6.7.1 Monthly Membership Report (MMR) Data File

The Monthly Membership Detail data file (MMR) is the basic accounting file of beneficiary level payments and adjustments for Medicare Advantage and Part D organizations. MARx receives information from other systems, and calculates beneficiary-level payment based on the information received. If the information is not received by MARx and the Plan cut-off date, payment/adjustments will not appear on the MMR. MARx then produces the MMR, which contains beneficiary-level demographics and payment/adjustment related information. The payment reported on the MMR is the capitated payment for each beneficiary enrolled in the Plan. The report continues to display some beneficiary-level status and also includes information about the risk adjustment factor and payment rate. ****NOTE: This this NOT an enrollment file****

System	Type	Frequency	Record Length	Monthly Membership Detail Report Dataset Naming Conventions
MARx	Data File	Monthly	495	**Gentran Mailbox/TIBCO MFT Internet Server:** P.Rxxxxx.MONMEMD.Dyymm01.Thhmmsst **Connect:Direct (Mainframe):** zzzzzzzz.Rxxxxx.MONMEMD.Dyymm01.Thhmmsst **Connect:Direct (Non-Mainframe):** [directory]Rxxxxx.MONMEMD.Dyymm01.Thhmmsst

Layout 6-1: Monthly Membership Detail Report

Monthly Membership Detail Report				
Item	**Field**	**Size**	**Position**	**Description**
1	Contract Number	5	1 - 5	Plan Contract Number
2	Run Date	8	6 - 13	Date the file was produced (YYYYMMDD)
3	Payment Date	6	14 - 19	Payment month for the report (YYYYMM)
4	Beneficiary ID	12	20 - 31	• 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
5	Surname	7	32 - 38	Beneficiary last name
6	First Initial	1	39	First initial of the beneficiary first name
7	Gender Code	1	40	Beneficiary's Gender Code M = Male F = Female
8	Date of Birth	8	41 - 48	Beneficiary date of birth (YYYYMMDD)
9	Filler	4	49 - 52	Spaces
10	State & County Code	5	53 - 57	Beneficiary State and County Code

Monthly Membership Detail Report				
Item	**Field**	**Size**	**Position**	**Description**
11	Out of Area Indicator	1	58	Indicator that the beneficiary is Out of Area for the Plan Y = Out of Plan-level service area Space = Not out of area Always Space on Adjustment rows
12	Part A Entitlement	1	59	Indicator that the beneficiary is entitled to Part A Y = Entitled to Part A Space = Not entitled to Part A
13	Part B Entitlement	1	60	Indicator that the beneficiary is entitled to Part B Y = Entitled to Part B Space = Not entitled to Part B
14	Hospice	1	61	Indicator that the beneficiary is in Hospice status Y = Hospice Space = Not in Hospice status
15	ESRD	1	62	Indicator that the beneficiary has ESRD Y = ESRD Space = Not ESRD
16	Aged/Disabled MSP	1	63	Indicator that Medicare is Secondary Payer Y = aged/disabled factor applicable to beneficiary N = aged/disabled factor not applicable to beneficiary
17	Filler	1	64	Spaces
18	Filler	1	65	Spaces
19	New Medicare Beneficiary Medicaid Status Flag	1	66	Beneficiary Medicaid Status used for the month being paid or adjusted. Y = Medicaid and a default risk factor was used N = Not Medicaid and a default risk factor was used Space = No default risk factor or beneficiary is Part D only
20	LTI Flag	1	67	Indicator that beneficiary has Part C Long Term Institutional Status Y = Part C Long Term Institutional Space = Not LTI
21	Medicaid Add-on Factor Indicator	1	68	Indicator that the Medicaid Add-on factor was used for this payment or adjustment for a beneficiary: • Before 2023 –This field indicates when the Medicaid Add-on factor was used for: o PACE, o ESRD, or o LTI risk scores. • After 2023 – this field indicates when the Medicaid Add-on factor was used for: o PACE ESRD, or o Any beneficiary who is in LTI status, enrolled in any plan. Y = A RASS supplied Medicaid add-on factor is used in the payment Space = No Medicaid Add-on was used
22	Filler	2	69-70	Spaces

