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Medicare Advantage Prescription Drug State User Guide

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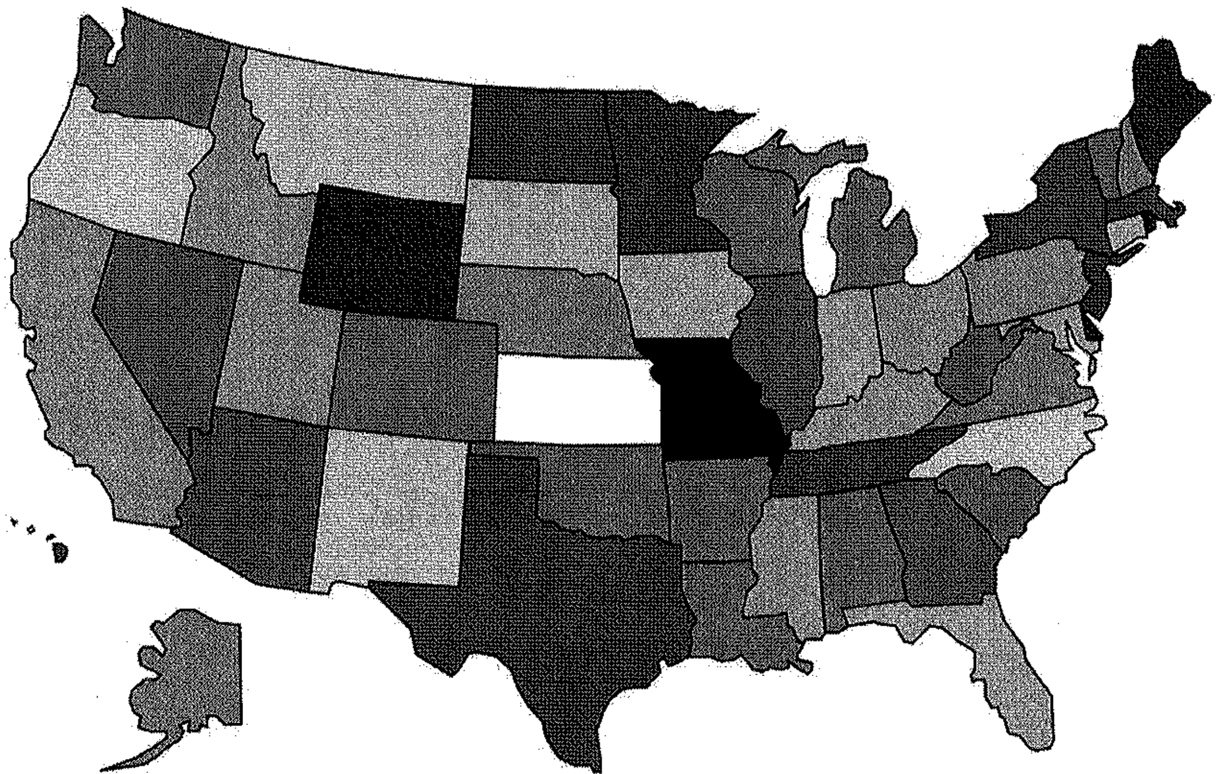

Change Log

Section	Changes
Global	Updated the version to 7.0. Updated the publication date to February 28, 2018. Updated Table of Contents, Figures, and Tables.
1 – Introduction	
2 – Using MARx UI	
3 – Entitlement, Enrollment, Disenrollment Codes	
4 – Technical Instructions for Submitting Files	
5 – State MMA Request File Timing and Content	
6 – MMA Request File	Section 6.1.1. Updated the information for the Beneficiary Matching Criteria.
7 – MMA Response File	Section 7.5: Added values to the Beneficiary's MBI Effective Reason Code and Beneficiary's MBI End Reason Code fields in the MMA Response File Detail Record layout. Updated the description of the Secondary Match Indicator (field 241) in the MMA Response File Detail Record layout.
8 – BEQ Request File	Section 8.3: Updates to the Beneficiary ID field name and description in the BEQ Request Detail Record layout.
9 – BEQ Response File	Section 9.3: Updates to the Beneficiary ID field name and description and the addition of the Active MBI field in the BEQ Response Detail Record layout.
10 – TBQ Request File	
11 – TBQ Response File	Section 11.3: Added values to the Beneficiary's MBI Effective Reason Code and Beneficiary's MBI End Reason Code fields in the TBQ Response File Detail Record layout.
12 – Puerto Rico Dual Eligibles File	
13 – Glossary, Acronyms, State Codes	

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1 Introduction

1.1 Document Overview

The Medicare Advantage Prescription Drug (MAPD) State Users Guide (SUG) provides information for all of the fifty states, the District of Columbia, and Puerto Rico's Medicaid Agencies (States) Users regarding the use of the Centers for Medicare & Medicaid Services (CMS) Medicare Advantage Prescription Drug System (MARx). The SUG was specifically developed for individuals with the "***State User***" role in MARx.

The SUG provides instructions for use of the MARx User Interface (UI) System, including screenshots and screen content descriptions. States may use the MARx UI to obtain online Medicare eligibility, enrollment, and prescription drug information for beneficiaries.

Beginning with the May 2017, Version 6.0, the SUG also contains information about the data files that are exchanged between the States and CMS to submit the monthly dual-eligible enrollment, and to request eligibility, entitlement, and enrollment information.

1.2 Document Organization

Section 1, Introduction, provides general information about the organization and content of this document.

Section 2, Using the Medicare Advantage Prescription Drug User Interface (MARx UI) System, provides information for State Users to access enrollment, eligibility, and 4Rx information for beneficiaries.

Section 3, Entitlement Status, Enrollment, and Disenrollment Reason Codes, provides Medicare Part A and Part B Entitlement, Non-Entitlement, Enrollment, and Disenrollment codes.

Section 4, Technical Instructions for Submitting State Data for Medicare Modernization Act (MMA) Provisions, provides information for the States when exchanging files with CMS.

Section 5, State MMA Request File Timing and Content, provides information about the timing and content for the MMA Request File.

Section 6, MMA Request File, provides file layout information for the MMA Request File, the monthly file(s) the States must send with the dual eligible beneficiaries enrolled in their State.

Section 7, MMA Response File, provides file layout information for the MMA Response File sent by CMS to the State in response to their MMA Request file.

Section 8, Batch Eligibility Query (BEQ) Request File, provides information about the BEQ Request File sent by the State to request eligibility information.

Section 9, Batch Eligibility Query (BEQ) Response File, provides information about the BEQ Response File sent by CMS to the State in response to its BEQ Request file.

Section 10, Territory Beneficiary Query (TBQ) Request File, provides information about the TBQ Request File sent by the State to request entitlement and enrollment information.

Section 11, Territory Beneficiary Query (TBQ) Response File, provides information about the TBQ Response File sent by CMS to the State in response to its TBQ Request file.

Section 12, Puerto Rico Dual Eligibles File Process, provides information about the specific process for Puerto Rico Dual Eligibles Request and Response File data exchanges.

Section 13, Glossary, List of Acronyms, and State Codes, provides a glossary, list of acronyms, and state codes used throughout the SUG.

1.3 Contacting the MAPD Help Desk

The MAPD Help Desk provides technical system support to States for the use of the MARx UI and file exchanges.

Contact the MAPD Help Desk at mapdhelp@cms.hhs.gov or 1-800-927-8069.

Visit the MAPD Help Desk website at http://go.cms.gov/mapdhelpdesk.

4 Submitting State Data for Medicare Modernization Act (MMA) Provisions

Note: The State Monthly File is often referred to as the MMA file, the State Phase Down (SPD) file, or the Enrollment File. For purposes of consistency, the SUG uses the term **MMA file**.

4.1 State Monthly MMA File Submission Requirements

CMS data collection for MMA implementation will be met by each of the fifty states and the District of Columbia Medicaid Agencies (hereafter referred to as **States**) submitting at least one monthly file. States have the option to submit a single monthly MMA file including all known dual eligibles, or multiple MMA files throughout the month (up to one per day). Multiple files are intended to give the States the opportunity to provide current information on updated dual eligibility status. Multiple submittals should represent only those beneficiary person-months with changes in status. CMS expects that many States will opt to submit a large initial file including the bulk of enrollments for the reporting month, and smaller incremental files providing updates for changes in dual eligibility status (additions, deletions, or changes). States should not submit multiple full replacement files as CMS will not be able to process the files.

The monthly files will address the following program needs:

- Dual Eligible Enrollment.
- Phased Down State Calculation.
- State Low Income Subsidy (LIS) Applications.

4.2 Dual Eligible Enrollment

The monthly MMA file submittals will include all Medicare/Medicaid dual eligibles in the State (full benefit) as well as Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), and Qualified Individual (QI) (partial benefits), PROspective (PRO) records, and State Low-Income Subsidy (LIS) applications for Part D subsidy processed since the last MMA file was created. This will allow CMS to establish the LIS status of dual eligibles, and to perform auto-assignment of beneficiaries to Medicare Part D plans.

4.3 Phased Down State Calculation

One of the purposes for which the State's monthly MMA file submission will be used is to calculate the State's Phase-Down contribution payment. The Phase-Down process requires a monthly count of all full benefit dual eligibles with an active Part D plan enrollment in the month. CMS will make this selection of records using dual eligibility status codes contained in the person-month record to identify all full-benefit dual eligibles (codes 02, 04 and 08). In the

case where in a given month, multiple records were submitted for the same beneficiary in multiple file submittals, the last record submitted for that beneficiary shall be used to determine the final effect on the Phase-Down count.

4.4 State LIS Applications

The file may also include records for those beneficiaries for whom the State has made a low-income subsidy determination since the last file was created. A record for each Medicare Part D LIS application processed during the month by the State must be included in the file.

States are strongly encouraged to use the SSA subsidy application (SSA-1020) for subsidy applicants unless a beneficiary specifically requests the State make the subsidy determination using a State application form. States should ask applicants if they have already applied for the subsidy with SSA and, if so, urge them to wait for a decision from SSA. However, if the applicant insists on filing with the State prior to an SSA decision, the State must comply. If a beneficiary requests a State determination or refuses to use the SSA application, the State must use its own application and process the case using Federal LIS income, family size, and resource rules. The State follows its process for taking applications. The State is then responsible for notices, appeals, and redeterminations for subsidy cases it has determined using a State application form.

5 State MMA Request File Timing and Content

Sections 5 through 11 pertain to the fifty states and the District of Columbia process of exchanging data with CMS. Section 12 provides information specific to the process for Puerto Rico to exchange data with CMS.

5.1 MMA Request File Timing

Each State will send at least one MMA Request file to CMS between the first and the end of the enrollment month. If a State submits only one file, this submittal must be a complete monthly dual eligible enrollment file. If a State chooses to submit multiple files, a State may either submit one complete MMA Request file and submit subsequent files including only file accretions and deletions, or a State may conceivably also submit multiple files throughout the month each consisting only of partial enrollments, as long as the accrual of all those file submission would deliver, by month's end, a complete representation of all dual eligible enrollment in the State for that month.

If the State submits multiple MMA Request files per any given month, once a file has been accepted, any subsequent submissions in the same month will be treated as a unique submission and processed like the first file. For each State file accepted and processed successfully, CMS will send a MMA Response file within 24 to 48 hours. CMS will process all files nightly for the deeming and auto-assignment process. Resulting enrollment transactions shall be sent daily with the exception of Sundays to the Part D Plans. CMS does not change the content (180 bytes) of data sent by the States.

Files that are rejected based on data quality validation must be resubmitted to CMS by the last day of the month if this is to be the sole submission of the month.

If a State submits a file on the last day of the month, and it is received on or after the cutoff processing time, the file will be processed the first day of the subsequent month. The cutoff processing times are:

State File Cutoff Processing Times	
Last Day of Month	**Cutoff Processing Time**
Weekday (including holidays)	6:00 PM Eastern Time
Saturday or Sunday	1:00 PM Eastern Time

Thus if a file is submitted to CMS on January 31, 2013, at 11 pm Eastern Standard Time (EST), it would not be processed until February 1, and all DETail (DET) records submitted as 'current' for January 2013 would now be treated as retroactive records, any (one month into the future)

DET records would be processed as current records. If no file is successfully submitted for the month, CMS will project enrollment from the prior month's file and apply retroactive updates based on the subsequent months' submittals for the purpose of the Phase-Down calculation.

5.2 MMA Request File Content

The Record Identification Code field will identify if the record is an enrollment detail record (DET) for a known dual eligible or future Medicaid eligible (not to exceed one month into the future), a PROspective full dual (PRO) or a Low-Income Subsidy (LIS) determination record. Medically-needy and other spend-down beneficiaries who have not met their incurred liability for the month and are in inactive enrollment status for the reporting month should not be included. Below are the types of records States should include in its file:

- Current DET Records
- Retro DET Records
- Future DET Records
- LIS Records
- PRO Records

5.2.1 Current DET records

States must include a person-month record for each beneficiary eligible for the current reporting month. If a State submits only one file per month, the Medicaid Eligibility Status Field must be populated with 'Y'. If a State submits multiple files per month, the Medicaid Eligibility Status Field can be populated with a 'Y' or 'N'. For example, if a beneficiary was submitted as a Current DET record in a previous submission during the current reporting month as a 'Y', but the State discovered the beneficiary was not Medicaid eligible, the State may correct the eligibility status by resubmitting the beneficiary's record with an 'N' in the Medicaid Eligibility Status Field for the current reporting month within the same month.

5.2.2 Retro DET records

Additionally, all files will include a full person-month record to report information on changes in the circumstances for beneficiaries that were effective in a prior month. These records are referred to as 'retroactive' records and will be identified in the monthly file by the effective month and year to which the retroactive record data are to be applied. Illustrative examples of possible situations that would lead to retroactive changes include:

1. A beneficiary not previously reported who was determined by the State to be retroactively eligible three months prior to the reporting month.
2. A beneficiary having a change in dual status code two months prior to the reporting month, but for whom the State was not aware of the change until the reporting month.

