding Carry Over Amount	60 – 72	13	Numeric	Part D Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
71	Part D Low Income Premium Subsidy Carry Over Amount	73 – 85	13	Numeric	Part D Low Income Premium Subsidy Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
72	Part D Late Enrollment Penalty Carry Over Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
73	Education User Fee Carry Over Amount	99 – 111	13	Numeric	Education User Fee Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
74	Part D COB User Fee Carry Over Amount	112 – 124	13	Numeric	Part D COB User Fee Carry Over Amount - Previous Balance Column. Format:SSSSSSSS9.99
75	CMS Special Adjustments Carry Over Amount	125 – 137	13	Numeric	CMS Special Adjustments Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
76	Total Carry Over Amount	138 – 150	13	Numeric	Sum of amounts in Previous Balance Column Format: SSSSSSSSS9.99
77	Filler	151 – 200	50	Character	Spaces.
Payment Summary					
78	Contract Number	1 – 5	5	Character	Contract Number
79	Record Identification Code	6 – 6	1	Character	Record Type Identifier A = Payment Summary Amounts included in this month's payment from Tables 1 thru 4 plus Carry Over (from Previous Balance Column).
80	Table ID Number	7 – 7	1	Character	5
81	Part A Amount	8 – 20	13	Numeric	Part A amount - Net Payment Column. Format: ZZZZZZZZZ9.99
82	Part B Amount	21 – 33	13	Numeric	Part B amount - Net Payment Column. Format: ZZZZZZZZZ9.99
83	Part D Amount	34 – 46	13	Numeric	Part D amount - Net Payment Column. Format: ZZZZZZZZZ9.99
84	Part C Premium Withholding Amount	47 – 59	13	Numeric	Part C Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99
85	Part D Premium Withholding Amount	60 – 72	13	Numeric	Part D Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99

Item	Data Element	Position	Length	Type	Description
86	Part D Low Income Premium Subsidy Amount	73 – 85	13	Numeric	Part D Low Income Subsidy Amount - Net Payment Column. Format: ZZZZZZZZZ9.99
87	Part D Late Enrollment Penalty Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount - Net Payment Column. Format: SSSSSSSSS9.99
88	Education User Fee Amount	99 – 111	13	Numeric	Education User Fee Amount - Net Payment Column. Format: SSSSSSSSS9.99
89	Part D COB User Fee Amount	112 – 124	13	Numeric	Part B COB Fee Amount - Net Payment Column. Format: SSSSSSSSS9.99
90	CMS Special Adjustments Amount	125 – 137	13	Numeric	CMS Special Adjustments Amount - Net Payment Column. Format: SSSSSSSSS9.99
91	Total Net Payment	138 – 150	13	Numeric	Sum of amounts in Net Payment Column. This is the plan's Net Payment Amount for this month. If the amount is negative, the payment will be carried forward. Format: SSSSSSSSS9.99
92	Filler	151 – 200	50	Character	Spaces.
Payment Balance Carried Forward					
93	Contract Number	1 – 5	5	Character	Contract Number
94	Record Identification Code	6 – 6	1	Character	Record Type Identifier N = Balance Carried Forward to Next Cycle. Amounts carried forward (and not paid) to next month from this month
95	Table ID Number	7 – 7	1	Character	5
96	Part A Amount Carry Forward	8 – 20	13	Numeric	Part A Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
97	Part B Amount Carry Forward	21 – 33	13	Numeric	Part B Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
98	Part D Amount Carry Forward	34 – 46	13	Numeric	Part D Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
99	Part C Premium Withholding Amount Carry Forward	47 – 59	13	Numeric	Part C Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
100	Part D Premium Withholding Amount Carry Forward	60 – 72	13	Numeric	Part D Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
101	Part D Low Income Premium Subsidy Amount Carry Forward	73 – 85	13	Numeric	Part D Low Income Subsidy Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
102	Part D Late Enrollment Penalty Amount Carry Forward	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
103	Education User Fee Amount Carry Forward	99 – 111	13	Numeric	Education User Fee Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
104	Part D COB User Fee Amount Carry Forward	112 – 124	13	Numeric	Part B COB Fee Amount Carry Forward - Balance Forward Column. Format:SSSSSSSS9.99
105	CMS Special Adjustments Amount Carry Forward	125 – 137	13	Numeric	CMS Special Adjustments Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
106	Total Carry Forward Amount	138 – 150	13	Numeric	Sum of amounts in Balance Forward Column Format: SSSSSSSSS9.99
107	Filler	151 – 200	50	Character	Spaces.

