DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Baltimore, Maryland 21244-1850

MEDICARE ENROLLMENT & APPEALS GROUP

DATE: August 27, 2025

TO: All Medicare Advantage Organizations (MA), Prescription Drug Plan Sponsors (PDP), Cost Plans, Program of All-Inclusive Care for the Elderly (PACE), and Demonstration Organizations

FROM: Jerry Mulcahy
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SUBJECT: Update - **Advance Announcement of January 2026 Software Release** - Revisions to the Model Individual Enrollment Request Form to Enroll in a Medicare Advantage Plan (MA) or a Medicare Prescription Drug Plan (Part D)

On May 6, 2025, CMS released a HPMS memo to plans to outline the removal of voluntary race, ethnicity, sexual orientation, and gender identity data fields from the Model MA and Part D Individual Enrollment Request Form (OMB No. 0938-1378) with an application date of January 1, 2026, or later. Based on feedback and comments received from plans, CMS is providing additional information and clarification on certain file layouts.

__Enrollee Assistance Fields__
If the enrollment form indicates that an agent or broker assisted with the enrollment request, and there is no National Producer Number (NPN) submitted on the enrollment (TC 61), then the plan must look up the NPN or contact the agent for the NPN and submit it on the enrollment transaction. Otherwise, the enrollment transaction will reject with a TRC 424 - Enrollment Rejected - No NPN Information.

__Addition of Online Enrollment Center (OEC) Data Fields__
If the source of an enrollment application originated via the OEC, plans will be required to identify those applications by selecting 'Yes' in the 'OEC Flag' field. If the 'OEC Flag' is set to 'Yes', entry of the 'OEC Application Date' and 'Application Number' fields will be required. For the 'OEC Application Date, plans will need to enter the date as shown in the annual HPMS Contract Year (CY) OEC Timeline and Requirements memorandum, Appendix A, Field 57- 'Submit Time'. The OEC captures this timestamp in Coordinated Universal Time (UTC) which is four hours earlier than Eastern Daylight Time. The timestamp is not required in MARx; however, plans need to enter the UTC date in the MARx enrollment transaction Field 48-'OEC Application Date'. Field 11- 'Application Date' on the MARx enrollment transaction should

continue to reflect the application date received "via the OEC to be 11 hours earlier than the time and date CMS "stamps" on the request".

NOTE: Due to system limitations, CMS has decided to no longer allow the submission of a TC 92 Additional Enrollment Information to update the OEC and the NPN via the batch process. If there are any changes needed for these fields, plans will need to update them in the MARx UI on the M230 Additional Enrollment Information screen or on the M260 Update Additional Enrollment Information screen. Additionally, if the "Relationship to Enrollee" field needs to be changed to either an agent or broker, the plan must make the change in the MARx UI due to the NPN number being a required field when an agent or broker is selected.

Addition of Beneficiary Email and Phone Number
To enhance communication with beneficiaries, CMS will be collecting beneficiaries' emails and phone numbers.

CMS has drafted a FAQ to address questions and concerns received from plans related to the changes to the Model MA and Part D Individual Enrollment Request Form effective on or after January 1, 2026. The FAQ can be found on the MAPD Help Desk website: https://www.cms.gov/data-research/cms-information-technology/access-cms-data-application/mapd-help-desk-faqs

NOTE: The file layouts listed below include items such as increased field sizes, MARx User Interface (UI) changes, and additional Transaction Reply Codes (TRCs). If a file layout is not listed, then it **is not** affected. **This memo only highlights changes that were made subsequent to the release of the May 6, 2025, HPMS memo.**

Plans are encouraged to review the FAQ prior to contacting the MAPD Help Desk for any issues or questions regarding systems updates and the submission of enrollment transactions. The MAPD Help Desk is available at 1-800-927-8069 or MAPDHelp@cms.hhs.gov.

Please direct questions on enrollment policy to the Division of Enrollment and Eligibility Policy (DEEP) mailbox at https://enrollment.lmi.org.

See the file layout changes listed below (bolded and shaded):

- Full Transaction Code 61 Layout (Attachment A)
- Full Transaction Code 92 Layout (Attachment B)
- Updated Transaction Reply Codes: 394-396 and 419-424 (Attachment C)
- Full Daily Transaction Reply Report (DTRR) Layout (Attachment D)
- Update to BCSS Failed Transaction Layout (Attachment E)
- Updated Verbatim Plan Submitted Transaction on DTRR (Attachment F)
- Updated MARx UI Screens (Attachment G)

Attachment A: Updated Transaction Code 61

**MARx Batch Input Detail-Enrollment Transaction- TC 61**
Item	**Field**	**Size**	**Position**	**Validation (Edits and TRCs for the transaction fields)**	**Is Item Required, Optional, or N/A**
1	Beneficiary Identifier	12	1–12	Reject the transaction with TRC007 if following criteria is not met during MBI transition: 1. Format must be one of the following: • HICN is a 7 to 12 position value, with the first 1 to 3 positions possible alphas, and the last 6 or 9 positions numeric (RRB number). • HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions being alpha in the first space and alpha-numeric or blank in the second (Non-RRB number). • MBI is an 11-position value. The 2nd, 5th, 8th and 9th positions are alphas. 2. String must contain NO embedded spaces. Reject the transaction with TRC008 if the beneficiary identifier is not found.	Required
2	Surname	12	13–24	Reject the transaction with TRC 004 if the field is blank and the First Name field is also blank.	Required
3	First Name	7	25–31	Reject the transaction with TRC 004 if the field is blank and the Surname field is also blank.	Required
4	M. Initial	1	32	N/A	Optional
5	Sex Code	1	33	Value must be '1' = male or '2' = female Reject the transaction with TRC 423 if the field is blank or invalid.	Required

	MARx Batch Input Detail-Enrollment Transaction- TC 61				
Item	**Field**	**Size**	**Position**	**Validation** **(Edits and TRCs for the transaction fields)**	**Is Item Required,** **Optional, or N/A**
6	Birth Date	8	34–41	Format (YYYYMMDD) Fail the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. Reject the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match. Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.	Required
7	EGHP Flag	1	42	If the value is not 'Y' or blank, then reject with TRC 164.	'Y' or blank
8	PBP #	3	43–45	Reject with TRC 107 if the Contract/PBP combination does not exist.	Required
9	Election Type Code	1	46	Reject with TRC 104 when: • The value is not "U" and the enrollment is for an MMP plan OR • The value is not "C" and the enrollment is a Plan-submitted rollover OR • Value is not a valid election type: A, C, D, E, F, I, J, L, M, N, O, P, Q, R, S, T, U, V, W, X, Z Blank is acceptable.	Required Optional for HCPP COST 1 without drug COST 2 without drug CCIP/FFS demo MDHO demo MSHO demo PACE National plans
10	Contract ID	5	4–51	Fail with TRC 003 if the value is blank or the contract does not exist.	Required

	MARx Batch Input Detail-Enrollment Transaction- TC 61				
Item	**Field**	**Size**	**Position**	**Validation (Edits and TRCs for the transaction fields)**	**Is Item Required, Optional, or N/A**
11	Application Date	8	52–59	For CMS files, if the value is blank, create a date equal to the effective date minus one day. Write to failed file with TRC 263 when the value is non-blank and invalid. Invalid conditions are: Application Date is required and • Not formatted as YYYYMMDD (e.g., "Aug 1940"), or • Is formatted correctly but contains a non-existent month or day (e.g., "19400199"). Reject with TRC 102 when the • Value is blank • Value < 1966 • Value > current year plus one • Value > effective date	Required
12	Transaction Code	2	60–61	Value is "61"	Required
13	Filler	2	62-63	N/A	N/A
14	Effective Date	8	64-71	Format: (YYYYMMDD) Fail the transaction with TRC 258 if the date is blank, not formatted correctly, or contains an invalid month or day. Reject the transaction if the year is less than 1966 or greater than current year +1, or the day is not the first of the month ("01").	Required
15	Segment ID	3	72-74	If not blank, reject with TRC 116 when value is not numeric or when segment does not exist for the Contract/PBP.	Optional 3 digits for segmented organizations otherwise, blank
16	Filler	5	75-79	N/A	N/A
17	ESRD Override	1	80	For non-Part D plans, valid values are character 1 – 9 or A – F, otherwise set the value to "0"	Required for non-PDP plans; otherwise, blank
18	Premium Withhold Option/ Parts C-D	1	81	When the effective date is 2006 or greater, reject the transaction with TRC 123 when the value is not D, S, R, O, or N. Do not reject transaction if the value is blank and the effective date is less than 2006.	Required for all plan types except HCPP, COST 1 without drug, COST 2 without drug, CCIP/FFS demo, MSA/MA and MSA/demo plans