3. A beneficiary who was previously reported eligible but is deceased or ineligible for another reason.

In each of these cases, the MMA Request file will include a complete person-month record for that beneficiary for the current month, and a second (or more, as needed) record providing a replacement record for the effective month and year of the change.

For example, in the January 2013 reporting month file due by January 31, a dual eligible that became retroactively eligible in October 2012, the State would submit a full, complete record for each month of eligibility through the reporting month i.e., four records (October 2012 – January 2013). Since this is a replacement record, the record will include data in all required fields; not just those fields that have changed. A beneficiary who was reported eligible for November but was discovered in December to be deceased during the full month of November would have a change record for November showing an eligibility status of ineligible (coded value of 'N') for the November enrollment month.

NOTE: CMS is only able to process records up to 36 months of retroactivity from the current reporting month. Any records older than 36 months will be rejected.

5.2.3 Future DET records

The file(s) may also include Medicare beneficiaries who will be identified as Medicaid beneficiaries one month into the future.

5.2.4 LIS records

The MMA Request file submittal may also include all State LIS applications for Part D subsidy processed since the last file was created.

5.2.5 PRO records

States should include beneficiaries in state Medicaid programs who are not known to be full dual eligibles, but are Medicaid eligibles approaching an age (64 and seven months or older in the reporting month) or disability status that is likely to lead to a future determination of full dual eligibility. See **Sections 5.3 – 5.6** for detailed information on PRO Records.

5.3 PROspective Full Dual Eligibles

One of the concerns related to the monthly MMA reporting cycle is the effect on Medicaid-only beneficiaries who transition to dual eligible status and the difficulty in ensuring a seamless transition in drug coverage. This section will clarify a few key elements that are part of the submission, as well as processing, of these PROspective records.

The State should only submit PROspective records for beneficiaries with full Medicaid benefits; i.e., beneficiaries who, if they have Medicare coverage, would be full dual eligibles. Do not include beneficiaries who would only represent partial dual eligibles: i.e., QMB-only, SLMB-only, or QIs. In the Dual Status Code field in the PRO record, include a full dual eligible status code (i.e., 02-QMB plus, 04-SLMB plus, or 08-Other) which best describes the dual status assuming that beneficiary is Medicare eligible.

5.4 PRO Enrollment Process

By including these PROspective beneficiaries on the MMA Request file(s), CMS will be able to return information to the States in the MMA Response files for beneficiaries already in Medicare and those projected to get Medicare coverage in the near future. CMS will also be able to set up subsidy status and auto-enroll beneficiaries into a Part D plan so their coverage will be in place when they become Part D eligible.

This is a process that has been advocated by many States to help minimize the transitional drug coverage issues for beneficiaries becoming eligible for Part D. This process also provides an opportunity to better synchronize State information on Medicare enrollment.

5.5 Submission of PRO Records

In order for CMS to successfully process a PRO record the following field requirement must be met in the MMA Request Detail Record (See Section 6.4):

- Record Identification Code (item 1, positions 1-3) must contain 'PRO'.
- Eligibility Month/Year (item 2, positions 4-9) of submission must be the CURRENT PROCESSING MONTH/YEAR. CMS will reject past or future dates.
- Record must contain a 'Y' in the Eligibility Status field (item 3, position 10)
- Record must contain a valid Social Security Number (item 6, positions 27-35). This field cannot be 9-filled or blank.
- Record must contain a valid Date of Birth (item 13, positions 108-115). If date of birth is unknown, enter best available data. This policy applies to DET records as well. Records containing no date of birth or incorrect birth date format will be rejected.
- Record must contain a valid Dual Status Code (item 14, positions 116-117) of '02', '04' or '08'. CMS will reject any other dual status codes.

Based on this coding, these records will be subjected to special processing. This processing will bypass counting for the Phased-Down State contribution but will allow CMS to prospectively auto-enroll these beneficiaries and to establish an appropriate Part D LIS level. These records will also be excluded from the file acceptance threshold for a 90-percent Medicare match rate.

PRO records may be submitted in any order within the monthly MMA Request file(s). They may be intermingled with the monthly DET records or separated. CMS will sort the file upon receipt and process each record per the Record Identification Code, item 1 (DET, PRO, LIS).

The information on Medicare status (for Medicare Parts A, B, C and D) will be returned to the State in the normal response file format. For records which do not match Medicare records, the Medicare enrollment information will be blank. For records having current Medicare enrollment, all available enrollment information will be returned on the response file, including any prospective enrollment dates derived from the SSA prospective enrollment information.

NOTE: Medicare enrollment systems can only return auto-enrollment information for prospective periods two months prior to the enrollment effective date.

Once a beneficiary is identified as a prospective full dual, the beneficiary should be submitted with a Record Identification Code of 'DET' in the first month Medicare eligibility is effective. If a beneficiary is identified on the response file as having current or retroactive Medicare coverage, submit retroactive 'DET' records covering the missed months of dual eligibility status. Full duals submitted as 'DET' records should not be submitted as 'PRO' records for the same eligibility month.

5.6 Processing of Returned PRO Records

Once the State has submitted its PRO records to CMS for processing, CMS will respond by returning a PRO record for each PRO record submitted, regardless if found on CMS Medicare Beneficiary Database (MBD). A State will receive PRO statistics in the Summary Record, Section 7.6. The layout has been changed to accommodate PRO processing.

Record Return Summary Codes 000009 – 000012 apply to PRO records only. See Record Return Summary Code (item 55, positions 229-234) in Section 7.5 for descriptions.

Valid PRO records that have been matched to the database will contain the same information as matched DETail records: Part A/B/C Entitlement dates, Beneficiary Identifier (MBI), Health Insurance Claim Number (HICN), SSNs, End Stage Renal Disease (ESRD), Part C, Part D, etc.

For matched PRO records, a State should submit a DET record once the period of current dual eligibility has been reached and the beneficiary is assigned to a Part D Plan (PDP). This information is contained in the Eligibility Information for Parts A/B and D in the MMA Response File. If, for example, a PRO record is returned in the December Response File as matched (Record Return Code = '000000' or '000001') and the Part A/B/D Entitlement Start Date is 01/01/2013, it is anticipated that a DETail record will be submitted for this beneficiary in the January 2013 file.

Valid PRO records which were matched and are found to be PART A/B entitled within two months of submission, will be auto-assigned to a PDP. Auto-assignment may only occur up to two months into the future. For example, if a beneficiary PRO record was submitted in a December 2012 State File and was found to be PART A/B/D entitled 03/01/2013, the beneficiary would be submitted to the deeming process the evening of file submission, and be returned in the MMA Response file within 24 – 48 hours with a deeming onset date of 03/01/2013. The enrollment information would be available in any January created MMA Response file, given the beneficiary is submitted by the State at some point in January. This auto-assignment to a Part D Plan (PDP) would occur even if the beneficiary is not resubmitted after December's submission.

If the eligibility date is more than two months into the future, CMS will not auto-assign them until the appropriate time frame has been reached (for this example, any record with a future entitlement date beyond March 2013). Deeming, however, will occur when the record is received for the appropriate time span, regardless if onset is more than two months into the future.

Already existing eligibility/enrollment may be returned for beneficiaries submitted by a State on a PRO record of which a State was otherwise not aware. When that occurs, the State should submit retroactive monthly DET records covering the newly-identified period of dual eligibility in the following month's MMA Request file submission.

6 MMA Request File

6.1 Special Key Fields/User Tips for the MMA Request File

6.1.1 Beneficiary Matching Criteria

Key beneficiary fields are used to perform a match between the State's incoming beneficiary record to the CMS Medicare Beneficiary Database (MBD).

Primary Match Routine

The Primary Match routine uses the values for the following demographic fields from the beneficiary's MMA Request record to find a match for the beneficiary in the Medicare database:

- Beneficiary Identifier (HICN, RRB, or MBI).
- Individual SSN.
- Date of Birth.
- Sex Code.

After searching to find a match for the beneficiary, the Primary Match routine returns a response to the MBDSS State Phase Down process indicating the outcome of the search. Based on the response it receives, the MBDSS State Phase Down process will take the following actions:

- If the Primary Match routine returns a response that it finds a unique match for the beneficiary and the beneficiary does not reside in the Archive database, the MBDSS State Phase Down process will perform the updates under the matched beneficiary's record.
- If the Primary Match routine returns a response that it finds a unique match for the beneficiary and the beneficiary resides in the Archive database, the MBDSS State Phase Down process will reject the beneficiary's MMA Request record.
- Otherwise, the MBDSS State Phase Down process continues its attempt to find a match for the beneficiary by invoking the Secondary Match routine.

Secondary Match Routine

The Secondary Match routine uses the values for the following demographic fields from the beneficiary's MMA Request record to find a match for the beneficiary in the Medicare database:

- Beneficiary Identifier (HICN, RRB, or MBI).
- Individual SSN.
- First six (6) characters of the Individual Last Name.
- First character of the Individual First Name.
- Sex Code.

After searching to find a match for the beneficiary, the Secondary Match routine returns a response to the MBDSS State Phase Down process indicating the outcome of the search. Based

on the response it receives, the MBDSS State Phase Down process will take the following actions:

- If the Secondary Match routine returns a response that it finds a unique match for the beneficiary and the beneficiary does not reside in the Archive database, the MBDSS State Phase Down process will perform the updates under the matched beneficiary's record.
- Otherwise, the MBDSS State Phase Down process will reject the beneficiary's MMA Request record.

An unsuccessful beneficiary match prevents CMS from sending beneficiary information back to the State in the Response File.

6.1.2 Institutional Status Indicator

The *Institutional Status Indicator* is an indicator of a nursing facility, ICFMR (inpatient psychiatric hospital) or home and community based services. Information about the indicator:

- Values are 'Y', 'N' or 'H' – A value of 'Y' indicates that the beneficiary was enrolled in a Medicaid paid institution for the full reporting month, or is projected by the State to remain in the institution for the remainder of the month.
- A value of 'H' (HCBS) is valid for an eligibility month/year no earlier than January 2012, in which a full-benefit dual eligible beneficiary received home and community based services. This includes home and community based services delivered under a section 1115 demonstration, under a 1915(c) or (d) waiver, under a State plan amendment under 1915(i), or through enrollment in a Medicaid managed care organization with a contract under section 1903(m) or under section 1932 of the Social Security Act.

This is a key field in establishing correct beneficiary copays. States need to submit not only accurate current-month institutional status, but retroactive records reflecting institutional status changes in prior months. This is necessary to ensure that there is closure on the Part D Plan's responsibility for copay amounts during the span of coverage. States that submit retroactive records in their files are asked to cover any unreported past changes in institutional status. For example, if a State has reported a beneficiary for the first time as having institutional status in February, even though the first full month in the institution was January, a retroactive enrollment record is needed showing this update.

6.2 MMA Request File Dataset Naming Conventions

System	Type	Size	Frequency	MMA Request File Dataset Naming Conventions
MBD	Data File	180	PRN (States can send multiple files in a day)	P#DDP.IN.EFT.ELIGIBLE.CMSxx.DYYMMDD.THHMMSST where xx = Postal State Code.

This file includes the following records:

- MMA Request File Header Record
- MMA Request File Detail Record
- MMA Request File Trailer Record

6.3 MMA Request File Header Record Layout

MMA Request File Header Record					
Item	**Field**	**Size**	**Position**	**Format**	**Valid Values**
1	Record Identification Code	3	1-3	CHAR	MMA.
2	State Code	2	4-5	CHAR	US Postal Service State Abbreviation. Example = MD. See **Table 15-3, State Codes**.
3	Create Month	2	6-7	NUM	Month the file is created.
4	Create Year	4	8-11	NUM	Year the file is created.
5	Filler	169	12-180	CHAR	Spaces

6.4 MMA Request File Detail Record Layout

MMA Request File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Valid Values**
1	Record Identification Code	3	1-3	CHAR	DET – Beneficiary is eligible for Medicare and is currently eligible for Medicaid or will be eligible for Medicaid within the next month. PRO – Beneficiary is eligible for full Medicaid benefits and although not known to the State as dually eligible is at least 64 years and seven months old or has a disability-related condition. LIS – Beneficiary has undergone a low income subsidy determination within the current month.
2	Eligibility Month/Year	6	4-9	NUM	Calendar month/year for applicable Medicaid eligibility for DET and PRO records; MMCCYY. Enter the effective month/year of the change for each retroactive record. Retroactive changes must be submitted to reflect prior month changes in one or more of the following fields: • Eligibility Status. • HICN/RRB/MBI. • Social Security Number. • Sex. • Date of Birth. • Dual Status Code. • Federal Poverty Level (FPL) % Indicator. • Institutional Status Indicator. Retroactive records must include replacement values for ALL fields for that record, NOT just for the fields that have changed.
3	Eligibility Status	1	10	CHAR	For DET and PRO records Y – Beneficiary is eligible for Medicaid for that eligibility Month/Year. N – Beneficiary is not eligible for Medicaid for that eligibility Month/Year. CMS will reject a PRO record with 'N' in this field.