Daily Transaction Reply Report (DTRR) Data File Layout

Field	Size	Position	Description
1. HICN	12	1 – 12	Health Insurance Claim Number
2. Surname	12	13 – 24	Beneficiary Surname
3. First Name	7	25 – 31	Beneficiary Given Name
4. Middle Initial	1	32	Beneficiary Middle Initial
5. Gender Code	1	33	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
6. Date of Birth	8	34 – 41	YYYYMMDD Format
7. Record Type	1	42	'T' = TRC record
8. Contract Number	5	43 – 47	Plan Contract Number
9. State Code	2	48 – 49	Beneficiary Residence State Code; otherwise, spaces if not applicable.
10. County Code	3	50 – 52	Beneficiary Residence County Code; otherwise, spaces if not applicable.
11. Disability Indicator	1	53	'1' = Disabled; '0' = No Disability; Space = not applicable.
12. Hospice Indicator	1	54	'1' = Hospice; '0' = No Hospice; Space = not applicable.
13. Institutional/NHC Indicator	1	55	'1' = Institutional; '2' = NHC; '3' = HCBS; '0' = No Institutional; Space = not applicable.
14. ESRD Indicator	1	56	'1' = End-Stage Renal Disease; '0' = No End-Stage Renal Disease; Space = not applicable.
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code, see TRC list for values
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B, 'Z' = Entitled to Part A or B; Space = not applicable
18. Effective Date	8	63 – 70	YYYYMMDD Format; Effective date is present for all TRCs. However, for UI TRCs, field content is TRC dependent: 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for PBP correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction,

Field	Size	Position	Description
			707 – Start date of enrollment period for corrected segment, 708 – Enrollment period end date assigned to existing opened ended enrollment, 709 & 710 – New start date resulting from update, 711 & 712 – New end date resulting from update, 713 – “00000000” – End date removed. Original end date is in field 24.X, 091 – Previously reported incorrect death date, 121, 194, and 223 – PBP enrollment effective date.
19. Working Aged	1	71	‘1’ = Working Aged; ‘0’ = No Working Aged;; Space = not applicable.
20. Plan Benefit Package ID	3	72 – 74	PBP number
21. Filler	1	75	Spaces
22. Transaction Date	8	76 – 83	YYYYMMDD Format; Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.
23. UI Initiated Change Flag	1	84	‘1’ = transaction created through user interface; ‘0’ = transaction from source other than user interface; Space = not applicable.
24. Positions 85 – 96 are dependent upon the value of the TRANSACTION REPLY CODE. There are spaces for all codes except where indicated below.			
a. Effective Date of the Disenrollment	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 013, 014, 018
b. New Enrollment Effective Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 017
c. Claim Number (new)	12	85 – 96	Present only when TRC is one of the following: 022, 025, 086
d. Date of Death	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 090 (with Transaction Type 01), 092
e. Hospice Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 071
f. Hospice End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 072
g. ESRD Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 073
h. ESRD End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 074
i. Institutional/ NHC Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is one of the following: 048, 075, 158, 159
j. Medicaid Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 077
k. Medicaid End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 078
l. Part A End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 079
m. WA Start Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 066
n. WA End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 067
o. Part A Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 080
p. Part B End Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 081
q. Part B Reinstate Date	8	85 – 92	YYYYMMDD Format; Present only when TRC is 082
r. Old State and County Codes	5	85 – 89	Beneficiary’s prior state and county code; Present only when TRC is 085
nn. Attempted Enroll Effective Date	8	85 - 92	The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 035, 036, 045, 056
oo. PBP Effective Date	8	85 – 92	YYYYMMDD Format. Effective date of a beneficiary’s PBP change. Present only when TRC is 100.

