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Medicare Beneficiary Database
Suite of Systems (MBDSS)
Interface Control Document (ICD)
For Territory Beneficiary Query (TBQ)

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TABLE OF CONTENTS

1. INTRODUCTION	1
2. REFERENCED DOCUMENTS	1
3. OVERVIEW	2
4. ASSUMPTIONS/CONSTRAINTS/RISKS	2
4.1. ASSUMPTIONS	2
4.2. CONSTRAINTS.....	2
4.3. RISKS	2
5. GENERAL INTERFACE REQUIREMENTS	2
5.1. INTERFACE OVERVIEW.....	2
5.2. FUNCTIONAL ALLOCATION.....	3
5.3. DATA TRANSFER	3
5.4. TRANSACTIONS	3
5.5. SECURITY AND INTEGRITY	3
6. DETAILED INTERFACE REQUIREMENTS	4
6.1. TBQ QUERY FILE AND E-MAIL REQUIREMENTS	4
6.1.1. ASSUMPTIONS	4
6.1.2. GENERAL PROCESSING STEPS	4
6.1.3. INTERFACE PROCESSING TIME REQUIREMENTS	4
6.1.4. MESSAGE FORMAT (OR RECORD LAYOUT) AND REQUIRED PROTOCOLS.....	4
6.1.4.1. FILE LAYOUT.....	4
6.1.4.2. DATA ASSEMBLY CHARACTERISTICS	6
6.1.4.3. FIELD/ELEMENT DEFINITION	7
6.1.5. COMMUNICATION METHODS	8
6.1.5.1. INTERFACE INITIATION.....	8
6.1.5.2. FLOW CONTROL	8
6.1.6. SECURITY REQUIREMENTS.....	8
6.2. TBQ RESPONSE FILE REQUIREMENTS	9
6.2.1. ASSUMPTIONS	9
6.2.2. GENERAL PROCESSING STEPS	9
6.2.3. INTERFACE PROCESSING TIME REQUIREMENTS	9
6.2.4. MESSAGE FORMAT (OR RECORD LAYOUT) AND REQUIRED PROTOCOLS.....	9
6.2.4.1. FILE LAYOUT.....	9
6.2.4.2. DATA ASSEMBLY CHARACTERISTICS	10
6.2.4.3. FIELD/ELEMENT DEFINITION	11
6.2.5. COMMUNICATION METHODS	25
6.2.5.1. INTERFACE INITIATION.....	25
6.2.5.2. FLOW CONTROL	25
6.2.6. SECURITY REQUIREMENTS.....	25

7. QUALIFICATION METHODS.....	26
8. GLOSSARY	26
9. ACRONYMS.....	26
10. APPENDICES.....	27
APPENDIX A	27

LIST OF FIGURES

Figure 1: Data transfer diagram	3
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LIST OF TABLES

Table 1: Referenced Documents	1
Table 2: Territory-to-CMS Query File - Data Assembly Characteristics	6
Table 3: Territory-to-CMS Query File - Header Record Error! Reference source not found.	7
Table 4: Territory-to-CMS Query File - Detail Record.....	7
Table 5: Territory-to-CMS Query File - Trailer Record.....	8
Table 6: CMS-to-Territory Response File - Data Assembly Characteristics	10
Table 7: CMS-to-Territory Response File - Header Record.....	11
Table 8: CMS-to-Territory Response File - Detail Record	11
Table 9: CMS-to-Territory Response File - Trailer Record	25

1. INTRODUCTION

The Centers for Medicare & Medicaid Services (CMS) created the Common Medicare Environment (CME) database in order to provide a single, enterprise-wide authoritative source for Medicare beneficiary demographic data. The CME database integrated and standardized different types of beneficiary data previously fragmented and often redundant in isolated CMS legacy systems.