MARx Batch Input Detail-Enrollment Transaction- TC 61					
Item	**Field**	**Size**	**Position**	**Validation (Edits and TRCs for the transaction fields)**	**Is Item Required, Optional, or N/A**
19	Part C Premium Amount (XXXXvXX)	6	82-87	For MA and MAPD plans, when the value is non-blank and is not numeric, reject with TRC 122. Interpret a blank field as a zero value.	Required for all plan types except HCPP, COST 1, COST 2, CCIP/FFS demo, MSA/MA and MSA/demo plans
20	Filler	6	88-93	N/A	N/A
21	Creditable Coverage Flag	1	94	For drug plans, when the field is not blank, reject with TRC 126 if value is not 'Y' or 'N.'	'Y' or 'N' for all Part D plans; otherwise, blank
22	Number of Uncovered Months	3	95-97	For drug plans, when the field is not blank, reject with TRC 124 if: • the value is not positive numeric when the Creditable Coverage Flag is 'N,' or • the value is not zero when the Creditable Coverage Flag is 'Y.' Interpret a blank field as a zero value.	Required for all Part D plans; otherwise, blank.
23	Employer Subsidy Enrollment Override Flag	1	98	If a drug plan, valid values are "Y" and blank.	'Y' if beneficiary has Employer Subsidy status for Part D; otherwise, blank
24	Part D Opt-Out Flag	1	99	If not blank, reject with TRC 130 when the value is not 'Y' or 'N.'	Required when changing PBPs. ('Y' when Opting Out of Part D; 'N' when Opting in to Part D; otherwise, blank)
25	Filler	1	100	N/A	N/A
26	Election Type/SEP Reason Code	2	101-102	Reject with TRC 397 when the field contains a blank or invalid value and the Election Type Code is 'S'. For a list of valid SEP Reason codes. See the Election Type "S – Special Election Period (SEP)" Reason Code table. This is an alpha-numeric field.	SEP Reason Code required when the Election Type Code is 'S'
27	Filler	21	103-123	N/A	N/A

MARx Batch Input Detail-Enrollment Transaction- TC 61					
Item	**Field**	**Size**	**Position**	**Validation** **(Edits and TRCs for the transaction fields)**	**Is Item Required,** **Optional, or N/A**
28	Preferred Language other than English	1	124	Reject the Preferred Language field with Informational TRC 396 if the value provided is not valid. This represents the language preference other than English. Valid Values: • S – Spanish • O – Other • Blank (Space) Note: The following two personal information fields must be valid. If any of the fields are invalid, all are ignored: • Preferred Language Other than English (field 28) • Accessible Format (field 29)	Optional
29	Accessible Format	1	125	Reject the Accessible Format field with Informational TRC 396 if the value provided is not valid. This represents an accessible format is chosen. Valid Values: • B – Braille • L – Large Print • A – Audio CD • D – Data CD • Blank (Space) Note: The following two personal information fields must be valid. If any of the fields are invalid, all are ignored: • Preferred Language Other than English (field 28) • Accessible Format (field 29)	Optional
30	Filler	9	126-134	N/A	N/A

MARx Batch Input Detail-Enrollment Transaction- TC 61					
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
31	Secondary Drug Insurance Flag	1	135	For drug plans, reject the transaction with TRC 133 when the value is not "Y, "N," or blank.	'Y' or 'N' for Part D plans. For auto/facilitated enrollments and rollovers, value should be blank. For non-Part D plans, value should be blank.
32	Secondary Rx ID	20	136-155	For CMS or State files, initialize to blanks; otherwise, do not validate.	Required when the secondary drug insurance flag = Y; otherwise, blank.
33	Secondary Rx Group	15	156-170	For CMS files, initialize to blanks; otherwise, do not validate.	Optional when the secondary drug insurance flag = Y; otherwise, blank.
34	Enrollment Source Code	1	171	Reject with TRC 104 when: For a CMS file: - It is a non-MMP enrollment and the value is not 'A', 'C', or 'H'; - It is an MMP enrollment and the value is not 'J', 'K', or 'L' For a State file, the value is not 'J', 'K', or 'L'. For a LINET contractor file, the value is not 'G' For a Plan file: - It is a non-MMP enrollment and the value is not 'B', 'E', 'F', 'G', 'H', or blank otherwise set to 'I'; - It is an MMP enrollment and the value is not 'J', 'K', or 'L'.	Required for POS submitted enrollment transactions; otherwise, optional.
35	Rolled From Contract	5	172-176	Required for Rollover enrollment transactions submitted on a POVER special batch file. For all other transactions the value is blank. Reject with a TRC 060 if the beneficiary was not enrolled in the Plan as of the submitted effective date for the Rollover enrollment transaction.	Required for Rollover enrollment transactions submitted on a POVER special batch file; otherwise, blank

MARx Batch Input Detail-Enrollment Transaction- TC 61					
Item	**Field**	**Size**	**Position**	**Validation** (Edits and TRCs for the transaction fields)	**Is Item Required, Optional, or N/A**
36	Rolled From PBP	3	177-179	Required for Rollover enrollment transactions submitted on a POVER special batch file. For all other transactions the value is blank. Reject with TRC 060 if the beneficiary was not enrolled in the Plan as of the submitted effective date for the Rollover enrollment transaction.	Required for Rollover enrollment transactions submitted on a POVER special batch file; otherwise, blank
37	Filler	30	180-209	N/A	N/A
38	Plan Assigned Transaction Tracking ID	15	210-224	Optional field; Do not validate	Optional
39	Part D Rx BIN	6	225-230	For CMS or State files, initialize to blanks. For non-CMS and non-State files from drug plans: reject the transaction with a TRC 200 if the value is not numeric or is less than 0 For PACE National Plans and MMP: If there is another primary 4Rx value provided (Part D Rx PCN, Part D Rx PCN, or Part D Rx Group) then reject the transaction with TRC 200 if this value is not numeric or is less than 0	Required for all Part D plans except PACE National and MMP; otherwise, blank.
40	Part D Rx PCN	10	231-240	For CMS or State files, initialize to blanks. For non-CMS and non-State files from drug plans, the value is optional, but when provided it will be rejected with a TRC 203 if the value is not: alphanumeric and left justified with no internal spaces.	Optional for all Part D plans, otherwise blank.
41	Part D Rx Group	15	241-255	For CMS or State files, initialize to blanks. For non-CMS and non-State files from drug plans, the value is optional, but when provided it will be rejected with a TRC 202 if the value is not: alphanumeric and left justified with no internal spaces.	Optional for all Part D plans, otherwise blank.