Field	Size	Position	Description
pp. Correct Part D Premium Rate	12	85 – 96	ZZZZZZZZ9.99 Format; Part D premium amount reported by HPMS for the Plan. Present only when the TRC is 181.
lll. Date Identifying Information Changed by UI User	8	85 – 92	YYYYMMDD Format; Field content is dependent on TRC: 702 – Fill-in enrollment period end date, 705 – End date of enrollment period for corrected PBP, blank when end date not provided by user, 707 – End date of enrollment period for corrected segment, blank when end date not provided by user, 709 & 710 – Enrollment period start date prior to start date change, 711, 712, & 713 – Enrollment period end date prior to end date change.
mmm. Modified Part C Premium Amount	12	85 – 96	ZZZZZZZZ9.99 Format; Part C premium amount reported by HPMS for the Plan. Present only when the TRC is 182.
nnn.Date of Death Removed	8	85 – 92	YYYYMMDD Format; Previously reported erroneous date of death. Present only when TRC is 091.
ooo.Dialysis End Date	8	85 - 92	YYYYMMDD Format; Present when TRC = 268.
ppp.Transplant Fail Date	8	85-92	YYYYMMDD Format; Present when TRC = 269 and the transplant has an end date.
qqq.New ZIP Code	10	85 - 94	#####-#### Format; Is present when TRC is 305
25. District Office Code	3	97 – 99	Code of the originating district office; Present only when Transaction Type Code is 53; otherwise, spaces if not applicable.
26. Previous Part D Contract/PBP for TrOOP Transfer.	8	100 – 107	CCCCPPP Format; Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field is spaces. CCCCC = Contract Number; PPP = Plan Benefit Package (PBP) Number.
27. Filler	8	108 – 115	Spaces
28. Source ID	5	116 – 120	Transaction Source Identifier
29. Prior Plan Benefit Package ID	3	121 – 123	Prior PBP number; present only when transaction is a PBP change; otherwise, spaces if not applicable.
30. Application Date	8	124 – 131	The date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
31. UI User Organization Designation	2	132 – 133	'01' = Plan '02' = Regional Office; '03' = Central Office; Spaces = not UI transaction
32. Out of Area Flag	1	134	'Y' = Out of area; 'N' = Not out of area; Space = not applicable
33. Segment Number	3	135 – 137	Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable.
34. Part C Beneficiary Premium	8	138 – 145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.

Field	Size	Position	Description
35. Part D Beneficiary Premium	8	146 – 153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.
36. Election Type	1	154	‘A’ = AEP; ‘D’ = MADP; ‘E’ = IEP; ‘F’ = IEP2; ‘I’ = ICEP; ‘O’ = OEP; ‘N’ = OEPNEW; ‘T’ = OEPI; ‘R’ = 5 Star SEP; ‘S’ = Other SEP; ‘U’ = Dual/LIS SEP; ‘V’ = Permanent Change in Residence SEP; ‘W’ = EGHP SEP; ‘X’ = Administrative Action SEP; ‘Y’ = CMS/Case Work SEP; Space = not applicable. (MAs use I, A, N, O, R, S, T, U, V, W, X, and Y. MAPDs use I, A, D, E, F, N, O, R, S, T, U, V, W, X, Y. PDPs use A, E, F, R, S, U, V, W, X, and Y.)
37. Enrollment Source	1	155	‘A’ = Auto enrolled by CMS; ‘B’ = Beneficiary Election; ‘C’ = Facilitated enrollment by CMS; ‘D’ = CMS Annual Rollover; ‘E’ = Plan initiated auto-enrollment; ‘F’ = Plan initiated facilitated-enrollment; ‘G’ = Point-of-sale enrollment; ‘H’ = CMS or Plan reassignment; ‘I’ = Invalid submitted value (transaction is not rejected); Space = not applicable.
38. Part D Opt-Out Flag	1	156	‘Y’ = Opt-out of auto-enrollment; ‘N’ = Not opted out of auto-enrollment; Space = No change to opt-out status
39. Premium Withhold Option/Parts C-D	1	157	‘D’ = Direct self-pay; ‘S’ = Deduct from SSA benefits; ‘R’ = Deduct from RRB benefits; ‘O’ = Deduct from OPM benefits; ‘N’ = No premium applicable; Option applies to both Part C and D Premiums; Space = not applicable.
40. Number of Uncovered Months	3	158 – 160	Count of Total Months without drug coverage; otherwise, spaces if not applicable.
41. Creditable Coverage Flag	1	161	‘Y’ = Member has creditable coverage; ‘N’ = Member does not have creditable coverage; ‘R’ = Setting uncovered months to zero due to a new IEP; ‘U’ = Setting uncovered months to the value prior to using R; Space = not applicable.
42. Employer Subsidy Override Flag	1	162	‘Y’ = Beneficiary is in a Plan receiving an employer subsidy, flag allows enrollment in a Part D Plan; Space = no flag submitted by Plan.
43. Processing Timestamp	15	163 – 177	Transaction processing time, or, for TRCs 121, 194, and 223, the report generation time. Format: HH.MM.SS.SSSSSS
44. Filler	20	178 – 197	Spaces