Multiple systems control the read and update access to the CME database. These systems and the CME database are collectively known as the Medicare Beneficiary Database Suite of Systems (MBDSS). The MBDSS currently utilizes a batch file processing model for large data feeds, an Application Programmable Interface (API) that allows CMS applications to query and update, and a secure online presentation layer for viewing beneficiary data. For a more detailed overview of new structure of the MBDSS, please refer to the *MBDSS Operations & Maintenance Manual* (OMM).

The Territory Beneficiary Query (TBQ) is a data exchange between CMS and states and territories. States and territories query CMS for Medicare beneficiary eligibility determinations and MBDSS returns a file with this information.

This ICD specifies the interface requirements to be met by the participating systems. It describes the concept of operations for the interface, defines the message structure and protocols that govern the interchange of data, and identifies the communication paths along which the data are expected to flow.

For each interface, the following information will be provided:

- A general description of the interface;
 - Assumptions where appropriate;
 - A description of the data exchange format and protocol for exchange; and
 - Estimated size and frequency of data exchange.
-

2. REFERENCED DOCUMENTS

Table 1: Referenced Documents

Document Name	Document Number	Issuance Date
CME Data Dictionary	N/A	07/23/2010
CMS Problem Management Tracking Process	PRJ.PMM.0201.05.0.0111	01/03/2011
MBD Data Dictionary	N/A	07/09/2010
MBDSS Operations & Maintenance Manual	MBDOMM002.3	02/23/2011

Document Name	Document Number	Issuance Date
MBDSS System Design Document (SDD)	MMA.PRJ.1601.01.2.0311	03/25/2011

3. Overview

To determine dual eligibility status for specific beneficiaries, participating states and territories will request information from MBDSS. MBDSS will validate the incoming file and send an e-mail to the state indicating acceptance or rejection of the file. If the file is rejected, no further action is taken. If the file is accepted, MBDSS will send a file containing the latest entitlement data for the matched beneficiaries.

4. Assumptions/Constraints/Risks

This section describes assumptions, constraints and risks associated with the interface.

4.1. Assumptions

States use this information to determine beneficiary entitlement and enrollment information as part of the process for LIS enrollment.

4.2. Constraints

Please refer to the MBDSS Operations & Maintenance Manual for scheduling dependencies.

4.3. Risks

States may have difficulty processing LIS enrollments.

5. General Interface Requirements

This section describes general requirements for the interface.

5.1. Interface Overview

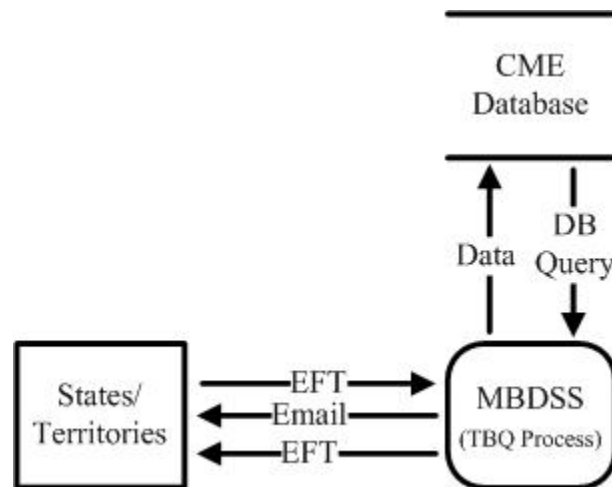
The TBQ exchange allows participating states and territories to request, on a daily basis if desired, Medicare/Medicaid eligibility information from the MBDSS for specific beneficiaries. The MBDSS will validate the incoming file and send an e-mail to the state/territory indicating acceptance or rejection of the file. The MBDSS will send a response file for each inquiry file received. The states and territories will use this information to determine dual eligibility status.

5.2. Functional Allocation

The MBDSS creates and sends an email upon validation of the query file. MBDSS creates one response file for each inquiry file received.