	MARx Batch Input Detail-Enrollment Transaction- TC 61				
Item	**Field**	**Size**	**Position**	**Validation** (Edits and TRCs for the transaction fields)	**Is Item Required, Optional, or N/A**
42	Part D Rx ID	20	256-275	For CMS or State files, initialize to blanks. For non-CMS and non-State files from drug plans, reject with a TRC 201 if the value is not: alphanumeric and left justified with no internal spaces. For PACE National Plans and MMP, the value is optional unless another primary 4Rx value is provided. For this case, reject with a TRC 201 if the value is not: alphanumeric and left justified with no internal spaces.	Required for all Part D plans except PACE National and MMP; otherwise, blank.
43	Secondary Drug BIN	6	276-281	For CMS or State files, initialize to blanks; otherwise, do not validate.	Required when the secondary drug insurance flag = Y; otherwise, blank.
44	Secondary Drug PCN	10	282-291	For CMS or State files, initialize to blanks; otherwise, do not validate.	Optional when the secondary drug insurance flag = Y; otherwise, blank.
45	Relationship to enrollee	7	292-298	When provided, values will be 'Y' for each of the Relationship choices that apply, otherwise, the position will be blank.	Required
a	Agent	1	292	Reject the Relationship to enrollee field with Informational TRC 396 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional
b	Broker	1	293	Reject the Relationship to enrollee field with Informational TRC 396 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional
c	SHIP counselors	1	294	Reject the Relationship to enrollee field with Informational TRC 396 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional

MARx Batch Input Detail-Enrollment Transaction- TC 61					
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
d	Authorized representatives	1	295	Reject the Relationship to enrollee field with Informational TRC 396 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional
e	Other (third parties)	1	296	Reject the Relationship to enrollee field with Informational TRC 396 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional
f	Self	1	297	Reject the Relationship to enrollee field with Informational TRC 396 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional
g	Form left blank	1	298	Reject the Relationship to enrollee field with Informational TRC 396 if the value provided is not valid or is used in conjunction with any other Relationship values. Valid values: • Y – Yes • Blank (Space)	Optional
46	**National Producer Number (NPN)**	**10**	**299-308**	**Numeric only and can't begin with a zero. If invalid, reject with TRC 424.**	**Required when field 45 is a or b or when the NPN is provided on the enrollment form.**
47	OEC Flag	1	309	If blank or invalid, reject with TRC 421 when the value is not 'Y' or 'N'.	'Y' or 'N' response required for all enrollment transactions.
48	**OEC Application Date**	**8**	**310-317**	**Enter the date of the OEC timestamp which is Coordinated Universal Time (UTC). Note: please enter UTC date only, the application submission time is not captured.** **Format (YYYYMMDD)** • **FAIL the transaction with TRC 422 if date is blank, not formatted correctly or contains an invalid month or day.** • **REJECT the transaction with TRC 421 if the application date is before 1/1/2026.**	**Required if response to Item 47 is 'Y'.**

	MARx Batch Input Detail-Enrollment Transaction- TC 61				
Item	**Field**	**Size**	**Position**	**Validation (Edits and TRCs for the transaction fields)**	**Is Item Required, Optional, or N/A**
49	OEC Application Number	12	318-329	Confirmation number* associated with the OEC application. If less than 12 bytes or blank reject with TRC 421. *Valid values (0, 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F)	Required if response to Item 47 is 'Y'. (Example: ABC123456789)
50	**Beneficiary Phone Number**	**10**	**330-339**	**A phone number:** • **Must be 10 digits** • **Must not begin with '0' or '1'** • **Fourth digit may not be a '1'** **If the beneficiary's phone number is not valid, TRC 419 will be provided.**	**Optional**
51	Beneficiary Email Address	74	340-413	A valid email: • Must include at least one occurrence of @ and period (.) • Must not have an underscore after the @ symbol • May include alphanumeric, hyphen (-), period (.), apostrophe ('), or underscore (_) • If the beneficiary's email is not valid, TRC 420 will be provided.	Optional
52	Filler	187	414-600	N/A	N/A

NOTE: Spaces are substituted for all fields marked as "N/A"

Attachment B: Updated Transaction Code 92

Updated Transaction Code 92-Additional Enrollment Information					
Item	**Field**	**Size**	**Position**	**Validation (Edits and TRCs for the transaction fields)**	**Is Item Required, Optional, or N/A**
1	Beneficiary Identifier	12	1–12	Reject the transaction with TRC 007 if the following criteria is not met: • Format for MBI is an 11-position value. The 2nd, 5th, 8th and 9th positions are alphas. • String must contain NO embedded spaces. Reject the transaction with TRC 008 if the beneficiary identifier is not found.	Required
2	Surname	12	13–24	Reject transaction with TRC 004 if field is blank and First Name field is also blank.	Required
3	First Name	7	25–31	Reject with TRC 004 if blank and Surname field is also blank.	Required
4	M. Initial	1	32	N/A	Optional
5	Sex Code	1	33	Valid values are: 1 – male 2 – female	Required
6	Birth Date	8	34–41	Format (YYYYMMDD) Fail the transaction with TRC 257 if the date is not formatted correctly or contains an invalid month or day and there is no beneficiary match. Reject the transaction with TRC 006 if the date is non-blank and formatted correctly, but is less than 1870, or greater than current year and there is no beneficiary match. Note: The beneficiary is considered matched if three out of four personal characteristics match (and the input claim number was found on the database.) If the beneficiary is matched the invalid or incorrect birth date is ignored.	Required
7	Filler	1	42	N/A	N/A
8	PBP #	3	43–45	Reject transaction with TRC 107 if PBP is not valid for the contract.	Required
9	Filler	1	46	N/A	N/A
10	Contract #	5	47–51	Fail with TRC 003 if field blank or contract does not exist.	Required

Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
11	Filler	8	52–59	N/A	N/A
12	Transaction Code	2	60–61	Value must be 92	Required
13	Filler	62	62-123	N/A	N/A
14	Preferred Language Other than English	1	124	Reject the transaction with TRC 394 if the value provided is not valid. This represents the language preference other than English. Valid values: • S – Spanish • O – Other • X – Remove current value in MARx and set to Blank (Space) • Blank (Space) – No update	Optional
15	Accessible Format	1	125	Reject the transaction with TRC 394 if the value provided is not valid. This represents an optional accessible format. Valid values: • B – Braille • L – Large Print • A – Audio CD • D – Data CD • X – Remove current value in MARx and set to Blank (Space) • Blank (Space) – No update	Optional
16	**Filler**	**26**	**126-151**	**N/A**	**N/A**
17	Relationship to enrollee	7	152-158	When provided, values will be 'Y' for each of the Relationship choices that apply, otherwise, the position will be blank.	Optional
a	Agent	1	152	Reject the Relationship to enrollee field with Informational TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional

	Updated Transaction Code 92-Additional Enrollment Information				
Item	**Field**	**Size**	**Position**	**Validation (Edits and TRCs for the transaction fields)**	**Is Item Required, Optional, or N/A**
b	Broker	1	153	Reject the Relationship to enrollee field with Informational TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional
c	SHIP counselors	1	154	Reject the Relationship to enrollee field with Informational TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional
d	Authorized representatives	1	155	Reject the Relationship to enrollee field with Informational TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional
e	Other (third parties)	1	156	Reject the Relationship to enrollee field with Informational TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional
f	Self	1	157	Reject the Relationship to enrollee field with Informational TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional
g	Form left blank	1	158	Reject the Relationship to enrollee field with Informational TRC 394 if the value provided is not valid. Valid values: • Y – Yes • Blank (Space)	Optional
18	Filler	51	159-209	N/A	N/A
19	Plan Transaction Tracking ID	15	210-224	Fifteen-character tracking ID.	Optional
20	Filler	21	225-245	N/A	N/A

				Updated Transaction Code 92-Additional Enrollment Information	
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
21	**Beneficiary Phone Number**	**10**	**246-255**	**A phone number:** • **Must be 10 digits** • **Must not begin with '0' or '1'** • **Fourth digit may not be a '1'** **If the beneficiary's phone number is not valid, TRC 419 will be provided.**	**Optional**
22	Beneficiary Email Address	74	256-329	A valid email: • Must include at least one occurrence of @ and period (.) • Must not have an underscore after the @ symbol. • May include alphanumeric, hyphen (-), period (.), apostrophe ('), or underscore (_). • If the beneficiary's email is not valid, TRC 420 will be provided.	Optional
23	Filler	271	330-600	N/A	N/A

NOTE: Spaces are substituted for all fields marked as "N/A".