MMA Request File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Valid Values**
4	Beneficiary's Identifier	15	11-25	CHAR	• Health Insurance Claim Number (HICN) • Railroad Retirement Board (RRB) Number • Medicare Beneficiary Identifier (MBI) Whichever the State has active and available for the beneficiary.
5	Beneficiary Identifier Indicator Code	1	26	CHAR	A code that indicates the type of identifier used for the beneficiary. The value should be one of the following. • H (HICN). • R (RRB Number). • M (MBI). • Space (Unknown).
6	Social Security Number	9	27-35	NUM	Beneficiary's SSN. CMS will reject a record with no SSN if there is no Beneficiary Identifier (Field 4) reported.
7	State Medicaid Agency (SMA) Identifier	20	36-55	CHAR	Beneficiary's State Medicaid Agency Enrollee Identifier. This field is optional as CMS does not use.
8	Beneficiary's First Name	12	56-67	CHAR	Beneficiary's first name (first 12 letters). This entry is used only for beneficiary secondary match.
9	Beneficiary's Last Name	20	68-87	CHAR	Beneficiary's last name (first 20 letters). This entry is used only for beneficiary secondary match.
10	Beneficiary's Middle Name	15	88-102	CHAR	Beneficiary's middle name (first 15 letters).
11	Beneficiary's Suffix Name	4	103-106	CHAR	Beneficiary's suffix name (first four letters). Examples – 'JR', 'III'.
12	Beneficiary's Gender	1	107	CHAR	Beneficiary's gender: M = Male. F = Female. U = Unknown. 9 = Unknown. Note: U and 9 can be used interchangeably. This entry is used for beneficiary match.
13	Beneficiary's Date of Birth	8	108-115	NUM	Enter the beneficiary's date of birth; MMDDCCYY. CMS will reject a detail record without a date of birth or with an invalid date of birth.

MMA Request File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Valid Values**
14	Beneficiary's Dual Status Code	2	116-117	NUM	Enter one of the following values for DET records: 01 – Eligible is entitled to Medicare – QMB only. 02 – Eligible is entitled to Medicare – QMB and full Medicaid coverage. 03 – Eligible is entitled to Medicare – SLMB only. 04 – Eligible is entitled to Medicare – SLMB and full Medicaid coverage. 5 – Eligible is entitled to Medicare – QDWI. 6 – Eligible is entitled to Medicare – Qualifying beneficiaries. 8 – Eligible is entitled to Medicare –Other Full Dual Eligibles with full Medicaid coverage. 9 – Eligible is entitled to Medicare – Other Dual Eligibles but without Medicaid coverage, includes Pharmacy Plus and 1115 drug-only demonstration. States should submit a PRO record only for a beneficiary with full Medicaid benefits, that is, a beneficiary who if he /she had Medicare would qualify for a full dual status code of '02', '04' or '08'. CMS will reject PRO records with any other dual codes.
15	Federal Poverty Level Percentage Indicator	1	118	NUM	Enter one of the following values for DET and PRO record types: 1 – Beneficiary's income at or below 100% FPL. 2 – Beneficiary's income above 100% FPL. 9 – Unknown. Do not derive this value from the Dual Status Code.
16	Drug Coverage Indicator	1	119	NUM	Enter '9' in this field. This field is not used by CMS.

MMA Request File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Valid Values**
17	Institutional Status Indicator	1	120	CHAR	Enter one of the following values for DET and PRO records: Y – Beneficiary is institutionalized in a nursing facility, intermediate care facility or inpatient psychiatric hospital for the entire span of eligibility for the month. Only full-benefit dual eligibles will receive the $0 co-pay. N – Beneficiary is not institutionalized in a nursing facility, intermediate care facility or inpatient psychiatric hospital for the entire span of eligibility for the month. H (Home and Community Based) – Beneficiary is receiving home and community based services at any period during the month ('H' can be used for Eligibility Month/Year of January 2012 and later.) 9 – Unknown.
18	LIS Application Approval Code	1	121	CHAR	For LIS records Y – Beneficiary's subsidy application is approved. N – Beneficiary's subsidy application is not approved.
19	LIS Approved/ Disapproved Date	8	122-129	NUM	MMDDCCYY For LIS records, enter date that State approved or disapproved low-income subsidy application.
20	LIS Start Date	8	130-137	NUM	MMDDCCYY For LIS records, enter the date that the subsidy begins. The day of this entry must be the first day of the month in which the State received the application.

MMA Request File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Valid Values**
21	LIS End Date	8	138-145	NUM	MMDDCCYY For LIS records, enter the date that the subsidy ends. The day of this entry must be the last day of the month in which the subsidy ends. This field is not required and should be left blank or filled with 9s unless the State has a definite knowledge of when the subsidy award ends.
22	Income as % of FPL	3	146-148	NUM	For LIS records Enter percentage of income to Federal Poverty Level (FPL) as defined by Federal LIS income determination policy.
23	LIS Level	3	149-151	NUM	For LIS records Enter one of the following values to describe the portion of Part D premium subsidized, based on sliding scale linked to FPL %: 100 – under 136 % FPL, 075 – 136%-140%, 050 – 141%-145%, and 025 – 146%-149%.
24	Income Used for Determination	1	152	CHAR	For LIS records 1 – Income used for determination is based on the beneficiary. 2 – Income used for determination is based on the couple.
25	Resource Level	1	153	CHAR	For LIS records 1 – Beneficiary's resource limit is over the limit. 2 – Beneficiary's resource limit is under the limit.
26	Basis of Part D Subsidy Denial	1	154	CHAR	For LIS records Enter the reason that the State denied the subsidy application: 1 – Not enrolled in Medicare Part A or Part B (NAB). 2 – Does not reside in the USA (NUS). 3 – Failure to cooperate (FTC). 4 – Resources too high (RES). 5 – Income too high (INC).

MMA Request File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Valid Values**
27	Result of an Appeal	1	155	CHAR	For LIS records Y – This record is the result of an appeal. N – If a Y is not entered.
28	Change to Previous Determination	1	156	CHAR	For LIS records Y – This record changes a determination sent previously. N or 9 – This record does not change a determination sent previously. This is a future element.
29	Determination Cancelled	1	157	CHAR	For LIS records Y – This record cancels previously sent record. N – If Y not entered.
30	Filler	23	158-180	CHAR	Spaces

6.5 MMA Request File Trailer Record Layout

MMA Request File Trailer Record					
Item	**Field**	**Size**	**Position**	**Format**	**Valid Values**
1	Record Identification Code	3	1-3	CHAR	TRL
2	Record Count	8	4-11	NUM	Total number of DET, PRO and LIS records in the file.
3	State Code	2	12-13	CHAR	US Postal Service State Abbreviation. Example = MD. See Table **15-3, State Codes.**
4	Create Month	2	14-15	NUM	Month the file is created.
5	Create Year	4	16-19	NUM	Year the file is created.
6	Filler	161	20-180	CHAR	Spaces.

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7 MMA Response File

7.1 MMA Response File Specifications

This file will be automatically returned to the State upon the successful processing of a MMA Request File through the same electronic file transfer used to submit the file to CMS. There may be a delay in sending the response file based upon job scheduling.

The content of the MMA Response file will include the following:

1. 7.4 – MMA Response File Header Record with identifying information, record count summaries, and a copy of the incoming MMA Request file header record.
2. 7.5 – MMA Response File Detail Record:
   a. Copy of the incoming MMA Request file detail record.
   b. Series of edit error return codes.
   c. Data from the MBD.
3. 7.6 – MMA Response File Summary Record including record validation and matching outcomes.
4. 7.7 – MMA Response File Monthly Summary Record count by month for each month of enrollment information on the MMA Request file.
5. 7.8 – MMA Response File Trailer Record with identifying information and a copy of the incoming MMA Request file trailer record.

7.2 Special Key Fields/User Tips for the MMA Response File

7.2.1 Medicare Part D Enrollment Indicator

The Medicare Part D Enrollment Indicator, item 57, position 236 on the MMA Response Detail record, can have the following values:

- Value will be '0' for dual eligibles who are enrolled in a Part D plan during eligibility month/year.
- Value will be '1' for dual eligibles who are not enrolled in a Part D Plan during eligibility month/year.

7.2.2 Managed Care Organization (MCO) (10 Occurrences)

The MCO Occurrences, items 143-154 on the MMA Response Detail record contains both Medicare Advantage Plans, Program for All Inclusive Care for the Elderly (PACE) and Demo enrollments offering and not offering Part D drug benefits. The information represents the overall contract/organization within which a beneficiary may have a choice of Plans (Plan Benefit Packages or PBPs). If a rollover from a non-drug covering plan into one that does

occurs, the enrollment effective date of the MCO would not change but the enrollment periods of the affected PBPs would be updated.

The first occurrence is the active (current or future) or most recent Medicare MCO coverage (i.e. plan enrollment). Presently, this section is populated with Medicare Part C and Medicare Part D Organizations enrollments. The organizations can be distinguished by the first position of Beneficiary MCO Number (contract level) (field 145, positions 1479-1483):

H – Local Medicare Advantage (MA), local MAPD, or non-MA Plan
9 – Non-MA Plan (no longer assigned)
R – Regional MA or MAPD Plan
S – Regular standalone Prescription Drug Plan (PDP)
E – Employer direct PDP
X – Limited-Income Newly Eligible Transition (LiNET)

7.2.3 Plan Benefit Package Enrollment (10 Occurrences)

The Plan Benefit Package Enrollment Occurrence, items 155-168, lists the various PBP enrollments within the given MCO periods mentioned above:

- The most recent plan enrollment will reside in Occurrence 1, followed by historical enrollments.
- Presently, this section is populated with Medicare Part C offering no drug coverage as well as offering drug coverage and Part D standalone plans.
- It is possible for a beneficiary to have two open enrollment periods, one signifying a managed care plan offering no drug coverage and a PDP standalone. In that case, the MCO contract numbers will be different.
- Updated list of values for the PBP Coverage Type Code (item 159, positions 1700-1701):
  NF – Pay bill option was not found for the contract.
  3 – CCP – Coordinated Care Plan.
  4 – MSA – Medicare Medical Savings Account.
  05 – PFFS – Private Fee For Service.
  06 – PACE – Program of All Inclusive Care for the Elderly.
  07 – Regional Plan.
  08 – DEMO – Demonstration.
  09 – FFS – Fee For Service.
  10 – Cost/HCPP – Cost/Health Care Prepayment Plan.
  11 – PDP Election – Part D Drug Plan Election.
  12 – Chronic Care Demo.
  13 – MSA Demo – Medicare Medical Savings Account Demonstration.
  14 – MMP – Medicare Medicaid Plan.

7.2.4 Part D Plan Benefit Package (10 Occurrences)

The Part D Plan Benefit Package Occurrences (items 207-220) will list the Part D Plans which also triggers the Medicare Part D Eligibility Indicator (item 56) to reflect a '0', denoting 'Part D Enrollment found'.

This area of the response file describes the various PBP enrollments within the given PDP only periods:

- The most active plan enrollment will reside in Occurrence 1, followed by historical enrollments.
- Presently, this section is populated with Medicare Part C offering drug coverage as well as Part D standalone plans
- It is possible for a beneficiary to have two open enrollment periods, one signifying a managed care plan offering no drug coverage and a PDP standalone. In that case, the MCO contract numbers will be different.
- Updated list of values Beneficiary Enrollment Type Code (item 211):

Values for Enrollment Type Code:

A – Beneficiary was auto-enrolled by CMS (full duals).
B – Beneficiary elected plan (overrides auto enrolled plan).
C – Facilitated enrollment: CMS facilitates enrollment of partial duals into a PDP.
D – System (plan) generated enrollment: the beneficiary is in a plan and either the contract or PBP # is changing and they are rolled over automatically into the new number. This usually occurs at the end of the calendar year (which coincides with contract year), when contracts/plans may transition to new numbers.
E – Plan submitted auto-enrollments.
F – Plan submitted facilitated enrollments.
G – Point of Sale (POS) submitted enrollments.
H – CMS or Plan submitted re-assignment enrollments.
I – Non-MMP Plan submitted transactions with enrollment source other than any of the following: B, E, F, G, and blank.
J – State submitted MMP passive enrollment.
K – CMS submitted MMP passive enrollment.
L – Beneficiary MMP election.
M – Default for FA Demo Plan enrollments submitted without an Enrollment Source Code (M is not submitted on an enrollment).

7.3 MMA Response File Dataset Naming Conventions

System	Type	Size	Frequency	MMA Response File Dataset Naming Conventions
MBD	Data File	4000	Response to MMA Request File.	P#EFT.ON.CDxx.PHASEDWN.DYYMMDD.THHMMSST where xx = Postal State Code

This file includes the following records:

- MMA Response File Header Record
- MMA Response File Detail Record
- MMA Response File Summary Record
- MMA Response File Monthly Summary Record
- MMA Response File Trailer Record

7.4 MMA Response File Header Record Layout

MMA Response File Header Record					
Item	Field	Size	Position	Format	Description
1	Record Identification Code	3	1-3	CHAR	SRF
2	File Process Timestamp	26	4-29	CHAR	The exact time that the State file is processed. Format: CCYY-MM-DD-hh.mm.ss.nnnnnn. CCYY – Year. MM – Month. DD – Day. hh – Hour. mm – Minute. ss – Second. nnnnnn – Microsecond.
3	File Accept Indicator	1	30	CHAR	Y – The State file to CMS is accepted.
4	Filler	1	31	CHAR	
5	Total Records in State File	8	32-39	NUM	The total number of DET and LIS records in the file. Note: This count excludes PRO records. Total Records = Valid Records + Invalid Records. Total Records – Matched Records + Not Matched Records

MMA Response File Header Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
6	Duplicate Records in State File	8	40-47	NUM	The total number of duplicate DET and LIS records in the State file. This count excludes PRO records.
7	Non-Duplicate Records in State File	8	48-55	NUM	The total number of non-duplicate DET and LIS detail records in the State file. This count excludes PRO records.
8	Valid Records in State File	8	56-63	NUM	The total number of valid DET and LIS records in the State file. This count excludes PRO records.
9	Invalid Records in State File	8	64-71	NUM	The total number of invalid DET and LIS records in the State file. This count excludes PRO records.
10	Matched Records in State File	8	72-79	NUM	The total number of DET and LIS records in the files that are successfully matched to a beneficiary on the Active Medicare Beneficiary Database. This count excludes PRO records.
11	Not Matched Records in State File	8	80-87	NUM	The total number of DET and LIS records in the files that are not matched to a beneficiary on the Active Medicare Beneficiary Database. This count excludes PRO records.
12	File Create Month	2	88-89	NUM	Month the file is created.
13	File Create Year	4	90-93	NUM	Year the file is created.
14	Filler	22	94-115	CHAR	
Start of Original MMA Request File Header Record					
15	Record Identification Code	3	116-118	CHAR	A copy of the header record in the incoming file is displayed in positions 116-295.
16	State Code	2	119-120	CHAR	
17	Create Month	2	121-122	NUM	
18	Create Year	4	123-126	NUM	
19	Filler	169	127-295	CHAR	
End of Original MMA Request File Header Record					