5.3. Data Transfer

Figure 1: Data transfer diagram



1. State/Territory will submit a file (MMATBQ) requesting beneficiary data.
2. MBDSS will validate the incoming file and send an e-mail to the state/territory indicating acceptance or rejection of the file.
3. MBDSS will record the incoming record on the transaction log table.
4. MBDSS will query the CMS database for eligibility information for the requested beneficiaries.
5. MBDSS will return a file (MMATBQR) containing the latest data for all successfully validated beneficiaries. For rejected beneficiaries, only the incoming fields are returned along with a Processing Flag indicating the reason for rejection.

5.4. Transactions

The inbound file contains inquiry transactions. The outbound file contains response transactions.

5.5. Security and Integrity

The files are transmitted using the CMS EFT process over a secure connection on the Medicare Data Communications Network (MDCN).

6. Detailed Interface Requirements

This section describes detailed requirements for the interface.

6.1. TBQ Query File and E-Mail Requirements

The MBDSS shall accept a query file from a state or territory. This file shall contain records identifying the beneficiaries of interest to the sender and will be used to query the CME database. The MBDSS shall validate the file and send an e-mail to the state/territory indicating acceptance or rejection of the query file.

6.1.1. Assumptions

The CMS CITIC (Consolidated Information Technology Infrastructure Contract) contractor is responsible for management of the EFT (electronic file transfer) process used by this interface.

6.1.2. General Processing Steps

Processing steps are documented in section 5.3.

6.1.3. Interface Processing Time Requirements

Inbound files are accepted daily. Upon file validation, an email is sent back indicating acceptance or rejection of the file. Please refer to the MBDSS OMM for additional details.

6.1.4. Message Format (or Record Layout) and Required Protocols

The following sections contain filenames and detailed record layouts for the TBQ query file and e-mail.

6.1.4.1. File Layout

- The TBQ Query file has three types of records:
 - Header Record – The header record is the first record of the file; it will occur only once.
 - Detail Record – One detail record contains information for one beneficiary; the file contains one detail record for each beneficiary.
 - Trailer Record – The trailer record is the last record of the file; it will occur only once.

MBDSS TBQ ICD

- The TBQ e-mail is sent to the state/territory after file validation. See Appendix A for additional information and e-mail templates.

6.1.4.2. Data Assembly Characteristics

See the following table for the dataset names, format and frequency of files.

Table 2: Territory-to-CMS Query File – Data Assembly Characteristics

DSN	Description	Struc	Copybook	len	fmt	access meth	vol	update freq
P#MBD.IN.EFT.CMS*.TBQ.DYY MMDD.THHMMSST	Inquiry file from states/territories requesting beneficiary data	Flat file	N/A	100	FB	Seq	Varies (i.e. Puerto Rico 900k records)	Varies (i.e. Puerto Rico sends 1 file per month)

6.1.4.3. Field/Element Definition

These are brief descriptions of the TBQ query file.

Table 3: Territory-to-CMS Query File – Header Record

Data Field	Length	Position	Format	Valid Values
Header Code	8	1 - 8	CHAR	'MMATBQH'
State Code	2	9 - 10	CHAR	'DC', 'AL', 'AK', 'AZ', 'AR', 'CA', 'CO', 'CT', 'DE', 'FL', 'GA', 'HI', 'ID', 'IL', 'IN', 'IA', 'KS', 'KY', 'LA', 'ME', 'MD', 'MA', 'MI', 'MN', 'MS', 'MO', 'MT', 'NE', 'NV', 'NH', 'NJ', 'NM', 'NY', 'NC', 'ND', 'OH', 'OK', 'OR', 'PA', 'RI', 'SC', 'SD', 'TN', 'TX', 'UT', 'VT', 'VA', 'WA', 'WV', 'WI', 'WY', 'AS', 'GU', 'MP', 'PR', or 'VI'
Create Month	2	11 - 12	ZD	MM
Create Year	4	13 - 16	ZD	CCYY
Filler	84	17 - 100	CHAR	Spaces