Field	Size	Position	Description
45. Secondary Drug Insurance Flag	1	198	<p>Type 61 MA-PD and PDP transactions: ‘Y’ = Beneficiary has secondary drug insurance; ‘N’ = Beneficiary does not have secondary drug insurance available; Space = No flag submitted by Plan.</p> <p>Type 72 MA-PD and PDP transactions: ‘Y’ = Secondary drug insurance available ‘N’ = No secondary drug insurance available Space = no change.</p> <p>Space returned with any other transaction type has no meaning.</p>
46. Secondary Rx ID	20	199 – 218	Beneficiary’s secondary insurance Plan’s ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
47. Secondary Rx Group	15	219 – 233	Beneficiary’s secondary insurance Plan’s Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
48. EGHP	1	234	<p>Type 61 transactions: ‘Y’ = EGHP; Space = not EGHP.</p> <p>Type 74 transactions: ‘Y’ = EGHP; ‘N’ = Not EGHP; Space = no change.</p> <p>Space reported with any other transaction type has no meaning.</p>
49. Part D Low-Income Premium Subsidy Level	3	235 – 237	<p>Part D low-income premium subsidy percentage category: ‘000’ = No subsidy, ‘025’ = 25% subsidy level; ‘050’ = 50% subsidy level; ‘075’ = 75% subsidy level; ‘100’ = 100% subsidy level; Spaces = not applicable.</p>
50. Low-Income Co-Pay Category	1	238	<p>Definitions of the co-payment categories: ‘0’ = none, not low-income ‘1’ = (High); ‘2’ = (Low); ‘3’ = (0); ‘4’ = 15%; ‘5’ = Unknown; Space = not applicable.</p>
51. Low-Income Period Effective Date	8	239 - 246	<p>Date low income period starts. Format: YYYYMMDD Spaces if not applicable.</p>
52. Part D Late Enrollment Penalty Amount	8	247 - 254	<p>Calculated Part D late enrollment penalty, not including adjustments indicated by items (53) and (54). Format: -9999.99; otherwise, spaces if not applicable.</p>

Field	Size	Position	Description
53. Part D Late Enrollment Penalty Waived Amount	8	255 - 262	Amount of Part D late enrollment penalty waived. Format: -9999.99; otherwise, spaces if not applicable.
54. Part D Late Enrollment Penalty Subsidy Amount	8	263 - 270	Amount of Part D late enrollment penalty low-income subsidy. Format: -9999.99; otherwise, spaces if not applicable.
55. Low-Income Part D Premium Subsidy Amount	8	271- 278	Amount of Part D low-income premium subsidy as of the enrollment period start date. Format: -9999.99; otherwise, spaces if not applicable.
56. Part D Rx BIN	6	279 - 284	Beneficiary's Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
57. Part D Rx PCN	10	285 - 294	Beneficiary's Part D Rx PCN taken from the input transaction (61, or 72); otherwise, spaces if not provided via a transaction.
58. Part D Rx Group	15	295 - 309	Beneficiary's Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
59. Part D Rx ID	20	310 - 329	Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
60. Secondary Rx BIN	6	330 - 335	Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
61. Secondary Rx PCN	10	336 - 345	Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction type.
62. De Minimis Differential Amount	8	346 - 353	Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark. Format: -9999.99; otherwise, spaces if not applicable.
63. Filler	1	354	Spaces
64. Low Income Period End Date	8	355 - 362	Date low income period closes. The end date is either the last day of the PBP enrollment or the last day of the low income period itself, whichever is earlier. This field is blank for LIS applicants with an open ended award or when the TRC is not one of the LIS TRCs 121, 194, 223. FORMAT: YYYYMMDD; otherwise, spaces if not applicable.
65. Low Income Subsidy Source Code	1	363	'A' = Approved SSA applicant; 'D' = Deemed eligible by CMS; Space = not applicable.
66. Enrollee Type Flag, PBP Level	1	364	Designation relative to the report generation date (Transaction Date, field #22) 'C' = Current PBP enrollee; 'P' = Prospective PBP enrollee; 'Y' = Previous PBP enrollee; Spaces = not applicable.
67. Application Date Indicator	1	365	Identifies whether the application date associated with a UI submitted enrollment has a system generated default value: 'Y' = Default value for UI enrollment; Space = Not applicable
68. TRC Short Name	15	366 - 380	TRC's short-name identifier
69. Filler	94	381 - 474	Spaces

Field	Size	Position	Description
70. System Assigned Transaction Tracking ID	11	475 - 485	System assigned transaction tracking ID.
71. Plan Assigned Transaction Tracking ID	15	486 - 500	Plan submitted batch input transaction tracking ID.