MMA Response File Header Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
20	Filler	3705	296-4000	CHAR	

7.5 MMA Response File Detail Record Layout

Note: The Medicare Beneficiary Identifier (MBI), items 312 – 321, will not be populated until February, 2018.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
Start of Original MMA Request File Detail Record					
1	Record Identification Code	3	1-3	CHAR	A copy of the detail record in the incoming file is displayed in positions 1-180.
2	Eligibility Month/Year	6	4-9	NUM	MMCCYY
3	Eligibility Status	1	10	CHAR	
4	Beneficiary's Identifier	15	11-25	CHAR	
5	Beneficiary Identifier Indicator Code	1	26	CHAR	
6	Beneficiary's Social Security Number	9	27-35	NUM	
7	SMA Identifier	20	36-55	CHAR	
8	Beneficiary's First Name	12	56-67	CHAR	
9	Beneficiary's Last Name	20	68-87	CHAR	
10	Beneficiary's Middle Name	15	88-102	CHAR	
11	Beneficiary's Suffix Name	04	103-106	CHAR	
12	Beneficiary's Gender	01	107	CHAR	
13	Beneficiary's Date of Birth	8	108-115	NUM	MMDDCCYY
14	Dual Status Code	2	116-117	NUM	
15	FPL Percentage Indicator	1	118	NUM	
16	Drug Coverage Indicator	1	119	NUM	
17	Institutional Status Indicator	1	120	CHAR	
18	LIS Application Approval Code	1	121	CHAR	
19	LIS Approved/Disapproved Date	8	122-129	NUM	MMDDCCYY
20	LIS Start Date	8	130-137	NUM	MMDDCCYY
21	LIS End Date	8	138-145	NUM	MMDDCCYY
22	Income as % of FPL	3	146-148	NUM	
23	LIS Level	3	149-151	NUM	
24	Income used for Determination	1	152	CHAR	
25	Resource Level	1	153	CHAR	

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
26	Basis of LIS Denial	1	154	CHAR	
27	Result of an Appeal	1	155	CHAR	
28	Change to Previous Determination	1	156	CHAR	
29	Determination Cancelled	1	157	CHAR	
30	Filler	23	158-180	CHAR	
End of Original MMA Request File Detail Record					
Start of Error Return Codes (ERC)					
31	Record Identification Code ERC	2	181-182	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. Note: Detail record is valid if ERC = 00.
32	Eligibility Month/Year ERC	2	183-184	CHAR	00 – Value is valid. 02 – Value is not numeric. 04 – Date is unknown. 05 – Eligibility Month/Year combination for PRO record not current month/year. 10 – Value is future. 11 – Month value is not within range of 01-12. 20 – Year < 2004. 37 – Month/year combination > 36 months. 99 – LIS record not scanned. Note: Detail record is valid if ERC = 00 or 99.
33	Eligibility Status ERC	2	185-186	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. 06 – PRO record Eligibility Status ≠'Y'. 99 – LIS record not scanned. Note: Detail record is valid if ERC = 00 or 99.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
34	Beneficiary's Identifier ERC	2	187-188	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. 03 – Field is empty. Note: Detail record is valid if ERC = 00. Detail record is also valid if ERC = 01 or 03 and Social Security ERC = 00.
35	Beneficiary Identifier Indicator Code ERC	2	189-190	CHAR	CMS does not use Beneficiary Identifier Indicator Code.
36	Beneficiary's SSN ERC	2	191-192	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. 2 – Value is not numeric. 03 – Value is missing. Note: Detail record is valid if ERC = 00. Detail record is also valid if ERC = 01, 02 or 03 and Beneficiary's Identifier ERC = 00.
37	Beneficiary's Gender ERC	2	193-194	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. Note: Detail record is valid if ERC = 00.
38	Beneficiary's Date of Birth ERC	2	195-196	CHAR	00 – Value is valid. 02 – Value is not numeric. 04 – Date is unknown. 10 – Value is future. 11 – Month value is not within range of 01-12. 12 – Day value is out of range. 21 – Year < 1899. Note: Detail record is valid if ERC = 00 or 21.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
39	Dual Status Code ERC	2	197-198	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. 07 – PRO record with Dual Status Code ≠02, 04 or 08 40 – DET record has dual status code of 99 99 – LIS record not scanned. Note: Detail record is valid if ERC = 00, 40 or 99.
40	FPL % Indicator ERC	2	199-200	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. 99 – LIS record not scanned. Note: Detail record is valid if ERC = 00 or 99.
41	Drug Coverage Indicator ERC	2	201-202	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. 99 – LIS record not scanned. Note: Detail record is valid if ERC = 00 or 99.
42	Institutional Status Indicator ERC	2	203-204	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. 99 – LIS record not scanned. Note: Detail record is valid if ERC = 00 or 99.
43	LIS Application Approval Code ERC	2	205-206	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. 98 – DET or PRO record not scanned. Note: Detail record is valid if ERC = 00 or 98.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
44	LIS Approved/Disapproved Date ERC	2	207-208	CHAR	00 – Value is valid. 02 – Value is not numeric. 04 – Date is unknown. 10 – Value is future. 11 – Month value is not within range of 01-12. 12 – Day value is out of range. 31 – Value is later than Low-Income Subsidy End Date. 98 – DET or PRO record not scanned. Note: Detail record is valid if ERC = 00 or 98.
45	LIS Start Date ERC	2	209-210	CHAR	00 – Value is valid. 02 – Value is not numeric. 04 – Date is unknown. 11 – Month value is not within range of 01-12. 12 – Day value is out of range. 31 – Value is later than Low-Income Subsidy End Date. 36 – Value is earlier than January 1, 2006. 37 – Day value is not first day of the month. 98 – DET or PRO record not scanned. Note: Detail record is valid if ERC = 00, 37 or 98.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
46	Part D End Date ERC	2	211-212	CHAR	00 – Value is valid. 02 – Value is not numeric. 04 – Date is unknown. 11 – Month value is not within range of 01-12. 12 – Day value is out of range. 33 – Value is earlier than Low-Income Subsidy Approved/Disapproved Date. 34 – Value is earlier than Low-Income Subsidy Effective Date. 35 – Value is earlier than Low-Income Subsidy Approved/Disapproved Date and Low-Income Subsidy Effective Date 98 – DET or PRO record not scanned. Note: Detail record is valid if ERC = 00 or 98.
47	Income as % of FPL ERC	2	213-214	CHAR	00 – Value is valid. 02 – Value is not numeric 98 – DET or PRO record not scanned. Note: Detail record is valid if ERC = 00 or 98.
48	LIS Level ERC	2	215-216	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. 98 – DET or PRO record not scanned. Note: Detail record is valid if ERC = 00 or 98.
49	Income Used for Determination ERC	2	217-218	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. 98 – DET or PRO record not scanned. Note: Detail record is valid if ERC = 00 or 98

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
50	Resource Level ERC	2	219-220	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. 98 – DET or PRO record not scanned. Note: Detail record is valid if ERC = 00 or 98.
51	Basis of Part D Subsidy Denial ERC	2	221-222	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. 98 – DET or PRO record not scanned. Note: Detail record is valid if ERC = 00 or 98.
52	Result of an Appeal ERC	2	223-224	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. 98 – DET or PRO record not scanned. Note: Detail record is valid if ERC = 00 or 98.
53	Change to Previous Determination ERC	2	225-226	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. 98 – DET or PRO record not scanned Note: Detail record is valid if ERC = 00 or 98.
54	Determination Cancelled ERC	2	227-228	CHAR	0 – Value is valid. 1 – Value is not in Valid Value Set. 98 – DET or PRO record not scanned. Note: Detail record is valid if ERC = 00 or 98.
End of Error Return Codes (ERC)					

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
Start of CMS Response fields from MBD					
55	Record Return Summary Code	6	229-234	CHAR	This field is an assessment of the detail record. **000000**: DET, PRO or LIS record is accepted with no errors or warnings. **000001**: DET, PRO or LIS record is accepted with warnings. **000002**: Detail record is rejected because Record Identification Code is not DET, PRO or LIS. **000003**: DET, PRO or LIS record is rejected because it was not matched. (May indicate a mismatch on the submitted date of birth.) **000004**: DET record is rejected: record has no entry in required field or has entry that does not pass validation edits. **000005**: LIS record is rejected: record has no entry in required field or has entry that does not pass validation edits. **000006:** DET record is rejected: record is a duplicate of another DET record. **000007**: LIS record is rejected: record is a duplicate of another LIS record. **000009**: PRO record is rejected: record has no entry in required field or has entry that does not pass validation edits. **000010**: PRO record is rejected: record is a duplicate of another PRO record.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
55 Cont.	Record Return Summary Code Cont.				**000011**: PRO Record is rejected: record is a duplicate of a DET record in same file. **000012:** PRO record is rejected: record is a duplicate of a DET record in previous file.
56	Medicare Part D Eligibility Indicator	1	235	CHAR	Values: 0 – Beneficiary is eligible for Medicare Part D. 1 – Beneficiary is not eligible for Medicare Part D. For DET and PRO records, this field indicates the presence of Medicare Part D eligibility during the Eligibility Month/Year.
57	Medicare Part D Enrollment Indicator	1	236	CHAR	Values: 0 – Beneficiary is enrolled in a Medicare Part D plan. 1 – Beneficiary is not enrolled in a Medicare Part D plan. For DET and PRO records, this field indicates Medicare Part D enrollment during the Eligibility Month/Year.
Beneficiary Identification – The remainder of this record is filled if the beneficiary is found in the active MBD. The remainder of the record is filled with spaces (alpha numeric fields) and zeroes (numeric fields) if the beneficiary is not found in the active MBD. Additionally, the Archive Indicator is set to 'A' if the beneficiary is found in the Archived Database.					
58	Beneficiary's Claim Account Number	9	237-245	CHAR	The number identifying the primary Medicare beneficiary under the SSA or RRB programs. This number along with the Beneficiary Identification Code uniquely identifies a Medicare beneficiary.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
59	Beneficiary's Identification Code (BIC)	2	246-247	CHAR	A code that is used in conjunction with the Beneficiary CAN to uniquely identify a Medicare beneficiary. The BIC Code establishes the beneficiary's relationship to a primary SSA or RRB wage earner and is used to justify entitlement to Medicare benefits.
60	Beneficiary's Birth Date	8	248-255	NUM	MMDDCCYY
61	Beneficiary's Death Date	8	256-263	NUM	MMDDCCYY
62	Beneficiary's Gender	1	264	CHAR	Values: 0 – Unknown 1 – Male 2 – Female
63	Beneficiary's First Name	30	265-294	CHAR	First name of the Medicare beneficiary
64	Beneficiary's Middle Name	1	295	CHAR	Middle initial of the Medicare beneficiary
65	Beneficiary's Last Name	40	296-335	CHAR	Last name of the Medicare beneficiary including any titles or suffixes.
Cross Reference Numbers (10 occurrences). First occurrence is the active/most recent cross reference Medicare number.					
66	Cross-Reference Beneficiary Claim Account Number (Occurrence 1)	9	336-344	CHAR	An additional beneficiary claim account number associated with the Medicare beneficiary. The beneficiary's entitlement has been cross-referenced from this number to the beneficiary's active claim account number.
67	Cross-Reference Beneficiary Identification Code (Occurrence 1)	2	345-346	CHAR	The beneficiary's identification code associated with the Medicare beneficiary's cross-referenced claim account number.
68	Cross-Reference Beneficiary Claim Account Number (Occurrence 2)	9	347-355	See item 66.	
69	Cross-Reference Beneficiary Identification Code (Occurrence 2)	2	356-357	See item 67.	

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
70	Cross-Reference Beneficiary Claim Account Number (Occurrence 3)	9	358-366	See item 66.	
71	Cross-Reference Beneficiary Identification Code (Occurrence 3)	2	367-368	See item 67.	
72	Cross-Reference Beneficiary Claim Account Number (Occurrence 4)	9	369-377	See item 66.	
73	Cross-Reference Beneficiary Identification Code (Occurrence 4)	2	378-379	See item 67.	
74	Cross-Reference Beneficiary Claim Account Number (Occurrence 5)	9	380-388	See item 66.	
75	Cross-Reference Beneficiary Identification Code (Occurrence 5)	2	389-390	See item 67.	
76	Cross-Reference Beneficiary Claim Account Number (Occurrence 6)	9	391-399	See item 66.	
77	Cross-Reference Beneficiary Identification Code (Occurrence 6)	2	400-401	See item 67.	
78	Cross-Reference Beneficiary Claim Account Number (Occurrence 7)	9	402-410	See item 66.	
79	Cross-Reference Beneficiary Identification Code (Occurrence 7)	2	411-412	See item 67.	
80	Cross-Reference Beneficiary Claim Account Number (Occurrence 8)	9	413-421	See item 66.	
81	Cross-Reference Beneficiary Identification Code (Occurrence 8)	2	422-423	See item 67.	
82	Cross-Reference Beneficiary Claim Account Number (Occurrence 9)	9	424-432	See item 66.	
83	Cross-Reference Beneficiary Identification Code (Occurrence 9)	2	433-434	See item 67.	