Attachment C: Updated Transaction Reply Codes: 394-396 and 419-424:

<table>
<tr><th colspan="5">Transaction Reply Codes</th></tr>
<tr><th>Code</th><th>Type</th><th>Title</th><th>Short Definition</th><th>Definition</th></tr>
<tr>
<td>394</td>
<td>R</td>
<td>Rejected; Invalid Additional Enrollment</td>
<td>BAD ADDTL ENROLL INFO</td>
<td>This TRC will be generated in response to invalid data submitted on Additional Enrollment Data Change Transaction (Transaction Type 92):

- Preferred Language Other than English (Must be S, O, X, or Space)
  - S – Spanish
  - O – Other
  - X - Remove current value in MARx and set to Blank (Space)
- Accessible Format (Must be B, L, A, D, X or Space)
  - B – Braille
  - L – Large Print
  - A – Audio CD
  - D – Data CD
  - X - Remove current value in MARx and set to Blank (Space)
- Relationship to Enrollee (Must be Y or blank for each applicable option. Multiple Y entries are valid unless Form left blank option is set to Y).
  - Agent
  - Broker
  - SHIP counselors
  - Authorized representatives
  - Other (third parties)
  - Self
  - Form left blank
- National Producer Number
  - Required for Agent or Broker only. Must be numeric and can't begin with a zero.

Plan Action: Resubmit the 92 transactions with the corrected values.</td>
</tr>
<tr>
<td>395</td>
<td>A</td>
<td>Additional Enrollment Info Accepted as Submitted</td>
<td>ADDTL ENROLL INFO ACPT</td>
<td>This TRC will be generated in response to Additional Enrollment Data Information Change Transaction (Transaction Type 92) or an Enrollment or PBP Change (Transaction Type 61) when ALL the data fields are valid.

Plan Action: None Required</td>
</tr>
</table>

Transaction Reply Codes

Code	Type	Title	Short Definition	Definition

396	I	Invalid Additional Enrollment Information Submitted	ADDTL ENROLL INFO	This TRC will be generated (as an informational TRC) in response to one or more of the following invalid data fields on an Enrollment or PBP Change (Transaction Type 61):
				• Preferred Language Other than English (Must be S, O, or Space)
				  ▪ S – Spanish
				  ▪ O – Other
				• Accessible Format (Must be B, L, A, D, X or Space)
				  ▪ B – Braille
				  ▪ L – Large Print
				  ▪ A – Audio CD
				  ▪ D – Data CD
				  ▪ X – Remove current value in MARx and set to Blank (Space)
				• Relationship to Enrollee (Must be Y or blank for each applicable option. Multiple Y entries are valid unless Form left blank option is set to Y.)
				  ▪ Agent
				  ▪ Broker
				  ▪ SHIP counselors
				  ▪ Authorized representatives
				  ▪ Other (third parties)
				  ▪ Self
				  ▪ Form left blank
				• National Producer Number
				  ▪ Required for Agent or Broker only. Must be numeric and can't begin with a zero.
				
				Plan Action: Submit a 92 transaction with the corrected values.

419	**I**	**Invalid Phone Number Submitted**	**BAD PHONE NO**	**This TRC will be generated (as an informational TRC) in response to an unacceptable phone number on an Additional Information Change Transaction (Transaction Type 92) or an Enrollment or PBP Change (Transaction Type 61). A phone number:** • **Must be 10 digits** • **Must not begin with '0' or '1'** • **Fourth digit may not be a '1'** **Plan Action: Submit a 92 transaction with the corrected phone number.**

Transaction Reply Codes				
Code	Type	Title	Short Definition	Definition
420	I	Invalid Email Submitted	BAD EMAIL	This TRC will be generated (as an informational TRC) in response to an unacceptable email address on an Additional Information Change Transaction (Transaction Type 92) or Enrollment or PBP Change (Transaction Type 61). A valid email: • Must include only one occurrence of @ • Must include at least one period (.) • Must not have an underscore after the @ symbol • May include alphanumeric, hyphen (-), apostrophe ('), or underscore (_) Plan Action: Submit a 92 transaction with the corrected email address

421	R	Enrollment Rejected – No OEC Information	BAD OEC	A submitted Additional Information Change Transaction change (Transaction Type 92) or a submitted enrollment or PBP change transaction (Transaction Type 61) was rejected because the Online Enrollment Center (OEC) information was not submitted or invalid.
				• OEC Flag
				  o Valid Values 'Y' or 'N'
				• OEC Confirmation Number
				  o Must be populated if OEC Flag is 'Y'
				  o Must not be populated if OEC Flag is 'N'
				Valid values (0, 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F)
				• OEC Application Date
				  o Must be populated if OEC Flag is Y
				  o Must not be populated if OEC Flag is 'N'
				  o YYYYMMDD format
				
				Plan Action: Submit a 61 transaction with the corrected OEC information

422	F	Invalid OEC Date	INV OEC DATE	An Additional Information Change Transaction (Transaction Type 92) or an Enrollment or PBP Change (Transaction Type 61) failed because the OEC submittal date is either not formatted as YYYYMMDD (e.g., "Aug 1940") or is formatted correctly but contains a nonexistent month or day (e.g., "19400199") The failed transaction record is not returned in the DTRR data file. It is returned on the Batch Completion Status Summary (BCSS) data file. Plan Action: Correct the date(s) and resubmit the transaction, as appropriate.

Transaction Reply Codes				
Code	**Type**	**Title**	**Short Definition**	**Definition**
423	R	Enrollment Rejected – No Sex Code	BAD SEX CODE	A submitted enrollment or PBP change transaction (Transaction Type 61) was rejected because the sex code was not submitted or invalid. Valid sex codes: '1' = male or '2' = female.
424	R	**Enrollment Rejected – No NPN Information**	**BAD NPN**	**A submitted enrollment or PBP change transaction (Transaction Type 61) was rejected because the National Producer Number (NPN) was not submitted (or invalid) and the transaction was submitted with an agent or broker in the Relationship to Enrollee field and assisted the applicant with completing the enrollment form. The NPN must be numeric and can't begin with a zero.**

Attachment D: DTRR Data File Detail Record

<table>
<tr><th colspan="5">DTRR Detail Record</th></tr>
<tr><th>Item</th><th>Field</th><th>Size</th><th>Position</th><th>Description</th></tr>
<tr><td>1</td><td>Beneficiary ID</td><td>12</td><td>1-12</td><td>Health Insurance Claim Number (HICN) until the start of Medicare Beneficiary Identifier (MBI) transition then.
MBI during and after MBI transition.
MBI is 11 characters, left-justified with one space at the end.</td></tr>
<tr><td>2</td><td>Surname</td><td>12</td><td>13-24</td><td>Beneficiary Surname.</td></tr>
<tr><td>3</td><td>First Name</td><td>7</td><td>25-31</td><td>Beneficiary Given Name.</td></tr>
<tr><td>4</td><td>Middle Initial</td><td>1</td><td>32</td><td>Beneficiary Middle Initial.</td></tr>
<tr><td>5</td><td>Sex Code</td><td>1</td><td>33</td><td>Beneficiary Sex Identification Code.
1 = Male.
2 = Female.</td></tr>
<tr><td>6</td><td>Date of Birth</td><td>8</td><td>34-41</td><td>CCYYMMDD.</td></tr>
<tr><td>7</td><td>Record Type</td><td>1</td><td>42</td><td>T = TRC record.</td></tr>
<tr><td>8</td><td>Contract Number</td><td>5</td><td>43-47</td><td>Plan Contract Number.</td></tr>
<tr><td>9</td><td>State Code</td><td>2</td><td>48-49</td><td>If Transaction Code = 01, the State code of the beneficiary's mailing address.
If Transaction Code = 76, the State code of the beneficiary's residence address.</td></tr>
<tr><td>10</td><td>County Code</td><td>3</td><td>50-52</td><td>If Transaction Code = 01, the County code of the beneficiary's mailing address.
If Transaction Code = 76, the County code of the beneficiary's residence address.</td></tr>
<tr><td>11</td><td>Disability Indicator</td><td>1</td><td>53</td><td>0 = No Disability.
1 = Disabled without ESRD.
2 = ESRD Only.
3 = Disabled with ESRD.
Space = not applicable.</td></tr>
<tr><td>12</td><td>Hospice Indicator</td><td>1</td><td>54</td><td>0 = No Hospice.
1 = Hospice.
Space = not applicable.</td></tr>
<tr><td>13</td><td>Institutional/NHC/HCBS Indicator</td><td>1</td><td>55</td><td>0 = No Institutional.
1 = Institutional.
2 = NHC.
3 = HCBS.
Space = not applicable.</td></tr>
<tr><td>14</td><td>ESRD Indicator</td><td>1</td><td>56</td><td>0 = No End-Stage Renal Disease.
1 = End-Stage Renal Disease.
Space = not applicable.</td></tr>
<tr><td>15</td><td>Transaction Reply Code</td><td>3</td><td>57-59</td><td>TRC</td></tr>
<tr><td>16</td><td>Transaction Code</td><td>2</td><td>60-61</td><td>TC</td></tr>
</table>

				DTRR Detail Record
Item	**Field**	**Size**	**Position**	**Description**
17	Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: Y = Entitled to Part A and B. Z = Entitled to Part A or B. Space = not applicable. Space reported with TRCs 121, 194, and 223 has no meaning.