The Plan Payment Report Data File

Item	Data Element	Position	Length	Type	Description
HEADER RECORD					
1	Contract Number	1-5	5	Character	Contract Number
2	Record Identification Code	6-6	1	Character	Record Type Identifier H = Header Record
3	Contract Name	7 – 56	50	Character	Name of the Contract
4	Payment Cycle Date	57 – 62	6	Character	Identified the month and year of payment: Format = YYYYMM
5	Run Date	63 – 70	8	Character	Identifies the date file was created: Format = YYYYMMDD
6	Filler	71 – 200	130	Character	Spaces
CAPITATED PAYMENT – CURRENT ACTIVITY					
7	Contract Number	1-5			Contract Number
8	Record Identification Code	6-6			Record Type Identifier C = Capitated Payment
9	Table ID Number	7-7			1
10	Adjustment Reason Code	8-9			Blank = Prospective Payment For a list of current MMR Adjustment Reason Codes (ARC) consult the Medicare Advantage and Prescription Drug Plan Communications Users Guide.
11	Part A Total Members	10-17	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part A payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
12	Part B Total Members	18-25	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part B payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9

Item	Data Element	Position	Length	Type	Description
13	Part D Total Members	26-33	8	Numeric	<ul style="list-style-type: none"> If ARC is Blank, the Number of beneficiaries receiving a prospective Part D payment. If ARC is not blank, the number of adjustment records for this ARC. Format: ZZZZZZZ9
14	Part A Payment Amount	34-46	13	Numeric	Total Part A Amount Format: SSSSSSSS9.99
15	Part B Payment Amount	47-59	13	Numeric	Total Part B Amount Format: SSSSSSSS9.99
16	Part D Payment Amount	60-72	13	Numeric	Total Part D Amount Format: SSSSSSSS9.99
17	Coverage Gap Discount Amount	73-85	13	Numeric	The Coverage Gap Discount included in Part D Payment. Format: SSSSSSSS9.99
18	Total Payment	86- 98	13	Numeric	Total Payment Format: SSSSSSSS9.99
19	Filler	99 – 200	102	Character	Spaces
PREMIUM SETTLEMENT					
20	Contract Number	1 – 5	5	Character	Contract Number
21	Record Identification Code	6 – 6	1	Character	Record Type Identifier P = Premium Settlement
22	Table ID Number	7 – 7	1	Character	2
23	Part C Premium Withholding Amount	8 – 20	13	Numeric	Total Part C Premium Amount Format: SSSSSSSS9.99
24	Part D Premium Withholding Amount	21 – 33	13	Numeric	Total Part D Premium Amount Format: SSSSSSSS9.99
25	Part D Low Income Premium Subsidy	34 – 46	13	Numeric	Total Low Income Premium Subsidy Format: SSSSSSSS9.99
26	Part D Late Enrollment Penalty	47 – 59	13	Numeric	Total Late Enrollment Penalty (Direct Bill Members Only) Format: SSSSSSSS9.99
27	Total Premium Settlement Amount	60 – 72	13	Numeric	Total Premium Settlement Format: SSSSSSSS9.99
28	Filler	73 – 200	128	Character	Spaces
FEES					
29	Contract Number	1 – 5	5	Character	Contract Number
30	Record Identification Code	6 – 6	1	Character	Record Type Identifier F = FEES
31	Table ID Number	7 – 7	1	Character	3
32	NMEC Part A Subject to Fee	8 – 20	13	Numeric	Part A amount subject to National Medicare Educational Campaign fees.