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
84	Cross-Reference Beneficiary Claim Account Number (Occurrence 10)	9	435-443	See item 66.	
85	Cross-Reference Beneficiary Identification Code (Occurrence 10)	2	444-445	See item 67.	
Social Security Numbers (5 most recent occurrences)					
86	Beneficiary Social Security Number (Occurrence 1)	9	446-454	NUM	The beneficiary's identification number that was assigned by SSA.
87	Beneficiary Social Security Number (Occurrence 2)	9	455-463	See item 86.	
88	Beneficiary Social Security Number (Occurrence 3)	9	464-472	See item 86.	
89	Beneficiary Social Security Number (Occurrence 4)	9	473-481	See item 86.	
90	Beneficiary Social Security Number (Occurrence 5)	9	482-490	See item 86.	
Mailing Address – This may be the mailing address of the beneficiary or the mailing address of his/her representative payee.					
91	Mailing Address Line 1	40	491-530	CHAR	1st line of address
92	Mailing Address Line 2	40	531-570	CHAR	2nd line of address
93	Mailing Address Line 3	40	571-610	CHAR	3rd line of address
94	Mailing Address Line 4	40	611-650	CHAR	4th line of address
95	Mailing Address Line 5	40	651-690	CHAR	5th line of address
96	Mailing Address Line 6	40	691-730	CHAR	6th line of address
97	Mailing Address City Name	40	731-770	CHAR	City name
98	Mailing Address State Code	2	771-772	CHAR	Postal state code
99	Mailing Address Zip Code	9	773-781	CHAR	ZIP
100	Mailing Address Change Date	8	782-789	NUM	MMDDCCYY The date a new or corrected address becomes effective for a Medicare beneficiary.
Residence Address The beneficiary's most recent residence address					
101	Residence Address Line 1	60	790-849	CHAR	
102	Filler	180	850-1029	CHAR	Spaces
103	Residence Address City Name	40	1030-1069	CHAR	
104	Residence Address State Code	2	1070-1071	CHAR	
105	Residence Address Zip code	9	1072-1080	CHAR	

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
106	Residence Address Change Date	8	1081-1088	NUM	MMDDCCYY
107	Beneficiary Representative Payee Switch	1	1089	CHAR	A switch indicating whether the beneficiary has a representative payee according to SSA. Values are: Y – Beneficiary has a designated representative payee. N or space – beneficiary has no designated representative payee.
108	Part A Non-Entitlement Status Code	1	1090	CHAR	Indicator/reason for the beneficiary's current non-entitlement status to Part A Medicare benefits. Values are: D – Coverage was denied. F – Terminated due to invalid enrollment or enrollment voided. H – Not eligible for free Part A, or did not enroll for premium Part A. N – Not valid SSA HIC, but used by CMS Third Party system to indicate potential Part A entitlement date. R – Refused benefits. Space – No non-entitlement reason applies.
109	Part B Non-Entitlement Status Code	1	1091	CHAR	Indicator/reason for a beneficiary's current non-entitlement status to Part B Medicare benefits. Values are: D – Coverage was denied. N – Not entitled. R – Refused benefits. Space – No non-entitlement reason applies to the beneficiary.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
Entitlement Reason (five most recent occurrences)					
110	Beneficiary Entitlement Reason Code Change Date (Occurrence 1)	8	1092-1099	NUM	MMDDCCYY
111	Beneficiary' Entitlement Reason Code (Occurrence 1)	4	1100-1103	CHAR	
112	Beneficiary Entitlement Reason (Occurrence 2)	12	1104-1115	See items 110 and 111	
113	Beneficiary Entitlement Reason (Occurrence 3)	12	1116-1127	See items 110 and 111	
114	Beneficiary Entitlement Reason (Occurrence 4)	12	1128-1139	See items 110 and 111	
115	Beneficiary Entitlement Reason (Occurrence 5)	12	1140-1151	See items 110 and 111	
Part A Entitlement (five most recent occurrences)					
116	Beneficiary Part A Entitlement Start Date (Occurrence 1)	8	1152-1159	NUM	MMDDCCYY. The date beneficiary became entitled to Medicare benefits. This field is filled with zeroes if no Part A Entitlement Start Date is found.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
117	Beneficiary Part A Entitlement End Date (Occurrence 1)	8	1160-1167	NUM	MMDDCCYY. The last day that beneficiary is entitled to Medicare benefits. If both the Part A Entitlement Start and End Dates are filled with zeroes, then no entitlement period was found. If the Part A Entitlement Start Date is a valid date and the Part A Entitlement End Date is filled with 9s, then the entitlement has not ended.
118	Beneficiary Part A Entitlement Reason Code (Occurrence 1)	1	1168	CHAR	Values: A – Attainment of age 65. B – Equitable relief. D – Disability. G – General enrollment period. H – Entitled based on health hazard. I – Initial enrollment period. J – MQGE entitlement. K – Renal disease is or was a reason for entitlement prior to age 65 or 25th month of disability. L – Late filing. M – Termination based on renal entitlement but entitlement based on disability continues. N – Age 65 and uninsured. P – Potentially insured beneficiary is enrolled for Medicare coverage only. Q – Quarters of coverage requirements are involved. R – Residency requirements are involved. S – State buy-in. T – Disabled working individual. U – Unknown. This field is filled with a space if no entitlement is found.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
119	Beneficiary Part A Entitlement Status Code (Occurrence 1)	1	1169	CHAR	Values: E – Free Part A Entitlement. G – Entitled due to good cause. Y – Currently entitled, premium is payable. Values when there is a termination date: C – No longer entitled due to disability cessation. S – Terminated, no longer entitled under ESRD provision. T – Terminated for non-payment of premiums. W – Voluntary withdrawal from premium coverage. X – Free Part A terminated or refused HI. This field is filled with a space if no entitlement period is found.
120	Part A Entitlement (Occurrence 2)	18	1170-1187	See items 116 – 119	Same as Occurrence 1.
121	Part A Entitlement (Occurrence 3)	18	1188-1205	See items 116 – 119	Same as Occurrence 1.
122	Part A Entitlement (Occurrence 4)	18	1206-1223	See items 116 – 119	Same as Occurrence 1.
123	Part A Entitlement (Occurrence 5)	18	1224-1241	See items 116 – 119	Same as Occurrence 1.
Part B Entitlement (five occurrences)					
124	Beneficiary Part B Enrollment Start Date (Occurrence 1)	8	1242-1249	NUM	MMDDCCYY This field is filled with zeroes if no Part B enrollment period is found.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
125	Beneficiary Part B Enrollment End Date (Occurrence 1)	8	1250-1257	NUM	MMDDCCYY When no Part B enrollment period is found, this field and the Part B Enrollment Start Date are filled with zeroes. If there is a valid Part B Enrollment Start Date and the period is still active, then this field is filled with 9s.
126	Beneficiary Part B Enrollment Reason Code (Occurrence 1)	1	1258	CHAR	Values: B – Equitable relief. C – Good cause. D – Deemed date of birth. F – Working aged. G – General enrollment period. I – Initial enrollment period. H – Health hazard. K – Renal disease is or was a reason for enrollment prior to age 65 or 25th month of disability. M –Termination based on renal enrollment but enrollment based on disability continues. R – Residency requirements are involved. S – State buy-in. T – Disabled working beneficiary. U –Unknown. This field is filled with a space if no enrollment is found.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
127	Beneficiary Part B Enrollment Status Code (Occurrence 1)	1	1259	CHAR	Values when there is a Part B Enrollment Start Date and no Part B Enrollment End Date: G – Enrolled due to good cause. Y – Currently enrolled, premium is payable. Values when Part B Enrollment End Date is present: C – No longer entitled due to disability cessation. F – Terminated due to invalid enrollment or enrollment voided. S – Terminated, no longer entitled under ESRD provision. T – Terminated for non-payment of premiums. W – Voluntary withdrawal from premium coverage. This field is filled with a space if no enrollment is found.
128	Part B Enrollment (Occurrence 2)	18	1260-1277	See items 124 – 127.	Same as Occurrence 1.
129	Part B Enrollment (Occurrence 3)	18	1278-1295	See items 124 – 127.	Same as Occurrence 1.
130	Part B Enrollment (Occurrence 4)	18	1296-1313	See items 124 – 127.	Same as Occurrence 1.
131	Part B Enrollment (Occurrence 5)	18	1314-1331	See items 124 – 127.	Same as Occurrence 1.
Hospice Coverage (five most recent occurrences)					
132	Beneficiary Hospice Coverage Start Date (Occurrence 1)	8	1332-1339	NUM	MMCCDDYY. This field is filled with zeroes if beneficiary has no hospice benefit or coverage.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
133	Beneficiary Hospice Coverage End Date (Occurrence 1)	8	1340-1347	NUM	MMDDCCYY If hospice coverage has a valid Hospice Start Date and no Hospice End Date, then this field is filled with 9s. If there is no Hospice Start Date, then this field is filled with zeroes.
134	Beneficiary Hospice Covcrage (Occurrence 2)	16	1348-1363	See items 132 133.	Same as Occurrence 1.
135	Beneficiary Hospice Coverage (Occurrence 3)	16	1364-1379	See items 132 – 133.	Same as Occurrence 1.
136	Beneficiary Hospice Coverage (Occurrence 4)	16	1380-1395	See items 132 – 133.	Same as Occurrence 1.
137	Beneficiary Hospice Coverage (Occurrence 5)	16	1396-1411	See items 132 – 133.	Same as Occurrence 1.
Disability Insurance Benefits (3 most recent occurrences)					
138	Beneficiary Disability Insurance Benefits (DIB) Entitlement Start Date (Occurrence 1)	8	1412-1419	NUM	MMDDCCYY. The date that a beneficiary covered by the SSA disability program becomes entitled to Medicare benefits. If no DIB Entitlement Start Date is found, then this field is filled with zeroes.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
139	Beneficiary DIB Entitlement End Date (Occurrence 1)	8	1420-1427	NUM	MMDDCCYY The date that a beneficiary covered by the SSA disability program is no longer entitled to Medicare benefits. If there is a valid DIB Entitlement Start Date and no DIB Entitlement End Date, then this field is filled with 9s. If there is no DIB Entitlement Start Date and no DIB Entitlement End Date, then this field is filled with zeroes.
140	Beneficiary DIB Entitlement Date Justification Code (Occurrence 1)	1	1428	CHAR	The justification code for a beneficiary's Part A and /or Part B Medicare benefit dates based upon beneficiary's DIB status. Values: 1 – Beneficiary is entitled to Medicare coverage due to prior periods of SSA disability entitlement. A – Beneficiary is entitled to Medicare based upon SSA disability and the 24 month waiting period has been waived. H – Beneficiary is entitled to Medicare due to health hazard. This field will have a space if no DIB is found.
141	Beneficiary DIB Entitlement (Occurrence 2)	17	1429-1445	See items 138 – 140.	Same as Occurrence 1.
142	Beneficiary DIB Entitlement (Occurrence 3)	17	1446-1462	See items 138 – 140.	Same as Occurrence 1.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
Managed Care Organization (10 most recent occurrences)					
143	Beneficiary Managed Care Organization (MCO) Enrollment Start Date (Occurrence 1)	8	1463-1470	NUM	MMDDCCYY. This field is filled with zeroes if no managed care organization enrollment is found.
144	Beneficiary MCO Enrollment End Date (Occurrence 1)	8	1471-1478	NUM	MMDDCCYY. This field is filled with zeroes if there is no managed care organization enrollment found. This field is filled with 9s if there is a MCO Contract Enrollment Start Date and no MCO Contract Enrollment End Date.
145	Beneficiary MCO Number (contract level) (Occurrence 1)	5	1479-1483	CHAR	Unique identification for an agreement between CMS and a MCO. The organizations can be distinguished by the first position: H – Local MA, local MAPD, or non-MA Plan. 9 – Non-MA Plan (no longer assigned). R – Regional MA or MAPD Plan. S – Regular standalone Prescription Drug Plan (PDP). E – Employer direct PDP. X – Limited-Income Newly Eligible Transition (LiNET). Note: Stand-alone plans are not included in this section. This field is filled with spaces if no enrollment is found.
146	Beneficiary MCO (Occurrence 2)	21	1484-1504	See items 143 – 145.	Same as Occurrence 1.
147	Beneficiary MCO (Occurrence 3)	21	1505-1525	See items 143 – 145.	Same as Occurrence 1.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
148	Beneficiary MCO (Occurrence 4)	21	1526-1546	See items 143 – 145.	Same as Occurrence 1.
149	Beneficiary MCO (Occurrence 5)	21	1547-1567	See items 143 – 145.	Same as Occurrence 1.
150	Beneficiary MCO (Occurrence 6)	21	1568-1588	See items 143 – 145.	Same as Occurrence 1.
151	Beneficiary MCO (Occurrence 7)	21	1589-1609	See items 143 – 145.	Same as Occurrence 1.
152	Beneficiary MCO (Occurrence 8)	21	1610-1630	See items 143 – 145.	Same as Occurrence 1.
153	Beneficiary MCO (Occurrence 9)	21	1631-1651	See items 143 – 145.	Same as Occurrence 1.
154	Beneficiary MCO (Occurrence 10)	21	1652-1672	See items 143 – 145.	Same as Occurrence 1.
Plan Benefits Package Election (10 most recent occurrences)					
155	Group Health Plan Enrollment Start Date (Occurrence 1)	8	1673-1680	NUM	MMDDCCYY. The date of the beneficiary's enrollment at the contract level. This field is filled with zeroes if there is no enrollment found.
156	Plan Benefit Package (PBP) Enrollment Start Date (Occurrence 1)	8	1681-1688	NUM	MMDDCCYY. The date of the beneficiary's enrollment at the PBP level. This field is filled with zeroes if the beneficiary has no PBP enrollment.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
157	Plan Benefit Package Enrollment End Date (Occurrence 1)	8	1689-1696	NUM	MMDDCCYY. The date the beneficiary's PBP enrollment ends. This field is filled with zeroes if there is no PBP Start Date. This field is filled with 9s if there is a PBP Start Date and no PBP End Date.
158	Plan Benefit Package Number (Occurrence 1)	3	1697-1699	CHAR	A unique identifier for the managed care plan benefit package. This field contains spaces if the managed care plan has no PBP. If a Cost Plan has no PBP, the field contains '999'.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
159	Plan Benefit Package Coverage Type Code (Occurrence 1)	2	1700-1701	CHAR	Identifies the type of managed care plan benefit package in which the beneficiary is enrolled. Values: NF – Pay bill option not found for this contract. 03 – CCP (Coordinated Care Plan). 04 – MSA (Medicare Medical Savings Account). 5 – PFFS (Private Fee For Service). 6 – PACE (Program of All Inclusive Care for the Elderly). 7 – Regional. 8 – Demo (Demonstration). 09 – FFS (Fee For Service). 10 – Cost / HCPP (Health Care Prepayment Plan). 11 – PDP (Part D Drug Plan) Election). 12– Chronic Care Demo. 13 – MSA (Medicare Medical Savings Account) Demonstration. 14 – MMP (Medicare/Medicaid Plan). This field is filled with spaces if no PBP enrollment is found.
160	PBP Enrollment (Occurrence 2)	29	1702-1730	See items 155 – 159.	Same as Occurrence 1.
161	PBP Enrollment (Occurrence 3)	29	1731-1759	See items 155 – 159.	Same as Occurrence 1.
162	PBP Enrollment (Occurrence 4)	29	1760-1788	See items 155 – 159.	Same as Occurrence 1.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
163	PBP Enrollment (Occurrence 5)	29	1789-1817	See items 155 – 159.	Same as Occurrence 1.
164	PBP Enrollment (Occurrence 6)	29	1818-1846	See items 155 – 159.	Same as Occurrence 1.
165	PBP Enrollment (Occurrence 7)	29	1847-1875	See items 155 – 159.	Same as Occurrence 1.
166	PBP Enrollment (Occurrence 8)	29	1876-1904	See items 155 – 159.	Same as Occurrence 1.
167	PBP Enrollment (Occurrence 9)	29	1905-1933	See items 155 – 159.	Same as Occurrence 1.
168	PBP Enrollment (Occurrence 10)	29	1934-1962	See items 155 – 159.	Same as Occurrence 1.
End Stage Renal Disease Coverage					
169	Beneficiary ESRD Coverage Start Date	8	1963-1970	NUM	MMDDCCYY. The date on which the beneficiary is entitled to Medicare in some part because of a diagnosis of End Stage Renal Disease. This field is filled with zeroes if beneficiary has no ESRD coverage.
170	Beneficiary ESRD Coverage End Date	8	1971-1978	MMDD CCYY	MMDDCCYY. The date on which the beneficiary is no longer entitled to Medicare under ESRD provision. This field is filled with zeroes if beneficiary has no ESRD coverage. This field is filled with 9s if there is no ESRD Coverage End Date.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
171	Beneficiary ESRD Termination Reason Code	1	1979	CHAR	The reason Medicare ESRD coverage was terminated. Values: A – Month of transplant plus 36 months, B – Last month of chronic dialysis, C – Part A termination, D – Death, and E – ESRD ended. This field is filled with spaces if beneficiary has no ESRD coverage or if there is no ESRD Coverage End Date.
End Stage Renal Disease Clinical Dialysis Dates. See items 267 – 271 (positions 3114 through 3193) for occurrences 2 – 6, sorted in descending order by Start Date.					
172	Beneficiary ESRD Clinical Dialysis Start Date (Occurrence 1) Occurrence 1 is the latest dialysis period if multiple periods exist.	8	1980-1987	NUM	MMDDCCYY. The date when ESRD dialysis starts. This field is filled with zeroes if beneficiary has no ESRD Dialysis Start Date.
173	Beneficiary ESRD Clinical Dialysis End Date (Occurrence 1)	8	1988-1995	NUM	MMDDCCYY. The date when ESRD dialysis ends. This field is filled with zeroes if beneficiary has no ESRD Dialysis Start Date. This field is filled with 9s if there is no ESRD Dialysis End Date.
End Stage Renal Disease Transplant					
174	Beneficiary ESRD Transplant Start Date	8	1996-2003	NUM	MMDDCCYY. The date that a kidney transplant operation occurred. This field is filled with zeroes when no ESRD Transplant Start Date is found.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
175	Beneficiary ESRD Transplant End Date	8	2004-2011	NUM	MMDDCCYY. The date that a kidney transplant fails or transplant benefit ends. This field is filled with zeroes when no ESRD Transplant Start Date is found. This field is filled with 9s when there is a valid ESRD Transplant Start Date and there is no ESRD Transplant End Date.
Third Party Part A History (5 most recent occurrences)					
176	Beneficiary Part A Third Party Start Date (Occurrence 1)	8	2012-2019	NUM	MMDDCCYY. The start date of a private third party group's or State's liability for a beneficiary's Part A premium. This field is filled with zeroes if there is no Part A Third Party Start Date.
177	Beneficiary Part A Third Party Premium Payer Code (Occurrence 1)	3	2020-2022	CHAR	The identifier for a third party agency (either a private group or State buy-in agency) responsible for paying a beneficiary's Medicare Part A premium. Values: S01 thru S99 – State Billing and T01 thru Z98 – Private Third Party Billing
178	Beneficiary Part A Third Party End Date (Occurrence 1)	8	2023-2030	NUM	MMDDCCYY. The end date of a private third party group's or State's liability for a beneficiary's Part A premium. This field is filled with zeroes if no Part A Third Party Start Date was found. This field is filled with 9s if there is a Third Party Start Date and no Third Party End Date.
179	Beneficiary Part A Third Party Buy-in Eligibility Code (Occurrence 1)	1	2031	CHAR	This data element is obsolete.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
180	Third Party Part A History (Occurrence 2)	20	2032-2051	See items 176 – 179.	Same as Occurrence 1.
181	Third Party Part A History (Occurrence 3)	20	2052-2071	See items 176 – 179.	Same as Occurrence 1.
182	Third Party Part A History (Occurrence 4)	20	2072-2091	See items 176 – 179.	Same as Occurrence 1.
183	Third Party Part A History (Occurrence 5)	20	2092-2111	See items 176 – 179.	Same as Occurrence 1.
Third Party Part B History (5 most recent occurrences)					
184	Beneficiary Part B Third Party Start Date (Occurrence 1)	8	2112-2119	NUM	MMDDCCYY. The start date of a private third party group's or State's liability for a Part B premium. This field is filled with zeroes if no Part B Third Party benefit is found for the beneficiary.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
185	Beneficiary Part B Third Party Premium Payer Code (Occurrence 1)	3	2120-2122	CHAR	The identifier for a third party agency (either a private group, State buy-in agency or the Office of Personnel Management (OPM)) responsible for paying a beneficiary's Medicare Part B premium. Values: 0 – Beneficiary is having Part B premium deducted from Title II check, 1 – Uninsured beneficiary, 005 – Insured beneficiary, 006 – Program Service Center control, no bill, 007 – Special age 72 enrollee, 008 – PSC annual billing, 010 – 650 – State billing, 700 – Office of Personnel Management (OPM), and A01 – R99 – Group payers for Part B premiums.
186	Beneficiary Part B Third Party Termination Date (Occurrence 1)	8	2123-2130	NUM	MMDDCCYY. The end date of a private third party group's or State's liability for a beneficiary's Part B premium. This field is filled with zeroes if no Part B Third Party Start Date is found. This field is filled with 9s if there is a Third Party Start Date and no Third Party End Date.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
187	Beneficiary Part B Third Party Buy-in Eligibility Code (Occurrence 1)	1	2131	CHAR	Reason for Part B State buy-in eligibility. Values: A – Aged recipient of SSI payments (CMS to State). B – Blind recipient of SSI payments (CMS to State). C – Entitled to Part A of Title IV (TANF) (State to CMS). D – Disabled recipient of SSI payments (CMS to State). E – Aged recipient of supplemental payment administered by SSA (CMS to State). F – Blind recipient of supplemental payment administered by SSA (CMS to State). G – Disabled recipient of supplemental payment administered by SSA (CMS to State). H – Aged, blind, or disabled recipient of a one-time payment (OTP) (CMS to State). L – Specified Low Income Beneficiary (SLMB). M – Entitled to medical assistance only (MAO), non-cash recipient (State to CMS). P – Qualified Medicare Beneficiary (QMB). U – Qualified Individual One (QI-1). Z – Deemed categorically needy (State to CMS). Note: States can use any other alphabetic character.
188	Third Party Part B History (Occurrence 2)	20	2132-2151	See items 184 – 187.	Same as Occurrence 1.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
189	Third Party Part B History (Occurrence 3)	20	2152-2171	See items 184 – 187.	Same as Occurrence 1.
190	Third Party Part B History (Occurrence 4)	20	2172-2191	See items 184 – 187.	Same as Occurrence 1.
191	Third Party Part B History (Occurrence 5)	20	2192-2211	See items 184 – 187.	Same as Occurrence 1.
Part D Data Elements					
192	Beneficiary Part D Eligibility Start Date	8	2212-2219	NUM	MMDDCCYY. The date when the beneficiary becomes eligible for Part D benefits. This field is filled with zeroes if no Part D Start Date is found. This field indicates eligibility only, not enrollment in a plan with drug coverage. If there are multiple Part D eligibility periods, then this field will contain the earliest Part D Eligibility Start Date.
193	Beneficiary Part D Opt-Out Indicator	1	2220	CHAR	An indicator that beneficiary chooses not to be automatically enrolled by CMS into a Part D plan. Values: Y – Yes. N – No. Space – No.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
Beneficiary's Co-Payment History (10 occurrences) The first occurrence is the active/most recent co-payment period.					
194	Beneficiary Co-Payment Type (Occurrence 1)	1	2221	CHAR	A code indicating whether the beneficiary was determined eligible for low-income subsidy (LIS) or deemed eligible. Values: L – Determined eligible. D – Deemed.
195	Beneficiary Co-Payment Level (Occurrence 1)	1	2222	CHAR	An indicator providing the level of co-payment granted to the beneficiary. Values: If bene co-pay type is 'L', then 1 – high. 4 – 15%. If bene co-pay type is 'D', then: 1 – high. 2 – low. 3 – 0 (zero).
196	Beneficiary Co-Payment Start Date (Occurrence 1)	8	2223-2230	NUM	MMDDCCYY. The effective date of the co-payment period. This field is filled with zeroes if there is no Co-Payment Start Date.
197	Beneficiary Co-Payment End Date (Occurrence 1)	8	2231-2238	NUM	MMDDCCYY. The end date of the co-payment period. This field is filled with zeroes if there is no Co-Payment Start Date. This field is filled with 9s if there is a Co-Payment Start Date and no Co-Payment End Date.
198	Beneficiary Co-Payment History (Occurrence 2)	18	2239-2256	See items 194 – 197.	Same as Occurrence 1.
199	Beneficiary Co-Payment History (Occurrence 3)	18	2257-2274	See items 194 – 197.	Same as Occurrence 1.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
200	Beneficiary Co-Payment History (Occurrence 4)	18	2275-2292	See items 194 – 197.	Same as Occurrence 1.
201	Beneficiary's Co-Payment History (Occurrence 5)	18	2293-2310	See items 194 – 197.	Same as Occurrence 1.
202	Beneficiary's Co-Payment History (Occurrence 6)	18	2311-2328	See items 194 – 197.	Same as Occurrence 1.
203	Beneficiary's Co-Payment History (Occurrence 7)	18	2329-2346	See items 194 – 197.	Same as Occurrence 1.
204	Beneficiary's Co-Payment History (Occurrence 8)	18	2347-2364	See items 194 – 197.	Same as Occurrence 1.
205	Beneficiary's Co-Payment History (Occurrence 9)	18	2365-2382	See items 194 – 197.	Same as Occurrence 1.
206	Beneficiary's Co-Payment History (Occurrence 10)	18	2383-2400	See items 194 – 197.	Same as Occurrence 1.
Part D Plan Benefit Package (10 most recent occurrences)					
207	Beneficiary Contract Number (Occurrence 1)	5	2401-2405	CHAR	Unique identification for an agreement between CMS and a MCO or PDP sponsor enabling the Plan to provide Medicare Part D prescription drug coverage.
208	Beneficiary Part D PBP Enrollment Start Date (Occurrence 1)	8	2406-2413	NUM	MMDDCCYY. The date that the beneficiary was enrolled in the plan benefit package. This field is filled with zeroes if no MAPD or Part D PBP enrollment is found for the beneficiary