18	Effective Date	8	63-70	CCYYMMDD.
				Effective date is present for all TRCs unless listed below.
				Field content is TRC dependent for the following TRCs:
				   071 & 072 = Effective date of the hospice period.
				   090 = Current Calendar Month.
				   091 = Previously reported incorrect death date.
				   121, 194, and 223 = PBP enrollment effective date.
				   245 = The date that payments will begin to be impacted due to the addition of the Medicare Secondary Payer (MSP) period.
				   280 = The date that payments will begin to be impacted due to the addition of the MSP period.
				   293 = Enrollment End Date; Last day of the month.
				   305 = New ZIP Code Start Date.
				   345 = The effective date of the attempted enrollment.
				   346 = End date of enrollment period.
				   347 = Start date of reenrollment period.
				   366 = The effective date of the change in Medicaid status.
				   368 = Beginning date of the period for which the Plan's payments are impacted by MSP, based on the MSP start date.
				   701 = New enrollment period start date.
				   702 = Fill-in enrollment period start date.
				   703 = Start date of cancelled enrollment period.
				   704 = Start date of enrollment period cancelled for PBP correction.
				   705 = Start date of enrollment period for corrected PBP.
				   706 = Start date of enrollment period cancelled for segment correction.
				   707 = Start date of enrollment period for corrected segment.
				   708 = Enrollment period end date assigned to existing opened ended enrollment.
				   709 & 710 = New start date resulting from update.
				   711 & 712 = New end date resulting from update.
				   713 – "00000000" = End date removed. Original end date is in Field 24-x.

19	WA Indicator	1	71	0 = Not Working Aged. 1 = Working Aged. Space = not applicable.
20	Plan Benefit Package ID	3	72-74	PBP number
21	Filler	1	75	Space

				DTRR Detail Record
Item	**Field**	**Size**	**Position**	**Description**
22	Transaction Date	8	76-83	CCYYMMDD. Present for all transaction reply codes. For TRCs 121, 194, and 223, the report generation date.
23	UI Initiated Change Flag	1	84	0 = transaction from source other than user interface. 1 = transaction created through user interface. Space = not applicable.
24	Positions 85 – 96 are dependent upon the value of the TRC. Spaces except where indicated below.			
a	Effective Date of the Disenrollment	8	85-92	CCYYMMDD. Present only when TRC is one of the following: 13, 14, 18, or 293.
b	New Enrollment Effective Date	8	85-92	CCYYMMDD. Present only when TRC is 17, 345
c	Claim Number (old)	12	85-96	Present only when TRC is one of the following: 22, 25, 86, or 301.
d	Date of Death	8	85-92	CCYYMMDD. Present only when TRC is one of the following: 90 (with TC 01), 92.
e	Hospice End Date	8	85-92	CCYYMMDD. Present only when TRC is 71 or 72. If blank for TRC 71, then the Hospice Period is open-ended.
f	ESRD Start Date	8	85-92	CCYYMMDD. Present only when TRC is 73.
g	ESRD End Date	8	85-92	CCYYMMDD. Present only when TRC is 74.
h	Institutional/ NHC Start Date	8	85-92	CCYYMMDD. Present only when TRC is one of the following: 48, 75, 158, or 159.
i	Medicaid Start Date	8	85-92	CCYYMMDD. Present only when TRC is 77.
j	Medicaid End Date	8	85-92	CCYYMMDD. Present only when TRC is 78.
k	Part A End Date	8	85-92	CCYYMMDD. Present only when TRC is 79.
l	WA Start Date	8	85-92	CCYYMMDD. Present only when TRC is 66.
m	WA End Date	8	85-92	CCYYMMDD. Present only when TRC is 67.
n	Part A Reinstate Date	8	85-92	CCYYMMDD. Present only when TRC is 80.
o	Part B End Date	8	85-92	CCYYMMDD. Present only when TRC is 81.
p	Part B Reinstate Date	8	85-92	CCYYMMDD. Present only when TRC is 82.
q	Old State and County Codes	5	85-89	Beneficiary's prior state and county code. Present only when TRC is 85.

DTRR Detail Record

Item	Field	Size	Position	Description
r	Attempted Enroll Effective Date	8	85-89	CCYYMMDD. The effective date of an enrollment transaction that was submitted but rejected. Present only when Transaction Reply code is the following: 35, 36, 45, or 56.
s	PBP Effective Date	8	85-89	CCYYMMDD. Effective date of a beneficiary's PBP change. Present only when TRC is 100.
t	Correct Part D Premium Rate	12	85-96	ZZZZZZZZ9.99. Part D premium amount reported by HPMS for the Plan. Present only when the TRC is 181.
u	Date Identifying Information Changed by UI User	8	85-92	CCYYMMDD. Field content is dependent on TRC: 702 – Fill-in enrollment period end date. 705 – End date of enrollment period for corrected PBP, spaces when end date not provided by Plan. 707 – End date of enrollment period for corrected segment, spaces when end date not provided by Plan. 709 & 710 – Enrollment period start date prior to start date change. 711, 712, & 713 – Enrollment period end date prior to end date change.
v	Modified Part C Premium Amount	12	85-96	ZZZZZZZZ9.99. Part C premium amount reported by HPMS for the Plan. Present only when the TRC is 182.
w	Date of Death Removed	8	85-92	CCYYMMDD. Previously reported erroneous date of death. Present only when TRC is 091.
x	Dialysis End Date	8	85-92	CCYYMMDD. Will be present when TRC is 268 and the dialysis period has an end date.
y	Transplant Failure Date	8	85-92	CCYYMMDD. Will be present when TRC is 269 and the transplant has an end date.
z	New ZIP Code	10	85-94	#####-#### Format. Will be present when TRC is 305.
aa	Previous Contract for POS Drug Edit or CARA Status Active Indicator	5	85-89	Will be present when TRC is 322 or 376.
bb	MSP Period Start Date	8	85-92	CCYYMMDD. Will be present when TRC is 245, 280, or 368 and will contain the Medicare Secondary Payer (MSP) Period Start Date.
cc	Maximum NUNCMO Calculated	3	85-87	Maximum incremental number of uncovered months that can be submitted for the effective date; otherwise, spaces. Present only when TRC is one of the following: 216, 300, or 341.

				DTRR Detail Record
Item	**Field**	**Size**	**Position**	**Description**
dd	IC Model End Date	8	85-92	CCYYMMDD. Will be present when TRC is 351 or 359 and the IC Model End Date is populated, or when TRC is 362.
ee	Residence Address End Date	8	85-92	YYYYMMDD Format; Will be present when the Transaction Reply Code is 265.
ff	Withholding Agency Rejection Code	5	85-89	Rejection code received from the withholding agency. Will only be present when the Transaction Reply Code is 186. This field may contain a space in the first position.
gg	MPPP Termination Reason Code	2	85-86	01 – Voluntary 02 – Involuntary 03 – Deceased 04 – End of MPPP Year Present only when Transaction Type Code is 95
25	District Office Code	3	97-99	Code of the originating district office. Present only when TC is 53; otherwise, spaces if not applicable.

26	Previous Part D Contract/PBP for TrOOP Transfer.	8	100-107	CCCCCPPP Format.
				Present only if previous enrollment exists within reporting year in Part D Contract. Otherwise, field will be spaces.
				  CCCCC = Contract Number.
				  PPP = Plan Benefit Package (PBP) Number.