Item	Data Element	Position	Length	Type	Description
					Format:ZZZZZZZZZ9.99
33	NMEC Part A Rate	21 – 27	7	Numeric	Rate used to calculate the fees for Part A. Format: 0.99999
34	Part A Fee Amount	28 – 40	13	Numeric	Fee Assessed for Part A Format:SSSSSSSS9.99
35	NMEC Part B Subject to Fee	41 – 53	13	Numeric	Part B amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
36	NMEC Part B Rate	54 – 60	7	Numeric	Rate used to calculate the fees for Part B. Format: 0.99999
37	Part B Fee Amount	61 – 73	13	Numeric	Fee Assessed for Part B Format: SSSSSSSS9.99
38	NMEC Part D Subject to Fee	74 – 86	13	Numeric	Part D amount subject to National Medicare Educational Campaign fees. Format: ZZZZZZZZZ9.99
39	NMEC Part D Rate	87 – 93	7	Numeric	Rate used to calculate the fees for Part D. Format: 0.99999
40	Part D Fee Amount	94 – 106	13	Numeric	Fee Assessed for Part D Format: SSSSSSSS9.99
41	Total NMEC Fee Assessed	107 – 119	13	Numeric	Total NMEC Fee Assessed for Part A, B and D Format: SSSSSSSS9.99
42	Total Prospective Part D Members	120 – 127	8	Numeric	Total members for Part D Format: ZZZZZZZ9
43	Rate for COB Fees	128 – 131	4	Numeric	Rate used to calculate the COB fees, per Prospective Part D Member. Format: 0.99
44	Amount of COB Fees	132 – 144	13	Numeric	COB Fee Format: SSSSSSSS9.99
45	Total of Assessed Fees	145 – 157	13	Numeric	Total of all Fees Assessments Format: SSSSSSSS9.99
46	Filler	158 – 200	43	Character	Spaces
SPECIAL ADJUSTMENTS					
47	Contract Number	1 – 5	5	Character	Contract Number
48	Record Identification Code	6 – 6	1	Character	Record Type Identifier S = Special Adjustments
49	Table ID Number	7 – 7	1	Character	4
50	Document ID	8 – 15	8	Numeric	The document ID for identifying the adjustment.
51	Source	16-20	5	Character	The CMS division responsible for initiating the adjustments.
52	Description	21 – 70	50	Character	The reason the adjustment was made.
53	Type	71 – 90	20	Character	The type of adjustment. CMP = Civil Monetary Penalty

Item	Data Element	Position	Length	Type	Description
					CST = Cost Plan Adjustment PRS = Annual Part D Reconciliation RSK = Risk Adjustment PTD= Part D Risk Adjustment CGD = Coverage Gap Discount Invoice OTH = Other, non-specific type
54	Adjustment to Part A	91 – 103	13	Numeric	Adjustment amount for Part A Format: SSSSSSSS9.99
55	Adjustment to Part B	104 – 116	13	Numeric	Adjustment amount for Part B Format: SSSSSSSS9.99
56	Adjustment to Part D	117 – 129	13	Numeric	Adjustment amount for Part D. Format: SSSSSSSS9.99
57	Part C Premium Withholding, Part A Portion	130 - 142	13	Numeric	Adjustment amount for Part C Premium Withholding, Part A portion. Format: SSSSSSSS9.99
58	Part Premium C Withholding, Part B Portion	143 – 155	13	Numeric	Adjustment amount for Part C Premium Withholding, Part B portion. Format: SSSSSSSS9.99
59	Part D Premium Withholding	156 – 168	13	Numeric	Adjustment amount for Part D Premium Withholding. Format: SSSSSSSS9.99
60	Part D Low Income Premium Subsidy	169 - 181	13	Numeric	Adjustment amount for Part D Low Income Premium Subsidy. Format: SSSSSSSS9.99
61	Total Adjustment Amount	182 – 194	13	Numeric	Total Adjustments Format: SSSSSSSS9.99
62	Filler	195 – 200	6	Character	Spaces
Previous Cycle Balance Summary					
63	Contract Number	1 – 5	5	Character	Contract Number
64	Record Identification Code	6 – 6	1	Character	Record Type Identifier L = Last Period Carry Over Amounts carried over to this month from previous months
65	Table ID Number	7 – 7	1	Character	5
66	Part A Carry Over Amount	8 – 20	13	Numeric	Part A Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
67	Part B Carry Over Amount	21 – 33	13	Numeric	Part B Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
68	Part D Carry Over Amount	34 – 46	13	Numeric	Part D Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99
69	Part C Premium Withholding Carry Over Amount	47 – 59	13	Numeric	Part C Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
70	Part D Premium Withholding Carry Over Amount	60 – 72	13	Numeric	Part D Premium Withholding Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
71	Part D Low Income Premium Subsidy Carry Over Amount	73 – 85	13	Numeric	Part D Low Income Premium Subsidy Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
72	Part D Late Enrollment Penalty Carry Over Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
73	Education User Fee Carry Over Amount	99 – 111	13	Numeric	Education User Fee Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
74	Part D COB User Fee Carry Over Amount	112 – 124	13	Numeric	Part D COB User Fee Carry Over Amount - Previous Balance Column. Format:SSSSSSSS9.99
75	CMS Special Adjustments Carry Over Amount	125 – 137	13	Numeric	CMS Special Adjustments Carry Over Amount - Previous Balance Column. Format: SSSSSSSSS9.99
76	Total Carry Over Amount	138 – 150	13	Numeric	Sum of amounts in Previous Balance Column Format: SSSSSSSSS9.99
77	Filler	151 – 200	50	Character	Spaces.
Payment Summary					
78	Contract Number	1 – 5	5	Character	Contract Number
79	Record Identification Code	6 – 6	1	Character	Record Type Identifier A = Payment Summary Amounts included in this month's payment from Tables 1 thru 4 plus Carry Over (from Previous Balance Column).
80	Table ID Number	7 – 7	1	Character	5
81	Part A Amount	8 – 20	13	Numeric	Part A amount - Net Payment Column. Format: ZZZZZZZZZ9.99
82	Part B Amount	21 – 33	13	Numeric	Part B amount - Net Payment Column. Format: ZZZZZZZZZ9.99
83	Part D Amount	34 – 46	13	Numeric	Part D amount - Net Payment Column. Format: ZZZZZZZZZ9.99
84	Part C Premium Withholding Amount	47 – 59	13	Numeric	Part C Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99
85	Part D Premium Withholding Amount	60 – 72	13	Numeric	Part D Premium Withholding Amount - Net Payment Column. Format: ZZZZZZZZZ9.99