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
209	Beneficiary Part D PBP Enrollment End Date (Occurrence 1)	8	2414-2421	NUM	MMDDCCYY. The end date of the beneficiary's enrollment in the plan benefit package. This field is filled with zeroes if there is no Part D PBP Enrollment Start Date. This field is filled with 9s if there is a Part D PBP Enrollment Start Date and no Part D PBP Enrollment End Date.
210	Beneficiary Part D PBP Plan Number (Occurrence 1)	3	2422-2424	CHAR	A unique identifier for the managed care benefit package.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
211	Beneficiary Enrollment Type Code (Occurrence 1)	1	2425	CHAR	An indicator providing the type of enrollment performed. Values: A – Auto enrolled by CMS. B – Beneficiary election. C – Facilitated enrollment by CMS. D – System-Generated enrollment (Rollover). E – Plan submitted auto-enrollments. F – Plan submitted facilitated enrollments. G – Point of Sale (POS) submitted enrollments. H – CMS or plan submitted re-assignment enrollments. I – Non-MMP Plan submitted transactions with enrollment source other than any of the following: B, E, F, G, and blank J – State submitted MMP passive enrollment. K – CMS submitted MMP passive enrollment. L – Beneficiary MMP election. M – Default for FA Demo Plan enrollments submitted without an Enrollment Source Code (M is not submitted on an enrollment).
212	Part D Plan Benefit Package (Occurrence 2)	25	2426-2450	See items 207 – 211.	Same as Occurrence 1.
213	Part D Plan Benefit Package (Occurrence 3)	25	2451-2475	See items 207 – 211.	Same as Occurrence 1.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
214	Part D Plan Benefit Package (Occurrence 4)	25	2476-2500	See items 207 – 211.	Same as Occurrence 1.
215	Part D Plan Benefit Package (Occurrence 5)	25	2501-2525	See items 207 – 211.	Same as Occurrence 1.
216	Part D Plan Benefit Package (Occurrence 6)	25	2526-2550	See items 207 – 211.	Same as Occurrence 1.
217	Part D Plan Benefit Package (Occurrence 7)	25	2551-2575	See items 207 – 211.	Same as Occurrence 1.
218	Part D Plan Benefit Package (Occurrence 8)	25	2576-2600	See items 207 – 211.	Same as Occurrence 1.
219	Part D Plan Benefit Package (Occurrence 9)	25	2601-2625	See items 207 – 211.	Same as Occurrence 1.
220	Part D Plan Benefit Package (Occurrence 10)	25	2626-2650	See items 207 – 211.	Same as Occurrence 1.
221	Part C Organization Name (contract level)	55	2651-2705	CHAR	Relates to the first occurrence of the beneficiary's MCO contract number in item 145 (positions 1479-1483).
222	Part C PBP Name	50	2706-2755	CHAR	Relates to the first occurrence of the beneficiary's PBP in item 158 (positions 1697-1699).
223	Part D Organization Name (contract level)	55	2756-2810	CHAR	Relates to the first occurrence of the beneficiary's contract number in Part D PBP in item 207 (positions 2401-2405).
224	Part D PBP Name	50	2811-2860	CHAR	Relates to the first occurrence of the beneficiary's PBP in item 210 (positions 2422-2424).
225	Part D Organization Plan Benefit	1	2861	CHAR	This field is filled with a space.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
226	Beneficiary Language Indicator	1	2862	CHAR	A code that identifies the language that the beneficiary requested SSA to use for beneficiary notices. Values: Blank – English assumed for Non-Puerto Rican ZIP codes and Spanish assumed for Puerto Rican ZIP codes. E – English requested (allowed only for Puerto Rican ZIP codes). S – Spanish requested.
227	Special Needs Plan (SNP) Indicator (Occurrence 1)	1	2863	CHAR	Indicates that beneficiary is enrolled in a special needs plan. Values: Y – SNP, and N – Not SNP. Corresponds to the first occurrence of plan benefit package in item 159 (positions 1700-1701).
228	SNP Indicator (Occurrence 2)	1	2864	See item 227.	Same as Occurrence 1. Corresponds to Occurrence 2 of plan benefit package in item 160 (positions 1702-1730).
229	SNP Indicator (Occurrence 3)	1	2865	See item 227.	Same as Occurrence 1. Corresponds to Occurrence 3 of plan benefit package in item 161 (positions 1731-1759).
230	SNP Indicator (Occurrence 4)	1	2866	See item 227.	Same as Occurrence 1. Corresponds to Occurrence 4 of plan benefit package in item 162 (positions 1760-1788).
231	SNP Indicator (Occurrence 5)	1	2867	See item 227.	Same as Occurrence 1. Corresponds to Occurrence 5 of plan benefit package in item 163 (positions 1789-1817).
232	SNP Indicator (Occurrence 6)	1	2868	See item 227.	Same as Occurrence 1. Corresponds to Occurrence 6 of plan benefit package in item 164 (positions 1818-1846).