Monthly Membership Detail Report				
Item	**Field**	**Size**	**Position**	**Description**
23	Default Risk Factor Code	1	71	Indicator that a Default Risk Adjustment Factor (RAF) was used for calculating this payment or adjustment. A Default Risk Adjustment Factor (score) is used only if the RASS system did not provide MARx risk scores for this beneficiary. In these cases MARx assigns a default score based upon "demographics" of the beneficiary. 1 = Default Enrollee- Aged/Disabled. 2 = Default Enrollee- ESRD dialysis. 3 = Default Enrollee- ESRD Kidney Transplant- Month 1. 4 = Default Enrollee- ESRD Kidney Transplant - Months 2-3. 5 = Default Enrollee- ESRD Post Graft - Months 4-9. 6 = Default Enrollee- ESRD Post Graft - 10+ Months. 7 = Default Enrollee Chronic Care SNP. Space = The beneficiary is not a default enrollee.
24	Risk Adjustment Factor A	7	72-78	Part A Risk Adjustment Factor used for the Payment Calculation (NN.DDDD)
25	Risk Adjustment Factor B	7	79-85	Part B Risk Factor used for the Payment Calculation (NN.DDDD)
26	Number of Payment/Adjustment Months Part A	2	86-87	Number of months included in this payment or adjustment for Part A
27	Number of Payment/Adjustment Months Part B	2	88-89	Number of months included in this payment or adjustment for Part B
28	Adjustment Reason Code (ARC)	2	90-91	Code that indicates the reason for this adjustment Spaces = prospective payment
29	Payment/Adjustment Start Date	8	92-99	Earliest date covered by this payment or adjustment (YYYYMMDD)
30	Payment/Adjustment End Date	8	100-107	Latest date covered by this payment or adjustment (YYYYMMDD)
31	Filler	9	108-116	Spaces
32	Filler	9	117-125	Spaces
33	Monthly Risk Adjusted Amount Part A	9	126-134	Monthly Part A portion of the payment or adjustment dollars. (-99999.99)
34	Monthly Risk Adjusted Amount Part B	9	135-143	Monthly Part B portion of the payment or adjustment dollars. (-99999.99)
35	LIS Premium Subsidy	8	144-151	Low Income Premium Subsidy Amount for the beneficiary (-9999.99)
36	ESRD MSP Flag	1	152	Indicator that Medicare is a Secondary Payer due to ESRD. As of January 2011: T = MSP due to Transplant/Dialysis P = MSP due to Post Graft Space = ESRD MSP not applicable

Monthly Membership Detail Report				
Item	**Field**	**Size**	**Position**	**Description**
37	Medication Therapy Management (MTM) Add On	10	153-162	The total Medication Therapy Management (MTM) Add-On for the beneficiary (999999.99)
38	Part D Manufacturer Discount Program Amount	8	163-170	The Manufacturer Discount Program amount included in the payment (-9999.99)
39	Medicaid Full/Partial/Non-dual	1	171	The Medicaid status that is in effect for the month used to determine the appropriate: • Non-ESRD community (enrollees in MAOs or PACE organizations) or • ESRD risk factor for a beneficiary (MAOs only; not applicable for beneficiaries enrolled in a PACE organization with ESRD status). (Medicaid status = Current Payment Month (CPM) minus 3 months) For all other risk factors, this field is informational. 1 = Beneficiary is determined to be full or partial Medicaid (F or P) 0 = Beneficiary is not Medicaid (N) Space = This is a retroactive adjustment for a month prior to January 2017.
40	Risk Adjustment Age Group (RAAG)	4	172-175	The Risk Adjustment Age Group for the beneficiary (BBEE). In general it is based upon the age as of February 1 of payment year. BB = Beginning Age EE = Ending Age **Note**: This field should be used for all payments after 2007 (and not Item #9).
41	Filler	7	176-182	Spaces
42	Filler	1	183	Spaces
43	Filler	1	184	Spaces
44	Plan Benefit Package ID	3	185-187	PBP Number
45	Filler	1	188	Spaces