Item	Data Element	Position	Length	Type	Description
86	Part D Low Income Premium Subsidy Amount	73 – 85	13	Numeric	Part D Low Income Subsidy Amount - Net Payment Column. Format: ZZZZZZZZ9.99
87	Part D Late Enrollment Penalty Amount	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount - Net Payment Column. Format: SSSSSSSS9.99
88	Education User Fee Amount	99 – 111	13	Numeric	Education User Fee Amount - Net Payment Column. Format: SSSSSSSS9.99
89	Part D COB User Fee Amount	112 – 124	13	Numeric	Part B COB Fee Amount - Net Payment Column. Format: SSSSSSSS9.99
90	CMS Special Adjustments Amount	125 – 137	13	Numeric	CMS Special Adjustments Amount - Net Payment Column. Format: SSSSSSSS9.99
91	Total Net Payment	138 – 150	13	Numeric	Sum of amounts in Net Payment Column. This is the plan's Net Payment Amount for this month. If the amount is negative, the payment will be carried forward. Format: SSSSSSSS9.99
92	Filler	151 – 200	50	Character	Spaces.
Payment Balance Carried Forward					
93	Contract Number	1 – 5	5	Character	Contract Number
94	Record Identification Code	6 – 6	1	Character	Record Type Identifier N = Balance Carried Forward to Next Cycle. Amounts carried forward (and not paid) to next month from this month
95	Table ID Number	7 – 7	1	Character	5
96	Part A Amount Carry Forward	8 – 20	13	Numeric	Part A Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
97	Part B Amount Carry Forward	21 – 33	13	Numeric	Part B Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
98	Part D Amount Carry Forward	34 – 46	13	Numeric	Part D Amount Carry Forward - Balance Forward Column. Format: SSSSSSSS9.99
99	Part C Premium Withholding Amount Carry Forward	47 – 59	13	Numeric	Part C Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99
100	Part D Premium Withholding Amount Carry Forward	60 – 72	13	Numeric	Part D Premium Withholding Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99
101	Part D Low Income Premium Subsidy Amount Carry Forward	73 – 85	13	Numeric	Part D Low Income Subsidy Amount Carry Forward -Balance Forward Column. Format: SSSSSSSS9.99

Item	Data Element	Position	Length	Type	Description
102	Part D Late Enrollment Penalty Amount Carry Forward	86 – 98	13	Numeric	Part D Late Enrollment Penalty Amount Carry Forward - Balance Forward Column. Format: SSSSSSSSS9.99
103	Education User Fee Amount Carry Forward	99 – 111	13	Numeric	Education User Fee Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
104	Part D COB User Fee Amount Carry Forward	112 – 124	13	Numeric	Part B COB Fee Amount Carry Forward - Balance Forward Column. Format:SSSSSSSS9.99
105	CMS Special Adjustments Amount Carry Forward	125 – 137	13	Numeric	CMS Special Adjustments Amount Carry Forward -Balance Forward Column. Format: SSSSSSSSS9.99
106	Total Carry Forward Amount	138 – 150	13	Numeric	Sum of amounts in Balance Forward Column Format: SSSSSSSSS9.99
107	Filler	151 – 200	50	Character	Spaces.