27	SEP Reason Code	2	108-109	If the Election Type is "S" or "Y", this field will be populated for the following TRCs: 011, 013, 015, 018, 022, 023, 025, 026, 100, 397, 401, 402, 701, 702, 704, 705, 708, 709, 710, 711, 712, 713, 717, 725. This is an alpha-numeric field. Otherwise, the field will be blank. System-generated enrollments and disenrollments will populate with SEP Reason Code "00". See the Election Type "S – Special Election Period (SEP)" Reason Code table for SEP Reason Code values.
28	Filler	6	110-115	Spaces
29	Source ID	5	116-120	Transaction Source Identifier.
30	Prior Plan Benefit Package ID	3	121-123	Prior PBP number for PBP Change transaction. Present only when TC is 61; otherwise, spaces.
31	Application Date	8	124-131	CCYYMMDD; otherwise, spaces if not applicable. The date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper).
32	UI User Organization Designation	2	132-133	01 = Plan. 02 = Regional Office. 03 = Central Office. Spaces = not a UI transaction.

	DTRR Detail Record			
Item	**Field**	**Size**	**Position**	**Description**
33	Out of Area Flag	1	134	Y = Out of area. N = Not out of area. Space = not applicable.
34	Segment Number	3	135-137	Further definition of PBP by geographic boundaries; otherwise, spaces when not applicable.
35	Part C Beneficiary Premium	8	138-145	Cost to beneficiary for Part C benefits; otherwise, spaces if not applicable.
36	Part D Beneficiary Premium	8	146-153	Cost to beneficiary for Part D benefits; otherwise, spaces if not applicable.
37	Election Type Code	1	154	A = AEP. C = Plan-submitted Rollover. E = IEP. F = IEP2. I = ICEP. J = DEM L = Dual/LIS Quarterly SEP M = MA-OEP N = OEPNEW. O = OEP. P = SEP IC. Q = Dual/LIS MN SEP. R = 5 Star SEP. S = Other SEP. T = OEPI. U = Dual/LIS SEP. V = Permanent Change in Residence SEP. W = EGHP SEP. X = Administrative Action SEP. Y = CMS/Case Work SEP. Space = not applicable. Z = Auto Enrollment, Facilitated Enrollment, Reassign Enrollment, or POS enrollment (current and retro effective dates) MAs use A, C, D, F, I, J, L*, M, N, O, R, S, T, U, V, W, X, Y and Z. MAPDs use A, C, E, F, I, J, L*, M, N, O, P, R, S, T, U, V, W, X, Y and Z. PDPs use A, C, E, F, L*, M, Q, R, S, U, V, W, X, Y and Z. *L may be used for retroactive RPC transactions only eff. 1/1/2025.

				DTRR Detail Record
Item	**Field**	**Size**	**Position**	**Description**
38	Enrollment Source Code	1	155	Required for POS submitted enrollment transactions. Otherwise, optional. Indicates the source of the enrollment. A = Auto enrolled by CMS. B = Beneficiary Election. C = Facilitated enrollment by CMS. D = CMS Annual Rollover. E = Plan initiated auto-enrollment. F = Plan initiated facilitated-enrollment. G = Point-of-sale enrollment. H = CMS or Plan reassignment. I = Invalid submitted value (transaction is not rejected). J = State-submitted passive enrollment. K = CMS-submitted passive enrollment. L = MMP beneficiary election. N = Rollover by Plan Transaction. Space = not applicable.
39	Part D Opt-Out Flag	1	156	Y = Opted out of Part D AE/FE. N = Not opted out of Part D AE/FE. Space = No change to opt-out status.
40	Premium Withhold Option/Parts C-D	1	157	D = Direct self-pay. N = No premium applicable. R = Deduct from RRB benefits. S = Deduct from SSA benefits. Space = not applicable. Option applies to both Part C and D Premiums and is populated only for TRCs related to enrollment acceptance, premium or premium withholding. Rejection TRCs report the submitted PPO. TRCs 120, 185 and 186 report the PPO involved with the communication with the Withholding Agency. All others report the PPO in effect as of the Effective Date after the submitted transaction is processed.
41	Cumulative Number of Uncovered Months	3	158-160	Count of Total Months without drug coverage as of the effective date submitted; otherwise, spaces. Present with Enrollment Acceptance TRCs, or when TRC is the following: 141, 216, 300, or 341.

				DTRR Detail Record
Item	**Field**	**Size**	**Position**	**Description**
42	Creditable Coverage Flag	1	161	'Y' = Covered. 'N' = Not Covered. 'A' = Setting uncovered months reset to zero due to a new IEP. 'L' = Setting uncovered months reset to zero due to a beneficiary Low Income. 'R' = Setting uncovered months to zero (other). 'T' = Setting uncovered months reset indicator to T and cumulative number of uncovered months value to zero because a beneficiary has been identified as being enrolled in a US Territory Part D plan (the Plan resides in the US Territory) and maintains a Medicaid (full or partial) status. 'U' = Reset removed and uncovered month restored to previous value. Space = not applicable.
43	Employer Subsidy Override Flag	1	162	Y = Beneficiary is in a plan receiving an employer subsidy, flag allows enrollment in a Part D plan. Space = no flag submitted by plan.
44	Processing Timestamp	15	163-177	HH.MM.SS.SSSSS. Transaction processing time, or, for TRCs 121, 194, or 223, the report generation time.
45	End Date	8	178-185	CCYYMMDD. End Date associated with the TRC when applicable: • TRCs that report a Premium Payment Option (PPO) value that is not open-ended. • MSP TRCs 245, 280, and 368 - contains the MSP period end date, if available. • If dialysis period is reported retroactively, TRC 135 will report dialysis end date in this field.
46	Submitted Number of Uncovered Months	3	186-188	Existing or Incremental Number of Uncovered Months submitted in the transaction; otherwise, spaces. Note: TRC 341 may be issued due to a change to a prior Plan's NUNCMO. In this case, field 45 will contain the existing incremental NUNCMO when issued to subsequent Plan(s). Present with Enrollment Acceptance TRCs, or when Transaction Reply Code is the following: 141, 216, 300, 341.
47	Filler	7	189-195	spaces
48	Preferred Language Other Than English	1	196	Present only when Transaction Code is 61 or 92 and the Preferred Language Other Than English was provided. 'S' = Spanish 'O' = Other 'X' = remove current value in MARx and set to Blank (Space) Space = not applicable (no update)

DTRR Detail Record

Item	Field	Size	Position	Description
49	Accessible Format	1	197	Present only when Transaction Code is 61 or 92 and the Accessible Format was provided. 'B' = Braille 'L' = Large Print 'A'= Audio CD 'D' = Data CD 'X' = remove current value in MARx and set to Blank (Space) Space = not applicable (no update)
50	Secondary Drug Insurance Flag	1	198	TC 61 MAPD and PDP transactions: Y = Beneficiary has secondary drug insurance. N = Beneficiary does not have secondary drug insurance available. Space = No flag submitted by Plan. TC 72 MAPD and PDP transactions: Y = Secondary drug insurance available. N = No secondary drug insurance available. Space = no change.
51	Secondary Rx ID	20	199-218	Beneficiary's secondary insurance Plan's ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.
52	Secondary Rx Group	15	219-233	Beneficiary's secondary insurance Plan's Group ID number taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.
53	EGHP	1	234	TC 61 transactions: Y = EGHP. Space = Not EGHP. TC 74 transactions: Y = EGHP. N = Not EGHP. Space = no change.
54	Part D Low-Income Premium Subsidy Level	3	235-237	Part D LIPS percentage category: 000 = No subsidy. 025 = 25% subsidy level. 050 = 50% subsidy level. 075 = 75% subsidy level. 100 = 100% subsidy level. Spaces = not applicable.
55	Low-Income Co-Pay Category	1	238	Definitions of the co-payment categories: 0 = none, not low-income. 1 = High. 2 = Low. 3 = 0. 4 = 15%. 5 = Unknown. Space = not applicable.