Monthly Membership Detail Report				
Item	**Field**	**Size**	**Position**	**Description**
46	Risk Adjustment Factor Type Code	2	189-190	The type of Part C Risk Adjustment Factor used to calculate this payment or adjustment. C = Community (Adjustments before 2017; PACE only beginning 1/2017 and ending 12/2019) C1 = Community Post Graft 4-9 (ESRD) (Adjustments before 2023) C3= Community Post Graft 4-9 (ESRD) Full Dual C4= Community Post Graft 4-9 (ESRD) Partial Dual C5= Community Post Graft 4-9 (ESRD) Non-Dual C2 = Community Post Graft 10+ (ESRD) (Adjustments before 2023) C6= Community Post Graft 10+ (ESRD) Full Dual C7= Community Post Graft 10+ (ESRD) Partial Dual C8= Community Post Graft 10+ (ESRD) Non-Dual CF = Community Full Dual CP = Community Partial Dual CN = Community Non-Dual D = Dialysis (ESRD) (Adjustments before 2023) D1 = Dialysis (ESRD) Full Dual D2 = Dialysis (ESRD) Partial Dual or Non-dual E = New Enrollee ED = New Enrollee Dialysis (ESRD) E1 = New Enrollee Post Graft 4-9 (ESRD) E2 = New Enrollee Post Graft 10+ (ESRD) G1 = Graft I (ESRD) G2 = Graft II (ESRD) I = Institutional I3 = Institutional Dialysis (ESRD) Full Dual I4 = Institutional Dialysis (ESRD) Partial or Non-Dual I1 = Institutional Post Graft 4-9 (ESRD) (Adjustments before 2023) I5 = Institutional Post Graft 4-9 (ESRD) Full Dual I6 = Institutional Post Graft 4-9 (ESRD) Partial Dual I7 = Institutional Post Graft 4-9 (ESRD) Non-Dual I2 = Institutional Post Graft 10+ (ESRD) (Adjustments before 2023) I8 = Institutional Post Graft 10+ (ESRD) Full Dual I9 = Institutional Post Graft 10+ (ESRD) Partial Dual IA = Institutional Post Graft 10+ (ESRD) Non-Dual SE = New Enrollee Chronic Care SNP PA = PACE Dialysis Factor PB = PACE New Enrollee Dialysis Factor PC = PACE Community Post Graft 4-9 PD = PACE Institutional Post Graft 4-9 PE = PACE New Enrollee Post Graft 4-9 PF = PACE Community Post Graft 10+ PG = PACE Institutional Post Graft 10+ PH = PACE New Enrollee Post Graft 10+ PI = PACE Community Full Dual PJ = PACE Community Partial Dual PK = PACE Community Non-Dual PL = PACE Graft I PM = PACE Graft II Note: The actual RAF values are in fields 24 – 25.

Monthly Membership Detail Report				
Item	**Field**	**Size**	**Position**	**Description**
47	Frailty Indicator (PACE/FIDE SNP only)	1	191	Indicator that a Plan-level Frailty Factor was included in the calculation of the payment or adjustment Y = Frailty Factor Included N = No Frailty Factor
48	Original Reason for Entitlement Code (OREC)	1	192	The original reason that the beneficiary was entitled to Medicare 0 = Beneficiary insured due to age 1 = Beneficiary insured due to disability 2 = Beneficiary insured due to ESRD 3 = Beneficiary insured due to disability and current ESRD 9 = None of the above
49	Filler	1	193	Spaces
50	Segment Number	3	194-196	Segment number for the beneficiary enrollment. 000 = Plan with no segments.
51	Filler	1	197	Spaces
52	EGHP Flag	1	198	Indicator that the Plan is an Employer Group Health Plan Y = Employer Group Health Plan N = Not an Employer Group Health Plan
53	Part C Basic Premium – Part A Amount	8	199-206	The premium amount for determining the MA payment attributable to Part A (-9999.99)
54	Part C Basic Premium – Part B Amount	8	207-214	The premium amount for determining the MA payment attributable to Part B (-9999.99)
55	Rebate for Part A Cost Sharing Reduction	8	215-222	The amount of the rebate allocated to reducing the beneficiary Part A cost-sharing. (-9999.99)
56	Rebate for Part B Cost Sharing Reduction	8	223-230	The amount of the rebate allocated to reducing the beneficiary Part B cost-sharing. (-9999.99)
57	Rebate for Other Part A Mandatory Supplemental Benefits	8	231-238	The amount of the rebate allocated to providing Part A supplemental benefits. (-9999.99)
58	Rebate for Other Part B Mandatory Supplemental Benefits	8	239-246	The amount of the rebate allocated to providing Part B supplemental benefits. (-9999.99)
59	Rebate for Part B Premium Reduction – Part A Amount	8	247-254	The Part A amount of the rebate that is allocated to reducing the beneficiary Part B premium. (-9999.99) This amount is subtracted from payments for one of two reasons. 1. The beneficiary has ESRD status. 2. The beneficiary is enrolled in an Employer Group Plan and is neither Hospice nor ESRD. (Effective 01/01/2020) For all other beneficiaries, this field is informational.