Monthly LIS History Datafile – Attachment I

Field Name	Size	Position	Format	Description
HEADER RECORD				
Record Type	1	1	CHAR	‘H’ = Header Record
MCO Contract Number	5	2-6	CHAR	MCO Contract Number
Data file Date	8	7-14	CHAR	Date this datafile created; Format: YYYYMMDD
Calendar Month	6	15-20	CHAR	First 6 digits contain Calendar Month the report generated; Format: YYYYMM
Filler	145	21-165	CHAR	SPACES
DETAIL RECORD				
*** PLAN IDENTIFICATION				
Record Type	1	1	CHAR	‘D’ = Detail Record
MCO Contract Number	5	2-6	CHAR	MCO Contract Number
Plan Benefit Package Number	3	7-9	CHAR	Plan Benefit Package Number , Blank when beneficiary premium profile is not available.
*** BENEFICIARY IDENTIFICATION				
HIC Number	12	10-21	CHAR	Beneficiary’s HIC #
Surname	12	22-33	CHAR	Beneficiary’s Surname
First Name	7	34-40	CHAR	Beneficiary’s First Initial
Middle Initial	1	41	CHAR	Beneficiary’s Middle Initial
Sex	1	42	CHAR	M = Male, F = Female
Date of Birth	8	43-50	CHAR	Date of Birth; Format: YYYYMMDD
*** LOW INCOME PERIODS				
Low Income Period Start Date	8	51-58	CHAR	Start of beneficiary’s Low Income Period; Format: YYYYMMDD
Low Income Period End Date	8	59-66	CHAR	End of beneficiary’s Low Income Period; Format: YYYYMMDD
Low Income Premium Subsidy Percentage	3	67-69	CHAR	Beneficiary’s Low Income Premium Subsidy Percentage ‘100’ = 100% Premium subsidy ‘075’ = 75% Premium subsidy ‘050’ = 50% Premium subsidy ‘025’ = 25% Premium subsidy
Premium Low Income Subsidy Amount	8	70-77	CHAR	Premium Low Income Subsidy Amount – the portion of the Part D basic premium paid by the Government on behalf of a low income individual. A zero dollar amount here represents several possibilities: 1. There is no plan premium and thus no premium subsidy. 2. Although the beneficiary is enrolled and LIS eligible, a system error occurred making premium data unavailable. Premium Low Income Subsidy Amount will be spaces when no data is available. Format: 99999.99

Monthly LIS History Datafile – Attachment I

Field Name	Size	Position	Format	Description
Low Income Co-pay Level ID	1	78	CHAR	Co-Payment Category Definitions: ‘1’ = High ‘2’ = Low ‘3’ = \$0 ‘4’ = 15% Please note that co-pay level IDs 1 and 2 will change each year. In 2007, 1 = \$2.15/\$5.35 and 2 = \$1/\$3.10. In 2006 1 = \$2/\$5 and 2 = \$1/\$3.
Beneficiary Source of Subsidy Code	1	79	CHAR	Source of beneficiary subsidy. Valid values are: ‘A’ = Determined Eligible for LIS by the Social Security Administration or Medicaid Agency ‘D’ = Deemed Eligible for LIS
LIS Activity Flag	1	80	CHAR	‘N’ = No change in reported LIS data since last month’s data file ‘Y’ = One of the following <u>may have</u> changed since the last month’s data file <ul style="list-style-type: none"> • Co-payment level • Low-income premium subsidy level • Low-income period start or end date Changes happen to low-income information that is of no interest to the Plan. Changes are not yet separable from variations in which the Plan is interested. As a result, data records can be flagged as representing a change when, in fact, the change of interest to the Plan is unaffected.
PBP Start Date	8	81-88	CHAR	Plan Benefit Package(PBP) enrollment effective start date Format: YYYYMM
Net Part D Premium Amount	8	89-96	CHAR	Net Part D Premium Amount which is the total Part D premium net of any P rebates minus the beneficiary’s premium subsidy amount. Spaces when the premium record is not available. Format: 99999.99
Contract Year	4	97-100	CHAR	Calendar Year associated with the low income premium subsidy amount; Format : YYYY
Institutional Indicator	1	101	CHAR	Institutional Indicator sent in by the states on the Dual-MDCR file. Valid values: ‘1’ = Yes ‘2’ = No ‘3’ = Home & Community Based SVCS ‘9’ or blank = N/A
PBP End Date	8	102 – 109	CHAR	Plan Benefit Package(PBP) enrollment termination date Format: YYYYMM
FILLER	56	110-165	CHAR	Spaces
TRAILER RECORD				
Record Type	1	1	CHAR	‘T’ = Trailer Record
MCO Contract Number	5	2-6	CHAR	MCO Contract Number
Totals	8	7-14	CHAR	Total number of Detail Records; Format: 99999999
FILLER	151	15-165	CHAR	Spaces

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