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
233	SNP Indicator (Occurrence 7)	1	2869	See item 227.	Same as Occurrence 1. Corresponds to Occurrence 7 of plan benefit package in item 165 (positions 1847-1875).
234	SNP Indicator (Occurrence 8)	1	2870	See item 227.	Same as Occurrence 1. Corresponds to Occurrence 8 of plan benefit package in item 166 (positions 1876-1904).
235	SNP Indicator (Occurrence 9)	1	2871	See item 227.	Same as Occurrence 1. Corresponds to Occurrence 9 of plan benefit package in item 167 (positions 1905-1933).
236	SNP Indicator (Occurrence 10)	1	2872	See item 227.	Same as Occurrence 1. Corresponds to Occurrence 10 of plan benefit package in item 168 (positions 1934-1962).
Medicare Plan Ineligibility Due to Incarceration Periods, Ten Occurrences (sorted from latest to earliest based on Medicare Plan Ineligibility Due to Incarceration Start Date). See items 274 – 291 (positions 3196-3339) for occurrences 2-10.					
237	Medicare Plan Ineligibility Due to Incarceration Start Date (Occurrence 1)	8	2873-2880	NUM	MMDDCCYY. This date is provided solely to show why a dual eligible is not auto-enrolled. If there is no Medicare Plan Ineligibility Due to Incarceration Start Date, then this field is filled with zeroes.

MMA Response File Detail Record					
Item	Field	Size	Position	Format	Description
238	Medicare Plan Ineligibility Due to Incarceration End Date (Occurrence 1)	8	2881-2888	NUM	MMDDCCYY. This date is provided solely to show why a dual eligible is not auto-enrolled. If there is no Medicare Plan Ineligibility Due to Incarceration Start Date and no Medicare Plan Ineligibility Due to Incarceration End Date, then this field is filled with zeroes. If there is a Medicare Plan Ineligibility Due to Incarceration Start Date and no Medicare Plan Ineligibility Due to Incarceration End Date, then this field is filled with 9s.
239	Filler	11	2889-2899	CHAR	Spaces.
240	Previous Month SPD Calculation Code	1	2900	CHAR	Code that indicates how beneficiary was last classified in enrollment and disenrollment counts for the Eligibility Month/Year of this record. Values: E – Enrollment count, D – Disenrollment count, C – Carry forward enrollment count, M –Missing state file (counted as enrollment),N – Not counted (this also indicates future Medicaid DET records), P – Prospective Duals, not considered in Clawback counts, and Space – No historical entries found for this Eligibility Month/Year.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
Special Codes					
241	Secondary Match Indicator	1	2901	CHAR	This field indicates if the process was able to match the Detail record in the related Request file under the Secondary Beneficiary Match algorithm. This algorithm uses values for the following fields from the beneficiary's Detail record in the Request file: • Individual Medicare Identifier (i.e., the HICN, RRB Number or MBI) and/or the Individual SSN. • First six characters of the Individual Last Name. • First letter of the Individual First Name. • Sex Code. The process will return one of the following values: • Space – The process found a match for the beneficiary, but it did not use the Secondary Beneficiary Match algorithm to do so or the process did not find a match for the beneficiary. • S – The process used the Secondary Beneficiary Match algorithm to match the beneficiary). **Note**: A matched detail record is indicated by the presence of alphanumeric values in the fields 'Beneficiary Claim Account Number' and 'Beneficiary Identification Code' (fields 58 and 59) and a Record Return Code (RRC) of '000000' or '000001'.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
242	Daily State Phase-Down Calculation Code	1	2902	CHAR	Code that indicates how beneficiary is counted in enrollment and disenrollment counts for this record. Values: E – Enrollment count, D – Disenrollment count, C – Carry forward enrollment count, M – Missing state file (counted as enrollment), N – Not counted (This also includes future Medicaid DET records), and P – Prospective Duals, not considered in Clawback counts.
Retiree Drug Subsidy (RDS) Coverage Periods (5 most recent occurrences)					
243	RDS Start Date (Occurrence 1)	8	2903-2910	NUM	MMDDCCYY. The start date of the beneficiary's enrollment in employer plan. If there is no RDS Start Date, then this field is filled with zeroes.
244	RDS Termination Date (Occurrence 1)	8	2911-2918	NUM	MMDDCCYY. The end date of the beneficiary's enrollment in employer plan. If there are multiple RDS coverage periods, overlapping dates are possible. If there is no RDS Start Date, then this field is filled with zeroes. If there is a RDS Start Date and no RDS End Date, then this field is filled with 9s.
245	RDS Coverage Period (Occurrence 2)	16	2919-2934	See items 243 – 244.	Same as Occurrence 1.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
246	RDS Coverage Period (Occurrence 3)	16	2935-2950	See items 243 – 244.	Same as Occurrence 1.
247	RDS Coverage Period (Occurrence 4)	16	2951-2966	See items 243 – 244.	Same as Occurrence 1.
248	RDS Coverage Period (Occurrence 5)	16	2967-2982	See items 243 – 244.	Same as Occurrence 1.
249	Filler	1	2983	CHAR	Spaces.
Part D Eligibility (5 most recent occurrences)					
250	Part D Eligibility Start Date (Occurrence 1)	8	2984-2991	NUM	MMDDCCYY. Indicates the date that beneficiary became eligible for Part D benefits. This field is filled with zeroes if no Part 8D Eligibility Start Date is found.
251	Part D Eligibility End Date (Occurrence 1)	8	2992-2999	NUM	Indicates the date that beneficiary is no longer eligible for Part D benefits. This field is filled with zeroes if no Part D Eligibility Start Date is found. This field is filled with 9s if there is a Part D Eligibility Start Date and no Part D Eligibility End Date.
252	Part D Eligibility Dates (Occurrence 2)	16	3000-3015	See items 250 – 251.	Same as Occurrence 1.
253	Part D Eligibility Dates (Occurrence 3)	16	3016-3031	See items 250 – 251.	Same as Occurrence 1.
254	Part D Eligibility Dates (Occurrence 4)	16	3032-3047	See items 250 – 251.	Same as Occurrence 1.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
255	Part D Eligibility Dates (Occurrence 5)	16	3048-3063	See items 250 – 251.	Same as Occurrence 1.
Beneficiary Part D Low-Income Subsidy Information (10 most recent occurrences)					
256	Subsidy Level (Occurrence 1)	3	3064-3066	CHAR	Identifies the portion of the Part D Premium subsidized. Values: 100 075 050 025 Relates to the numbered occurrences of the Beneficiary Co-Payment History, e.g. first occurrence here relates to first occurrence of Co-Payment in item 195 (position 2222).
257	LIS/Deem Source code (Occurrence 1)	2	3067-3068	CHAR	Indicates the source of the LIS/Deeming action found in Co-Payment History Occurrence, item 194 (position 2221) and Subsidy Level, item 256 (position3064). Values for D (Deemed): 01 – MBD Third Party. 02 – EEVS (State data baseline). 03 – SSA. 4 – State. 5 – Point of Sale. 06 – CMS User. Values for L (LIS): SS – SSA. <st> – Postal State Code Abbreviation.
258	Beneficiary LIS Premium Percentage and Source (Occurrence 2)	5	3069-3073	See items 256 – 257.	Same as Occurrence 1.
259	Beneficiary LIS Premium Percentage and Source (Occurrence 3)	5	3074-3078	See items 256 – 257.	Same as Occurrence 1.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
260	Beneficiary Low-Income Subsidy Premium Percentage and Source (Occurrence 4)	5	3079-3083	See items 256 – 257.	Same as Occurrence 1.
261	Beneficiary Low-Income Subsidy Premium Percentage and Source (Occurrence 5)	5	3084-3068	See items 256 – 257.	Same as Occurrence 1.
262	Beneficiary Low-Income Subsidy Premium Percentage and Source (Occurrence 6)	5	3069-3093	See items 256 – 257.	Same as Occurrence 1.
263	Beneficiary Low-Income Subsidy Premium Percentage and Source (Occurrence 7)	5	3094-3098	See items 256 – 257.	Same as Occurrence 1.
264	Beneficiary Low-Income Subsidy Premium Percentage and Source (Occurrence 8)	5	3099-3103	See items 256 – 257.	Same as Occurrence 1.
265	Beneficiary Low-Income Subsidy Premium Percentage and Source (Occurrence 9)	5	3104-3108	See items 256 – 257.	Same as Occurrence 1.
266	Beneficiary Low-Income Subsidy Premium Percentage and Source (Occurrence 10)	5	3109-3113	See items 256 – 257.	Same as Occurrence 1.
Beneficiary ESRD Clinical Dialysis Dates Occurrences 2 – 6, sorted from latest to earliest based on ESRD start date (refer to items 172-173, position 1980 for first occurrence).					
267	Beneficiary ESRD Clinical Dialysis Dates (Occurrence 2)	16	3114-3129	See items 172 – 173.	Same as Occurrence 1.
268	Beneficiary ESRD Clinical Dialysis Dates (Occurrence 3)	16	3130-3145	See items 172 – 173.	Same as Occurrence 1.
269	Beneficiary ESRD Clinical Dialysis Dates (Occurrence 4)	16	3146-3161	See items 172 – 173.	Same as Occurrence 1.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
270	Beneficiary ESRD Clinical Dialysis Dates (Occurrence 5)	16	3162-3177	See items 172 – 173.	Same as Occurrence 1.
271	Beneficiary ESRD Clinical Dialysis Dates (Occurrence 6)	16	3178-3193	See items 172 – 173.	Same as Occurrence 1.
272	Beneficiary Archive Indicator	1	3194	CHAR	Indicates that beneficiary is in Archived Medicare Beneficiary Database. A – Archived space – Not archived or not found in database
273	Medicare-Medicaid Plan (MMP) Opt Out Indicator	1	3195	CHAR	Indicates that beneficiary has opted out of an MMP Y – Beneficiary has affirmatively opted out of the Financial Alignment Demonstration. N – Beneficiary has not opted out of the Financial Alignment Demonstration. Space – There is no opt out information available (should be interpreted as the beneficiary has not opted out).
274	Medicare Plan Ineligibility Due to Incarceration Start Date (Occurrence 2)	8	3196-3203	See item 237.	MMDDCCYY.
275	Medicare Plan Ineligibility Due to Incarceration End Date (Occurrence 2)	8	3204-3211	See item 238.	MMDDCCYY.
276	Medicare Plan Ineligibility Due to Incarceration Start Date (Occurrence 3)	8	3212-3219	See item 237.	MMDDCCYY.
277	Medicare Plan Ineligibility Due to Incarceration End Date (Occurrence 3)	8	3220-3227	See item 238.	MMDDCCYY.
278	Medicare Plan Ineligibility Due to Incarceration Start Date (Occurrence 4)	8	3228-3235	See item 237.	MMDDCCYY.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
279	Medicare Plan Ineligibility Due to Incarceration End Date (Occurrence 4)	8	3236-3243	See item 238.	MMDDCCYY.
280	Medicare Plan Ineligibility Due to Incarceration Start Date (Occurrence 5)	8	3244-3251	See item 237.	MMDDCCYY.
281	Medicare Plan Ineligibility Due to Incarceration End Date (Occurrence 5)	8	3252-3259	See item 238.	MMDDCCYY.
282	Medicare Plan Ineligibility Due to Incarceration Start Date (Occurrence 6)	8	3260-3267	See item 237.	MMDDCCYY.
283	Medicare Plan Ineligibility Due to Incarceration End Date (Occurrence 6)	8	3268-3275	See item 238.	MMDDCCYY.
284	Medicare Plan Ineligibility Due to Incarceration Start Date (Occurrence 7)	8	3276-3283	See item 237.	MMDDCCYY.
285	Medicare Plan Ineligibility Due to Incarceration End Date (Occurrence 7)	8	3284-3291	See item 238.	MMDDCCYY.
286	Medicare Plan Ineligibility Due to Incarceration Start Date (Occurrence 8)	8	3292-3299	See item 237.	MMDDCCYY.
287	Medicare Plan Ineligibility Due to Incarceration End Date (Occurrence 8)	8	3300-3307	See item 238.	MMDDCCYY.
288	Medicare Plan Ineligibility Due to Incarceration Start Date (Occurrence 9)	8	3308-3315	See item 237.	MMDDCCYY.
289	Medicare Plan Ineligibility Due to Incarceration End Date (Occurrence 9)	8	3316-3323	See item 238.	MMDDCCYY.
290	Medicare Plan Ineligibility Due to Incarceration Start Date (Occurrence 10)	8	3324-3331	See item 237.	MMDDCCYY.
291	Medicare Plan Ineligibility Due to Incarceration End Date (Occurrence 10)	8	3332-3339	See item 238.	MMDDCCYY.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
292	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date (Occurrence 1)	8	3340-3347	NUM	MMDDCCYY. This date is provided solely to show why a dual eligible is not auto-enrolled. If there is no Medicare Plan Ineligibility Due to Not Lawful Presence Start Date and no Medicare Plan Ineligibility Due to Not Lawful Presence End Date, then this field is filled with zeroes. If there is a Medicare Plan Ineligibility Due to Not Lawful Presence Start Date and no Medicare Plan Ineligibility Due to Not Lawful Presence End Date, then this field is filled with nines.
293	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (Occurrence 1)	8	3348-3355	NUM	MMDDCCYY. This date is provided solely to show why a dual eligible is not auto-enrolled. If there is no Medicare Plan Ineligibility Due to Not Lawful Presence Start Date and no Medicare Plan Ineligibility Due to Not Lawful Presence End Date, then this field is filled with zeroes. If there is a Medicare Plan Ineligibility Due to Not Lawful Presence End Date, then this field is filled with nines.
294	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date (Occurrence 2)	8	3356-3363	See item 292.	MMDDCCYY
295	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (Occurrence 2)	8	3364-3371	See item 293.	MMDDCCYY
296	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date (Occurrence 3)	8	3372-3379	See item 292.	MMDDCCYY