Monthly Membership Detail Report				
Item	**Field**	**Size**	**Position**	**Description**
60	Rebate for Part B Premium Reduction – Part B Amount	8	255-262	The Part B amount of the rebate that is allocated to reducing the beneficiary Part B premium. (-9999.99) This amount is subtracted from payments for one of two reasons. 1. The beneficiary has ESRD status. 2. The beneficiary is enrolled in an Employer Group Plan and is neither Hospice nor ESRD. (Effective 01/01/2020) For all other beneficiaries, this field is informational.
61	Rebate for Part D Supplemental Benefits – Part A Amount	8	263–270	Part A Amount of the rebate allocated to providing Part D supplemental benefits. (-9999.99)
62	Rebate for Part D Supplemental Benefits – Part B Amount	8	271–278	Part B Amount of the rebate allocated to providing Part D supplemental benefits. (-9999.99)
63	Total MA Payment or Adjustment Part A	10	279–288	The total Part A portion of the MA payment. (-999999.99)
64	Total MA Payment or Adjustment Part B	10	289–298	The total Part B portion of the MA payment. (-999999.99)
65	Total MA Part C Payment or Adjustment	11	299-309	The total MA Part C A/B payment. (-9999999.99)
66	Risk Adjustment Factor D	7	310-316	Part D Risk Adjustment Factor used for the Payment Calculation (NN.DDDD)
67	Part D Low-Income Indicator	1	317	Indicator of beneficiary's Low Income status for the Part D payment or adjustment. Calculations for a Low Income beneficiary include a Part D Low-Income multiplier. Y = beneficiary is Low Income N = beneficiary is not Low Income Spaces = Not applicable
68	Part D Low-Income Multiplier	7	318-324	The Part D low-income multiplier used in the calculation of the payment or adjustment (NN.DDDD)
69	Part D Long Term Institutional Indicator	1	325	Indicator of beneficiary Long Term Institutional (LTI) status for the Part D payment or adjustment. A = LTI (aged) D = LTI (disabled) Space = No LTI
70	Part D Long Term Institutional Multiplier	7	326-332	Part D LTI multiplier used in the calculation of the payment or adjustment (NN.DDDD)
71	Rebate for Part D Basic Premium Reduction	8	333-340	Amount of the rebate allocated to reducing the beneficiary basic Part D premium. (-9999.99)
72	Part D Basic Premium Amount	8	341-348	Plan's Part D premium amount. (-9999.99)
73	Part D Direct Subsidy Amount	10	349-358	Total Part D Direct subsidy amount for the beneficiary. (-999999.99)
74	Reinsurance Subsidy Amount	10	359-368	The amount of reinsurance subsidy included in the payment (-999999.99)
75	Low-Income Subsidy Cost-Sharing Amount	10	369-378	The low-income subsidy cost-sharing amount included in the payment. (-999999.99)
76	Total Part D Payment or Adjustment	11	379-389	The total Part D payment or adjustment for the beneficiary (-9999999.99)