DTRR Detail Record

Item	Field	Size	Position	Description
56	Low-Income Period Effective Date	8	239-246	CCYYMMDD. The later of LIS Start Date or Enrollment Effective Date. Spaces if not applicable.
57	Part D Late Enrollment Penalty Amount	8	247-254	-9999.99; otherwise, spaces if not applicable. Calculated Part D late enrollment penalty, not including adjustments indicated by Fields 53 and 54.
58	Part D Late Enrollment Penalty Waived Amount	8	255-262	-9999.99; otherwise, spaces if not applicable. Amount of Part D late enrollment penalty waived.
59	Part D Late Enrollment Penalty Subsidy Amount	8	263-270	-9999.99; otherwise, spaces if not applicable. Amount of Part D late enrollment penalty low-income subsidy.
60	Low-Income Part D Premium Subsidy Amount	8	271-278	-9999.99; otherwise, spaces if not applicable. Amount of Part D low-income premium subsidy as of the enrollment period start date.
61	Part D Rx BIN	6	279-284	Beneficiary's Part D Rx BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.
62	Part D Rx PCN	10	285-294	Beneficiary's Part D Rx PCN taken from the input transaction (61 or 72); otherwise, spaces if not provided via a transaction.
63	Part D Rx Group	15	295-309	Beneficiary's Part D Rx Group taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.
64	Part D Rx ID	20	310-329	Beneficiary's Part D Rx ID taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.
65	Secondary Rx BIN	6	330-335	Beneficiary's secondary insurance BIN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.
66	Secondary Rx PCN	10	336-345	Beneficiary's secondary insurance PCN taken from the input transaction (61 or 72); otherwise, spaces for any other transaction code.
67	De Minimis Differential Amount	8	346-353	-9999.99; otherwise, spaces if not applicable. Amount by which a Part D de minimis Plan's beneficiary premium exceeds the applicable regional low-income premium subsidy benchmark.
68	MSP Status Flag	1	354	P = Medicare primary payer. S = Medicare secondary payer. N = Non-respondent beneficiary. Space = not applicable.
69	Low Income Period End Date	8	355-362	CCYYMMDD; otherwise, spaces if not applicable. Date low-income period closes. The end date is either the last day of the PBP enrollment or the last day of the low-income period itself, whichever is earlier. This field is spaces for LIS applicants with an open-ended award or when the TRC is not one of the LIS TRCs 121, 194, 223.
70	Low Income Subsidy Source Code	1	363	A = Approved SSA applicant. D = Deemed eligible by CMS. Space = not applicable.

				DTRR Detail Record
Item	**Field**	**Size**	**Position**	**Description**

71	Enrollee Type Flag, PBP Level	1	364	Designation relative to the report generation date (Transaction Date, Field 22).
				  C = Current PBP enrollee.
				  P = Prospective PBP enrollee.
				  Y = Previous PBP enrollee.
				  Space = not applicable.

72	Application Date Indicator	1	365	Identifies whether the application date associated with a MARx UI submitted enrollment has a system generated default value:
				  Y = Default value for MARx UI enrollment.
				  Space = Not applicable.

73	TRC Short Name	15	366-380	TRC's short-name identifier.
74	Disenrollment Reason Code	2	381-382	DRC
75	MMP Opt Out Flag	1	383	Y = Opted out of passive enrollment into MMP plan. N = Not opted out of passive enrollment into MMP plan. Space = Not applicable.
76	Cleanup ID	10	384-393	Populated if there is a Cleanup ID associated with the transaction. Spaces if no value exists. Used to identify transactions that were created to correct payment data.
77	CARA Status Add/Update/Delete Flag	1	394	A = Add (starts 2019) D = Delete U = Update Space = Not applicable Note: Prior to 2019, this field contained the POS Drug Edit Update Delete Flag
78	POS Drug Edit Status	1	395	'Y' = Yes, a POS Edit Code has been supplied 'N' = No, a POS Edit Code has not been supplied Space = Not applicable or no update Present only when Transaction Code is 90
79	Drug Class	3	396-398	Three-character drug class identifier. Spaces = Not applicable Present only when Transaction Code is 90
80	POS Drug Edit Code	3	399-401	Three-character POS Edit Code Spaces = Not applicable Present only when Transaction Code is 90
81	CARA Status Notification Start Date	8	402-409	Date that a beneficiary was notified of a CARA Status YYYYMMDD format Present only when Transaction Code is 90 Note: Prior to 2019, this field contained the POS Drug Edit notification date
82	CARA Status Implementation Start Date	8	410-417	Date CARA Status was implemented YYYYMMDD format Spaces – Not applicable Present only when Transaction Code is 90 Note: Prior to 2019, this field contained the POS Drug Edit implementation date

				DTRR Detail Record
Item	**Field**	**Size**	**Position**	**Description**
83	CARA Status Notification End Date	8	418-425	CARA Status notification end date YYYYMMDD format Present only when Transaction Code is 90 and a CARA Status notification start date or POS Drug Edit termination date is provided, otherwise blank The CARA Status Notification End Date is either: • The one provided on the Transaction Code 90 transaction OR • The one assigned by MARx **Note**: Prior to 2019, this field contained the POS Drug Edit termination date
84	Hospice Provider Number	13	426-438	Hospice Medicare Provider Number.
85	IC Model Type Indicator	2	439-440	Present only when TC is 91. 01 = Value Based Insurance Design (VBID). 02 = Medication Therapy Management (MTM). Spaces = Not applicable.
86	IC Model End Date Reason Code	2	441-442	Present only when TC is 91 and the IC Model End Date is provided. 01 = No longer Eligible. 02 = Opted out of program. 03 = Benefit Status Change. 04 = CMS Auto Dis. Spaces = Not applicable.
87	IC Model Benefit Status	2	443-444	Present only when TC is 91. 01 = Full Status. 02 = Unearned Status. Spaces = Not Applicable.
88	Updated Medicaid Status for Community RAF beneficiary	1	445	Medicaid Status of a beneficiary whose payments are calculated using a Community Risk Adjustment Factor: F = Full Dual. P = Partial Dual. N = Non-dual.
89	CARA Status Implementation End Date	8	446-453	CARA Status implementation end date YYYYMMDD format Spaces – Not applicable Present only when Transaction Code is 90 The CARA Status Implementation End Date is either: • The one provided on the Transaction Code 90 transaction OR • The one assigned by MARx
90	Prescriber Limitation	1	454	'Yes' = Beneficiary has a Prescriber Limitation 'No' = Beneficiary does not have a Prescriber Limitation Spaces – Not applicable Present only when Transaction Code is 90

	DTRR Detail Record			
Item	**Field**	**Size**	**Position**	**Description**
91	Pharmacy Limitation	1	455	'Yes' = Beneficiary has a Pharmacy Limitation 'No' = Beneficiary does not have a Pharmacy Limitation Spaces – Not applicable Present only when Transaction Code is 90
92	**Filler**	**19**	**456-474**	**Spaces**
93	System Assigned Transaction Tracking ID	20	475-494	System assigned transaction tracking ID.
94	Plan Assigned Transaction Tracking ID	15	495-509	Plan submitted batch input transaction tracking ID.
95	Relationship to enrollee	7	510-516	Present only when Transaction Type Code is 61 or 92 and Relationship to enrollee was provided. TRCs are 394, 395, 396. Note: One or more relationship to enrollee options can be selected. When the 'Form left blank' option is selected, then no other options are valid.
a	Agent	1	510	'Y' – Agent Space – not applicable
b	Broker	1	511	'Y' – Broker Space – not applicable
c	SHIP counselors	1	512	'Y' – SHIP counselors Space – not applicable
d	Authorized representatives	1	513	'Y' – Authorized representatives Space – not applicable
e	Other (third parties)	1	514	'Y' – Other (third parties) Space – not applicable
f	Self	1	515	'Y' – Self Space – not applicable
g	Form left blank	1	516	'Y' – Form left blank Space – not applicable
96	National Producer Number (NPN)	10	517-526	Numeric only and can't begin with a zero
97	OEC Flag	1	527	'Y' or 'N' response required for all enrollment transactions
98	OEC Application Date	8	528-535	Required if response to Item 97 is 'Y'
99	OEC Application Number	12	536-547	Required if response to Item 97 is 'Y'
100	Beneficiary Phone Number	10	548-557	Optional
101	Beneficiary Email Address	74	558-631	Optional
102	Filler	169	632-800	Spaces

Attachment E: BCSS Failed Transaction

	BCSS Failed Transaction			
Item	**Field**	**Size**	**Position**	**Description**
1	Record Type Identifier	2	1-2	Failed Record Type: "F" (F and space).
2	Filler	1	3	Spaces.
3	Failed Input Transaction Record Text	600	4-603	Failed transaction text.
4	Filler	5	604-608	Spaces.
5	TRC	3	609-611	First TRC.
6	TRC	3	612-614	Second TRC; otherwise, spaces.
7	TRC	3	615-617	Third TRC; otherwise, spaces.
8	TRC	3	618-620	Fourth TRC; otherwise, spaces.
9	TRC	3	621-623	Fifth TRC; otherwise, spaces.