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
297	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (Occurrence 3)	8	3380-3387	See item 293.	MMDDCCYY
298	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date (Occurrence 4)	8	3388-3395	See item 292.	MMDDCCYY
299	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (Occurrence 4)	8	3396-3403	See item 293.	MMDDCCYY
300	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date (Occurrence 5)	8	3404-3411	See item 292.	MMDDCCYY
301	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (Occurrence 5)	8	3412-3419	See item 293.	MMDDCCYY
302	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date (Occurrence 6)	8	3420-3427	See item 292.	MMDDCCYY
303	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (Occurrence 6)	8	3428-3435	See item 293.	MMDDCCYY
304	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date (Occurrence 7)	8	3436-3443	See item 292.	MMDDCCYY
305	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (Occurrence 7)	8	3444-3451	See item 293.	MMDDCCYY
306	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date (Occurrence 8)	8	3452-3459	See item 292.	MMDDCCYY
307	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (Occurrence 8)	8	3460-3467	See item 293.	MMDDCCYY

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
308	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date (Occurrence 9)	8	3468-3475	See item 292.	MMDDCCYY
309	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (Occurrence 9)	8	3476-3483	See item 293.	MMDDCCYY
310	Medicare Plan Ineligibility Due to Not Lawful Presence Start Date (Occurrence 10)	8	3484-3491	See item 292.	MMDDCCYY
311	Medicare Plan Ineligibility Due to Not Lawful Presence End Date (Occurrence 10)	8	3492-3499	See item 293.	MMDDCCYY
Medicare Beneficiary Identifier (MBI) Data (6 most recent occurrences). Note: These fields will not be populated until February, 2018.					
312	Beneficiary's MBI (Occurrence 1)	11	3500-3510	CHAR	The MBI from the beneficiary's most recent Beneficiary MBI period. The value is a system-generated identifier used by CMS to uniquely identify the beneficiary in the Medicare database.
313	Beneficiary's MBI Effective Date (Occurrence 1)	8	3511-3518	NUM	MMDDCCYY. The Effective Date of the beneficiary's most recent Beneficiary MBI period.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
314	Beneficiary's MBI Effective Reason Code (Occurrence 1)	5	3519-3523	CHAR	The Effective Reason Code from the beneficiary's most recent Beneficiary MBI period. The value indicates the reason an MBI was assigned to the beneficiary. Values: A – Accretion. I – Initial bulk MBI assignment. BA – Special authorized. BB – Breach. BP – Provider issue. BR – Religious/cultural. BT – Medical/Identity theft. BZ – Other. CA – Special authorized. CB – CMS breach. CE – Entitlement and casework issues. CF – Confirmed fraud. CT – Medical/Identity theft. CZ' – Other.
315	Beneficiary's MBI End Date (Occurrence 1)	8	3524-3531	NUM	MMDDCCYY. The End Date of the beneficiary's most recent Beneficiary MBI period. The field is populated with the End Date from the beneficiary's record, if a date exists. The field is filled with nines, if no value exists for the End Date in the beneficiary's record.

MMA Response File Detail Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
316	Beneficiary's MBI End Reason Code (Occurrence 1)	5	3532-3536	CHAR	The End Reason Code from the beneficiary's most recent Beneficiary MBI period. The value indicates the reason an MBI was deactivated for the beneficiary. Values: X – Cross-Reference merge. BA – Special authorized. BB – Breach. BP – Provider issue. BR – Religious/cultural. BT – Medical/Identity theft. BZ – Other. CA – Special authorized. CB – CMS breach. CE – Entitlement and casework issues. CF – Confirmed fraud. CT – Medical/Identity theft. CZ – Other.
317	Beneficiary MBI (Occurrence 2)	37	3537-3573	See items 312 – 316	Same as Occurrence 1.
318	Beneficiary MBI (Occurrence 3)	37	3574-3610	See items 312 – 316	Same as Occurrence 1.
319	Beneficiary MBI (Occurrence 4)	37	3611-3647	See items 312 – 316	Same as Occurrence 1.
320	Beneficiary MBI (Occurrence 5)	37	3648-3684	See items 312 – 316	Same as Occurrence 1.
321	Beneficiary MBI (Occurrence 6)	37	3685-3721	See items 312 – 316	Same as Occurrence 1.
322	Filler	279	3722-4000	CHAR	Spaces

7.6 MMA Response File Summary Record Layout

MMA Response File Summary Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
1	Record Identification Code	3	1-3	CHAR	'FSM'.
2	State Code	2	4-5	CHAR	US Postal Service State Abbreviation. See Table 15-3, State Codes.
3	File Process Timestamp	26	6-31	CHAR	The exact time that the MMA Request file is processed. Format: CCYY-MM-DD-hh.mm.ss.nnnnnn. CCYY – Year. MM – Month. DD – Day. hh – Hour. mm – Minute. ss – Second. nnnnnn – Microsecond.
4	File Create Month	2	32-33	NUM	The month that the MMA Request file is created
5	File Create Year	4	34-37	NUM	The year that the MMA Request file is created
6	Total Number of Records	8	38-45	NUM	The total number of DET records in the MMA Request file. This count does not include PRO records.
7	Total Number of Duplicate Records	8	46-53	NUM	The total number of duplicate DET records in the MMA Request file. This count does not include PRO records.
8	Total Number of Non-Duplicate Records	8	54-61	NUM	The total number of non-duplicate valid DET records in the MMA Request file. This count does not include PRO records.

MMA Response File Summary Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
9	Total Number of Valid Records	8	62-69	NUM	The total number of valid DET records in the MMA Request file. This count does not include PRO records.
10	Total Number of Invalid Records	8	70-77	NUM	The total number of invalid DET records in the MMA Request file. This count does not include PRO records.
11	Total Number of Matched Records	8	78-85	NUM	The total number of DET records that could be matched to a beneficiary on the Active Medicare Beneficiary Database. This count does not include PRO records.
12	Total Number of Unmatched Records	8	86-93	NUM	The total number of DET records that could not be matched to a beneficiary on the Active Medicare Beneficiary Database. This count includes invalid records because match is not attempted on invalid records. This count does not include PRO records.
13	Filler	47	94-140	CHAR	
14	Total Number of Valid Dual Records	8	141-148	NUM	The total number of valid DET records in the file. This count does not include PRO records.
15	Total Number of Valid Dual Matches	8	149-156	NUM	The total number of DET records that are matched to a beneficiary on the Medicare Active Beneficiary Database. This count does not include PRO records.

MMA Response File Summary Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
16	Total Number of Valid Dual Non-Matches	8	157-164	NUM	The total number of valid DET records that are not matched to a beneficiary on the Active Medicare Beneficiary Database. This count does not include PRO records.
17	Total Number of Valid LIS Records	8	165-172	NUM	The total number of valid LIS records.
18	Total Number of Valid Current Duals	8	173-180	NUM	The total number of valid DET records with Eligibility Month/Year = File Create Month/Year. This count does not include PRO records.
19	Total Number of Valid Retro Duals	8	181-188	NUM	The total number of valid DET records with Eligibility Month/Year < File Create Month/Year. This count does not include PRO records.
20	Total Eligibility Months	2	189-190	NUM	The total number of Eligibility Months in the file. This count does not include PRO records.
21	Total Valid PRO Records	8	191-198	NUM	The total number of valid PRO records in the file.
22	Total Invalid PRO Records	8	199-206	NUM	The total number of invalid PRO records in the file.
23	Total Matched PRO Records	8	207-214	NUM	The total number of valid PRO records that are matched to a beneficiary on the Active Medicare Beneficiary Database.
24	Filler	3786	215-4000	CHAR	Spaces.

7.7 MMA Response File Monthly Summary Record Layout

MMA Response File Monthly Summary Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
1	Record Identification Code	3	1-3	CHAR	MSM.
2	State Code	2	4-5	CHAR	US Postal Service State Abbreviation. **See Table 15-3, State Codes.**
3	File Process Timestamp	26	6-31	CHAR	The exact time that the MMA Request file is processed. Format: CCYY-MM-DD-hh.mm.ss.nnnnnn. CCYY – Year. MM – Month. DD – Day. hh – Hour. mm – Minute. ss – Second. nnnnnn – Microsecond.
4	File Create Month	2	32-33	NUM	The month that the MMA Request file is created.
5	File Create Year	4	34-37	NUM	The year that the MMA Request file is created.
6	Eligibility Month	2	38-39	NUM	Month for applicable Medicaid eligibility.
7	Eligibility Year	4	40-43	NUM	Year for applicable Medicaid eligibility.
8	Calculation Switch	1	44	CHAR	Y – The enrollment and disenrollment counts for this Eligibility Month/Year have been included in the clawback counts. **Note**: Eligibility Month/Year less than 1/1/2006 was never included in clawback count. Records older than 36 months are now rejected so entry will always be ‘Y’.

MMA Response File Monthly Summary Record					
Item	**Field**	**Size**	**Position**	**Format**	**Description**
9	Total Valid Records	8	45-52	NUM	The total number of valid DET records for this Eligibility Month/Year. This count does not include PRO records.
10	Total Valid Full Dual Records	8	53-60	NUM	The total number of valid full dual beneficiary records. This count does not include PRO records.
11	Total Valid Non-Full Dual Records	8	61-68	NUM	The total number of valid non-full dual beneficiary records. This count does not include PRO records.
12	Net Total Valid Full Dual Enrollments	8	69-76	NUM	The net total number of valid Full Dual Eligible enrollments counted for this Eligibility Month/Year. This count does not include PRO records.
13	Net Total Valid Full Dual Disenrollments	8	77-84	NUM	The net total number of valid Full Dual Eligible disenrollments counted for this Eligibility Month/Year. This count does not include PRO records.
14	Filler	3916	85-4000	CHAR	Spaces.

7.8 MMA Response File Trailer Record Layout

MMA Response File Trailer Record					
Item	**Data Element Name**	**Size**	**Position**	**Format**	**Description**
1	Record Identification Code	3	1-3	CHAR	TRL.
2	File Process Timestamp	26	4-29	CHAR	The exact time that the State file is processed. Format: CCYY-MM-DD-hh.mm.ss.nnnnnn. CCYY – Year. MM – Month. DD – Day. hh – Hour. mm – Minute. ss – Second. nnnnnn – Microsecond.
3	File Create Month	2	30-31	NUM	Month that MMA Request file is created.
4	File Create Year	4	32-35	NUM	Year that MMA Request file is created.
5	File Accept Indicator	1	36	CHAR	Y – The MMA Request file is accepted.
6	Filler	7	37-43	CHAR	
7	Record Identification Code	3	44-46	CHAR	A copy of the trailer record in the incoming file is displayed in items 7 – 12 (positions 44-223).
8	Beneficiary Record Count	8	47-54	NUM	
9	State Code	2	55-56	CHAR	
10	File Create Month	2	57-58	NUM	
11	File Create Year	4	59-62	NUM	
12	Filler	161	63-223	CHAR	
13	Filler	3377	224-4000	CHAR	