Monthly Membership Detail Report				
Item	**Field**	**Size**	**Position**	**Description**
77	Number of Payment/Adjustment Months Part D	2	390-391	Number of months included in this payment or adjustment.
78	PACE Premium Add On	10	392-401	Total Part D Pace Premium Add-on amount (-999999.99)
79	PACE Cost Sharing Add-on	10	402-411	Total Part D Pace Cost Sharing Add-on amount (-999999.99)
80	Part C Frailty Factor	7	412-418	Part C Frailty Factor used in this payment or adjustment calculation. NN.DDDD Spaces = Not applicable Used for PACE, FIDE SNPs, and some MMPs
81	MSP Reduction Factor	7	419-425	MSP secondary payer reduction factor used in this payment or adjustment calculation (NN.DDDD) Spaces = Not applicable
82	MSP Reduction Amount Part A	10	426-435	MSP reduction amount Part A. (9999999.99) Reported as a POSITIVE AMT, is actually a NEGATIVE AMT.
83	MSP Reduction Amount Part B	10	436-445	MSP reduction amount Part B. (9999999.99) Reported as a POSITIVE AMT, is actually a NEGATIVE AMT.

Monthly Membership Detail Report				
Item	**Field**	**Size**	**Position**	**Description**
84	Medicaid Dual Status Code	2	446-447	This field reports the Medicaid dual status code that is in effect for the month used to determine the appropriate: • Non-ESRD community (enrollees in MAOs or PACE organizations) or • ESRD risk score (MAOs only; not applicable for beneficiaries enrolled in a PACE organization with ESRD status). Otherwise, the field is informational. Entitlement status for the dual eligible beneficiary for the month used when determining Medicaid Status. When Field 39 = 1 or Field 19 = Y: 01 = Eligible - entitled to Medicare- QMB only (Partial Dual) 02 = Eligible - entitled to Medicare- QMB AND Medicaid coverage (Full Dual) 03 = Eligible - entitled to Medicare- SLMB only (Partial Dual) 04 = Eligible - entitled to Medicare- SLMB AND Medicaid coverage (Full Dual) 05 = Eligible - entitled to Medicare- QDWI (Partial Dual) 06 = Eligible - entitled to Medicare- Qualifying individuals (Partial Dual) 08 = Eligible - entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB, QDWI or QI) with Medicaid coverage (Full Dual) 09 = Eligible - entitled to Medicare – Other Dual Eligibles but without Medicaid coverage (Non-Dual) 10 = Other Full Dual 99 = Unknown When Field 39 = 0: • 00 = No Medicaid Status When Field 39 is spaces: • Spaces
85	Part D Coverage Gap Discount Amount	8	448-455	Amount of the Coverage Gap Discount Amount included in the payment (-9999.99)

86	Part D Risk Adjustment Factor Type	2	456-457	The type of Part D Risk Adjustment Factor used to calculate this payment or adjustment. **Factor types used for January 2011 through December 2024 payments** D1 = Community Non-Low Income Continuing Enrollee, D2 = Community Low Income Continuing Enrollee, D3 = Institutional Continuing Enrollee, D4 = New Enrollee Community Non-Low Income Non-ESRD, D5 = New Enrollee Community Non-Low Income ESRD, D6 = New Enrollee Community Low Income Non-ESRD, D7 = New Enrollee Community Low Income ESRD, D8 = New Enrollee Institutional Non-ESRD, D9 = New Enrollee Institutional ESRD, **Existing factor types that will continue to be used for 2025 payments** P1 = PACE New Enrollee Community Low Income Non-ESRD P2 = PACE New Enrollee Community Non- Low Income Non-ESRD P3 = PACE New Enrollee Institutional Non-ESRD P4 = PACE New Enrollee Institutional ESRD P5 = PACE New Enrollee Community Low Income ESRD P6 = PACE New Enrollee Community Non- Low Income ESRD P7 = PACE Community Non- Low Income CONTINUING Enrollee P8 = PACE Community Low Income Continuing Enrollee P9 = PACE Institutional Continuing Enrollee **New factor types used for payment beginning January 2025** R1 = Community Non-Low Income Continuing Enrollee MAPD R2 = Community Non-Low Income Continuing Enrollee PDP R3 = Community Low Income Continuing Enrollee MAPD, R4 = Community Low Income Continuing Enrollee PDP, I1 = Institutional Continuing Enrollee MAPD, I2= Institutional Continuing Enrollee PDP, N1 = New Enrollee Community Non-Low Income Non-ESRD MAPD, N2 = New Enrollee Community Non-Low Income Non-ESRD PDP, N3 = New Enrollee Community Non-Low Income ESRD MAPD, N4 = New Enrollee Community Non-Low Income ESRD PDP, N5= New Enrollee Community Low Income Non- ESRD MAPD, N6= New Enrollee Community Low Income Non- ESRD PDP, N7 = New Enrollee Community Low Income ESRD MAPD, N8 = New Enrollee Community Low Income ESRD PDP, I3 = New Enrollee Institutional Non-ESRD MAPD,