Table 4: Territory-to-CMS Query File - Detail Record

Data Field	Length	Position	Format	Valid Values
Record Type	3	1 - 3	CHAR	'DTL'
Beneficiary's Social Security Number	9	4 - 12	CHAR	
Beneficiary's First Name	15	13 - 27	CHAR	
Beneficiary's Last Name	20	28 - 47	CHAR	
Beneficiary's Middle Initial (Optional)	1	48	CHAR	
Beneficiary's Date of Birth	8	49 - 56	CHAR	CCYYMMDD
Beneficiary's Gender Code	1	57	CHAR	'M', 'F', or 'U'

Data Field	Length	Position	Format	Valid Values
Family ID	11	58 - 68	CHAR	
Member Suffix	2	69 - 70	CHAR	
MPI	13	71 - 83	CHAR	
Filler	17	84 - 100	CHAR	Spaces

Table 5: Territory-to-CMS Query File - Trailer Record

Data Field	Length	Position	Format	Valid Values
Trailer Code	8	1 - 8	CHAR	'MMATBQT '
Detail Record Count	9	9 - 17	ZD	
Filler	83	18 - 100	CHAR	Spaces

6.1.5. Communication Methods

This section describes communication methods used by the interface as well as error recovery.

6.1.5.1. Interface Initiation

The TBQ jobs are automatically triggered upon successful receipt of an inbound state/territory file.

6.1.5.2. Flow Control

The inbound files are processed in the CMS mainframe environment.

CMS/partner will notify us in the event of a transmission failure. There is also a daily EFT transmissions report sent from the CMS CITIC contractor to the maintainers.

If there are any problems processing an inbound file, the recovery will depend on the nature of the error and where the error occurred. Typically, the file is resubmitted for processing and the process resumes from the point at which the error occurred. Please refer to the Automated Production Control & Scheduling System (APCSS) production control documentation for additional recovery details.

The APCSS documentation provides details on exchange related jobs, processes, file names, error codes, and handling procedures.

6.1.6. Security Requirements

Please see section 5.5.

6.2. TBQ Response File Requirements

The MBDSS shall create a response file for each corresponding query file from a state or territory. The response file shall contain beneficiary entitlement information for each matched beneficiary requested in the query file. The response file shall be transmitted to the state/territory via CMS' EFT process.

6.2.1. Assumptions

The CMS CITIC (Consolidated Information Technology Infrastructure Contract) contractor is responsible for management of the EFT (electronic file transfer) process used by this interface.

6.2.2. General Processing Steps

Processing steps are documented in section 5.3.

6.2.3. Interface Processing Time Requirements

One outbound file is created and sent daily for every query file received. Please refer to the MBDSS OMM for additional details.

6.2.4. Message Format (or Record Layout) and Required Protocols

The following sections contain filenames and detailed record layouts for the TBQ Response File.

6.2.4.1. File Layout

The TBQ Response file has three types of records:

- Header Record – The header record is the first record of the file; it will occur only once.
- Detail Record – One detail record contains information for one beneficiary; the file contains one detail record for each beneficiary.
- Trailer Record – The trailer record is the last record of the file; it will occur only once.

6.2.4.2. Data Assembly Characteristics

See the following table for the dataset names, format and frequency of files.

Table 6: CMS-to-Territory Response File – Data Assembly Characteristics

DSN	Description	Struc	Copybook	len	fmt	access meth	vol	update freq
P#MBD.#MBDP000.TBQRPLY.**. D*.T* (** is the Postal State Code)	Response file from CMS containing beneficiary data for matched beneficiaries in the inquiry file	Flat file	N/A	3400	FB	Seq	Varies	Varies (one response file for each inquiry file received)

6.2.4.3. Field/Element Definition

These are brief descriptions of the TBQ Response file transactions. Additional valid values may be contained in the CME and MBD Data Dictionaries.