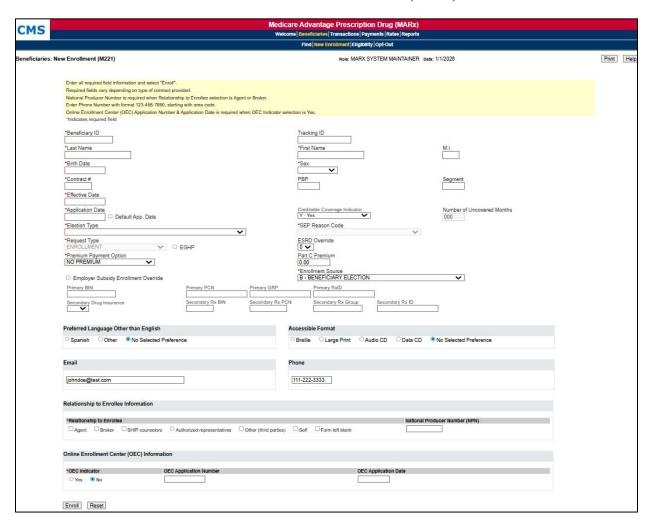## Attachment F: Verbatim Plan Submitted Transaction on DTRR

<table>
<tr><th colspan="5">Verbatim Plan Submitted Transaction on DTRR</th></tr>
<tr><th>Item</th><th>Field</th><th>Size</th><th>Position</th><th>Description</th></tr>
<tr><td>1</td><td>Beneficiary Identifier</td><td>12</td><td>1-12</td><td>The same beneficiary ID submitted on the transaction.</td></tr>
<tr><td>2</td><td>Surname</td><td>12</td><td>13-24</td><td>Beneficiary Surname.</td></tr>
<tr><td>3</td><td>First Name</td><td>7</td><td>25-31</td><td>Beneficiary Given Name.</td></tr>
<tr><td>4</td><td>Middle Initial</td><td>1</td><td>32</td><td>Beneficiary Middle Initial.</td></tr>
<tr><td>5</td><td>Sex Code</td><td>1</td><td>33</td><td>1 = Male.
2 = Female.</td></tr>
<tr><td>6</td><td>Date of Birth</td><td>8</td><td>34-41</td><td>CCYYMMDD</td></tr>
<tr><td>7</td><td>Record Type</td><td>1</td><td>42</td><td>P = Plan submitted transaction text.</td></tr>
<tr><td>8</td><td>Contract Number</td><td>5</td><td>43-47</td><td>Plan Contract Number.</td></tr>
<tr><td>9</td><td>Plan Transaction Text</td><td>600</td><td>48-647</td><td>Copy of Plan submitted transaction.</td></tr>
<tr><td>10</td><td>Transaction Accept/Reject Status Flag</td><td>1</td><td>648</td><td>A = System accepted transaction.
R = System rejected transaction.</td></tr>
<tr><td>11</td><td>System Assigned Transaction Tracking ID</td><td>20</td><td>649-668</td><td>System assigned request tracking ID.</td></tr>
<tr><td>12</td><td>Plan Assigned Transaction Tracking ID</td><td>15</td><td>669-683</td><td>Plan submitted batch input transaction tracking ID.</td></tr>
</table>

Attachment G: **Updated MARx UI Screens**

The images below represent the expanded categories on the MARx screens that come directly from the enrollment form. The Personal Information Screen has a new name. It is now known as the Additional Enrollment Information Screen and Tab.

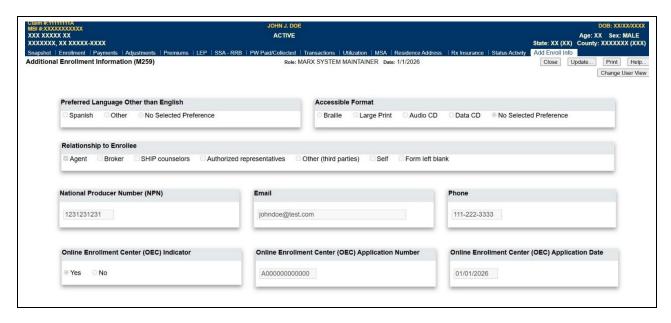## Beneficiaries: New Enrollment (M221)

Additional Update Enrollment Information (M230)

The M230 screen has been updated to include the Relationship to Enrollee and the NPN fields.

Additional Enrollment Information (M259)

Snapshot | Enrollment | Payments | Adjustments | Premiums | LEP | SSA - RRB | PW Paid/Collected | Transactions | Utilization | MSA | Residence Address | Rx Insurance | Status Activity | Add Enroll Info

Additional Enrollment Information (M259)   Role: MARX SYSTEM MAINTAINER   Date: 1/1/2026   Close | Update... | Print | Help...

Change User View

Preferred Language Other than English

○ Spanish   ○ Other   ○ No Selected Preference

Accessible Format

○ Braille   ○ Large Print   ○ Audio CD   ○ Data CD   ● No Selected Preference

Relationship to Enrollee

☑ Agent   ☐ Broker   ☐ SHIP counselors   ☐ Authorized representatives   ☐ Other (third parties)   ☐ Self   ☐ Form left blank

National Producer Number (NPN)

1231231231

Email

johndoe@test.com

Phone

111-222-3333

Online Enrollment Center (OEC) Indicator

● Yes   ○ No

Online Enrollment Center (OEC) Application Number

A000000000000

Online Enrollment Center (OEC) Application Date

01/01/2026

Update Additional Enrollment Information (M260)

MBI #:XXXXXXXXXX
XXX XXXXX XX
XXXXXXX, XX XXXXX-XXXX

JOHN J. DOE
ACTIVE

DOB: XX/XX/XXXX
Age: XX   Sex: MALE
State: XX (XX) County: XXXXXXX (XXX)

Update Enrollment | Update Institutional/NHC | Update Medicaid | Update Premiums | Update Collected | Update SSA R&R | Update Rx Insurance | Update Residence Address | **Update Add Enroll Info**

Update Additional Enrollment Information (M260)   Role: MARX SYSTEM MAINTAINER Date: 1/1/2026   [Close] [Print] [Help...]

National Producer Number is required when Relationship to Enrollee selection is Agent or Broker

Enter Phone Number with format 123-456-7890, starting with area code

Online Enrollment Center (OEC) Application Number & Application Date is required when OEC Indicator selection is Yes

*Indicates required field

Preferred Language Other than English

○ Spanish   ● Other   ○ No Selected Preference

Accessible Format

○ Braille   ○ Large Print   ○ Audio CD   ○ Data CD   ● No Selected Preference

Email

johndoe@test.com

Phone

111-222-3333

Relationship to Enrollee Information

Row	Contract	PBP Number	Enrollment Start Date	Relationship to Enrollee	National Producer Number (NPN)
1	H1234	001	02/01/2026	☐ Agent ☑ Broker ☐ SHIP counselors ☐ Authorized representatives ☐ Other (third parties) ☐ Self ☐ Form left blank	1231231231
2	H1234	001	04/01/2026	☑ Agent ☐ Broker ☐ SHIP counselors ☐ Authorized representatives ☐ Other (third parties) ☐ Self ☐ Form left blank	1231231231

Online Enrollment Center (OEC) Information

Row	Contract	PBP Number	Enrollment Start Date	OEC Indicator	OEC Application Number	OEC Application Date
1	H1234	001	02/01/2026	○ Yes ● No		
2	H1234	001	04/01/2026	○ Yes ● No		

[Submit] [Reset]