Monthly Membership Detail Report				
Item	**Field**	**Size**	**Position**	**Description**
				I4 = New Enrollee Institutional Non-ESRD PDP, I5 = New Enrollee Institutional ESRD MAPD, I6 = New Enrollee Institutional ESRD PDP, Spaces = Not applicable. **Note**: The value of the Part D RAF is found in field 67.
87	Part D Default Risk Factor Code	1	458	The code that indicates the type of Part D Default Risk Factor for beneficiaries with less than 12 months of Medicare Part A entitlement. **Factor types used for January 2011 through December 2024 payments** 1 = Not ESRD, Not Low Income, Not Originally Disabled 2 = Not ESRD, Not Low Income, Originally Disabled 3 = Not ESRD, Low Income, Not Originally Disabled 4 = Not ESRD, Low Income, Originally Disabled 5 = ESRD, Not Low Income, Not Originally Disabled 6 = ESRD, Low Income, Not Originally Disabled 7 = ESRD, Not Low Income, Originally Disabled 8 = ESRD, Low Income, Originally Disabled **Factor types used for payment beginning January 2025** A = Not ESRD, Not Low Income, Not Originally Disabled MAPD B = Not ESRD, Not Low Income, Not Originally Disabled PDP C = Not ESRD, Not Low Income, Originally Disabled MAPD D = Not ESRD, Not Low Income, Originally Disabled PDP E = Not ESRD, Low Income, Not Originally Disabled MAPD F = Not ESRD, Low Income, Not Originally Disabled PDP G = Not ESRD, Low Income, Originally Disabled MAPD H = Not ESRD, Low Income, Originally Disabled, PDP I = ESRD, Not Low Income, Not Originally Disabled, MAPD J = ESRD, Not Low Income, Not Originally Disabled, PDP K = ESRD, Not Low Income, Originally Disabled, MAPD L = ESRD, Not Low Income, Originally Disabled, PDP M = ESRD, Low Income, Not Originally Disabled, MAPD N = ESRD, Low Income, Not Originally, Disabled, PDP O = ESRD, Low Income, Originally Disabled, MAPD P = ESRD, Low Income, Originally Disabled, PDP Spaces = Not applicable

Monthly Membership Detail Report				
Item	**Field**	**Size**	**Position**	**Description**
88	Part A Monthly Rate for Payment or Adjustment	9	459-467	The Part A State and County Rate used in the payment or adjustment calculation. (-99999.99) Payments = Rate in effect for payment period Adjustments = Rate in effect for adjustment period i.e. the updated rate in effect for the adjustment period.
89	Part B Monthly Rate for Payment or Adjustment	9	468-476	The Part B State and County Rate used in the payment or adjustment calculation. (-99999.99) Payments = Rate in effect for payment period Adjustments = Rate in effect for adjustment period, i.e. the updated rate in effect for the adjustment period.
90	Part D Monthly Rate for Payment or Adjustment	9	477-485	The Part D rate used in the payment or adjustment calculation. (-99999.99) Payments = Rate amount in effect for payment period Adjustments = Rate amount in effect for adjustment period
91	Cleanup ID	10	486-495	The Cleanup ID field is used in the event of a cleanup or a RAS overpayment run. It is used to uniquely identify the cleanup with which the record is associated. It is usually the Ticket number for the cleanup or overpayment run. RAS overpayment runs are associated with an ARC 60 or ARC 61 in Field 28. ARC 94 in Field 28 is used to identify clean-ups when no other ARC codes apply. The field will be blank when the record reports: • A prospective payment • A non-cleanup adjustment • Any payment or adjustment prior to August 2011