Table 7: CMS-to-Territory Response File – Header Record

Data Field	Length	Position	Format	Valid Values
Header Code	8	1 - 8	CHAR	'MMATBQRH'
File Creation Date	8	9 - 16	ZD	CCYYMMDD
Filler	3384	17 - 3400	CHAR	Spaces

Table 8: CMS-to-Territory Response File – Detail Record

Data Field	Length	Position	Format	Valid Values
Start of Original Detail Record				
Record Type	3	1 - 3	CHAR	'DTL'
Beneficiary's Social Security Number	9	4 - 12	CHAR	
Beneficiary's First Name	15	13 - 27	CHAR	
Beneficiary's Last Name	20	28 - 47	CHAR	
Beneficiary's Middle Initial	1	48	CHAR	
Beneficiary's Date of Birth	8	49 - 56	CHAR	CCYYMMDD
Beneficiary's Gender Code	1	57	CHAR	'M', 'F', or 'U'
Family ID	11	58 - 68	CHAR	
Member Suffix	2	69 - 70	CHAR	
MPI	13	71 - 83	CHAR	
End of Original Detail Record				
Processed Flag	2	84 - 85	CHAR	00=Successfully Processed 01=Detail Record Identifier not 'DTL' 02=SSN Missing 03=First Name Missing 04=Last Name Missing

MBDSS TBQ ICD

Data Field	Length	Position	Format	Valid Values
				05=Gender Code Missing 06=Date of Birth Missing 07=Beneficiary Not Found 08=Successfully processed, but beneficiary not entitled to Part A and/or Part B 09=More than One Beneficiary Found
Filler	151	86 - 236	CHAR	Spaces
Beneficiary Information				
Beneficiary's Claim Account Number	9	237 - 245	CHAR	
Beneficiary's Identification Code	2	246 - 247	CHAR	
Beneficiary's Date of Birth	8	248 - 255	NUM	MMDDCCYY
Beneficiary's Date of Death	8	256 - 263	NUM	MMDDCCYY
Beneficiary's Gender Code	1	264	CHAR	'0', '1', or '2'
Beneficiary's First Name	30	265 - 294	CHAR	
Beneficiary's Middle Initial	1	- 295	CHAR	
Beneficiary's Last Name	40	296 - 335	CHAR	
Cross Reference Numbers (10 occurrences)				
Cross Reference Beneficiary's Claim Account Number (occurrence 1)	9	336 - 344	CHAR	
Cross Reference Beneficiary's Identification Code (occurrence 1)	2	345 - 346	CHAR	
Cross Reference (occurrence 2)	11	347 - 357		
Cross Reference	11	358 - 568		

MBDSS TBQ ICD

Data Field	Length	Position	Format	Valid Values
(occurrence 3)				
Cross Reference (occurrence 4)	11	369 - 379		
Cross Reference (occurrence 5)	11	380 - 390		
Cross Reference (occurrence 6)	11	391 - 401		
Cross Reference (occurrence 7)	11	402 - 412		
Cross Reference (occurrence 8)	11	413 - 423		
Cross Reference (occurrence 9)	11	424 - 434		
Cross Reference (occurrence 10)	11	435 - 445		
Social Security Numbers (5 occurrences)				
Social Security Number (occurrence 1)	9	446 - 454	CHAR	
Social Security Number (occurrence 2)	9	455 - 463	CHAR	
Social Security Number (occurrence 3)	9	464 - 472	CHAR	
Social Security Number (occurrence 4)	9	473 - 481	CHAR	
Social Security Number (occurrence 5)	9	482 - 490	CHAR	
Mailing Address				
Mailing Address Line 1	40	491 - 530	CHAR	
Mailing Address Line 2	40	531 - 570	CHAR	
Mailing Address Line 3	40	571 - 610	CHAR	
Mailing Address Line 4	40	611 - 650	CHAR	
Mailing Address Line 5	40	651 - 690	CHAR	
Mailing Address Line 6	40	691 - 730	CHAR	

MBDSS TBQ ICD

Data Field	Length	Position	Format	Valid Values
Mailing Address City Name	40	731 - 770	CHAR	
Mailing Address State Code	2	771 - 772	CHAR	
Mailing Address Zip Code	9	773 - 781	CHAR	
Mailing Address Change Date	8	782 - 789	ZD	MMDDCCYY
Residence Address				
Residence Address Line 1	40	790 - 829	CHAR	
Residence Address Line 2	40	830 - 869	CHAR	
Residence Address Line 3	40	870 - 909	CHAR	
Residence Address Line 4	40	910 - 949	CHAR	
Residence Address Line 5	40	950 - 989	CHAR	
Residence Address Line 6	40	990 - 1029	CHAR	
Residence Address City Name	40	1030 - 1069	CHAR	
Residence Address State Code	2	1070 - 1071	CHAR	
Residence Address Zip Code	9	1072 - 1080	CHAR	
Residence Address Change Date	8	1081 - 1088	ZD	MMDDCCYY
Representative Payee				
Beneficiary's Representative Payee Switch	1	1089	CHAR	'Y', 'N', or ' '
Non-Entitlement Status				
Part A Non-Entitlement Status Code	1	1090	CHAR	'D', 'F', 'H', 'N', 'R', or ' '
Part B Non-Entitlement Status Code	1	1091	CHAR	'D', 'N', 'R', or ' '
Entitlement Reason (5 occurrences)				
Beneficiary's Entitlement Reason	8	1092 - 1099	ZD	MMDDCCYY

MBDSS TBQ ICD

Data Field	Length	Position	Format	Valid Values
Code Change Date (occurrence 1)				
Beneficiary's Entitlement Reason Code (occurrence 1)	4	1100 - 1103	CHAR	'0000', '0001', '0002', or '0003'
Entitlement Reason (occurrence 2)	12	1104 - 1115		
Entitlement Reason (occurrence 3)	12	1116 - 1127		
Entitlement Reason (occurrence 4)	12	1128 - 1139		
Entitlement Reason (occurrence 5)	12	1140 - 1151		
Part A Entitlement (5 occurrences)				
Beneficiary's Part A Entitlement Start Date (occurrence 1)	8	1152 - 1159	ZD	MMDDCCYY
Beneficiary's Part A Entitlement End Date (occurrence 1)	8	1160 - 1167	ZD	MMDDCCYY
Beneficiary's Part A Enrollment Reason Code (occurrence 1)	1	1168	CHAR	'A', 'B', 'D', 'G', 'I', 'J', 'K', 'L', 'M', 'N', 'P', 'Q', 'R', 'T', 'U', or ' '
Beneficiary's Part A Enrollment Status Code (occurrence 1)	1	1169	CHAR	'C', 'E', 'F', 'G', 'S', 'T', 'W', 'X', 'Y', or ' '
Part A Entitlement (occurrence 2)	18	1170 - 1187		
Part A Entitlement (occurrence 3)	18	1188 - 1205		
Part A Entitlement (occurrence 4)	18	1206 - 1223		
Part A Entitlement (occurrence 5)	18	1224 - 1241		
Part B Entitlement (5 occurrences)				
Beneficiary's Part B Entitlement Start Date (occurrence 1)	8	1242 - 1249	ZD	MMDDCCYY
Beneficiary's Part B Entitlement End Date (occurrence 1)	8	1250 - 1257	ZD	MMDDCCYY
Beneficiary's Part B Enrollment Reason	1	1258	CHAR	'B', 'C', 'D', 'F', 'G', 'I', 'K', 'M',

MBDSS TBQ ICD

Data Field	Length	Position	Format	Valid Values
Code (occurrence 1)				‘S’, ‘U’, or ‘ ‘
Beneficiary’s Part B Enrollment Status Code (occurrence 1)	1	1259	CHAR	‘C’, ‘F’, ‘G’, ‘S’, ‘T’, ‘W’, ‘Y’, or ‘ ‘
Part B Entitlement (occurrence 2)	18	1260 - 1277		
Part B Entitlement (occurrence 3)	18	1278 - 1295		
Part B Entitlement (occurrence 4)	18	1296 - 1313		
Part B Entitlement (occurrence 5)	18	1314 - 1331		
Hospice Coverage (5 occurrences)				
Beneficiary Hospice Coverage Start Date (occurrence 1)	8	1332 - 1339	ZD	MMDDCCYY
Beneficiary Hospice Coverage End Date (occurrence 1)	8	1340 - 1347	ZD	MMDDCCYY
Hospice Coverage (occurrence 2)	16	1348 - 1363		
Hospice Coverage (occurrence 3)	16	1364 - 1379		
Hospice Coverage (occurrence 4)	16	1380 - 1395		
Hospice Coverage (occurrence 5)	16	1396 - 1411		
Disability Insurance Benefits (3 occurrences)				
Beneficiary Disability Insurance Benefits Entitlement Start Date (occurrence 1)	8	1412 - 1419	ZD	MMDDCCYY
Beneficiary Disability Insurance Benefits Entitlement End Date (occurrence 1)	8	1420 - 1427	ZD	MMDDCCYY
Beneficiary Disability Insurance Benefits Entitlement Justification Code (occurrence 1)	1	1428	CHAR	‘1’, ‘A’, ‘H’, or ‘ ‘
Disability Insurance Benefits (occurrence 2)	17	1429 - 1445		

MBDSS TBQ ICD

Data Field	Length	Position	Format	Valid Values
Disability Insurance Benefits (occurrence 3)	17	1446 - 1462		
Group Health Organization (10 occurrences)				
Beneficiary's Group Health Organization Enrollment Start Date (occurrence 1)	8	1463 - 1470	ZD	MMDDCCYY
Beneficiary's Group Health Organization Enrollment End Date (occurrence 1)	8	1471 - 1478	ZD	MMDDCCYY
Beneficiary's Group Health Organization Contract Number (occurrence 1)	5	1479 - 1483	CHAR	
Group Health Organization (occurrence 2)	21	1484 - 1504		
Group Health Organization (occurrence 3)	21	1505 - 1525		
Group Health Organization (occurrence 4)	21	1526 - 1546		
Group Health Organization (occurrence 5)	21	1547 - 1567		
Group Health Organization (occurrence 6)	21	1568 - 1588		
Group Health Organization (occurrence 7)	21	1589 - 1609		
Group Health Organization (occurrence 8)	21	1610 - 1630		
Group Health Organization (occurrence 9)	21	1631 - 1651		
Group Health Organization (occurrence 10)	21	1652 - 1672		
Plan Benefits Package Election (10 occurrences)				

MBDSS TBQ ICD

Data Field	Length	Position	Format	Valid Values
Group Health Plan Enrollment Effective Date (occurrence 1)	8	1673 - 1680	ZD	MMDDCCYY
Plan Benefits Package Start Date (occurrence 1)	8	1681 - 1688	ZD	MMDDCCYY
Plan Benefits Package End Date (occurrence 1)	8	1689 - 1696	ZD	MMDDCCYY
Plan Benefits Package Number (occurrence 1)	3	1697 - 1699	CHAR	
Plan Benefits Package Coverage Type Code (occurrence 1)	2	1700 - 1701	CHAR	
PBP Election (occurrence 2)	29	1702 - 1730		
PBP Election (occurrence 3)	29	1731 - 1759		
PBP Election (occurrence 4)	29	1760 - 1788		
PBP Election (occurrence 5)	29	1789 - 1817		
PBP Election (occurrence 6)	29	1818 - 1846		
PBP Election (occurrence 7)	29	1847 - 1875		
PBP Election (occurrence 8)	29	1876 - 1904		
PBP Election (occurrence 9)	29	1905 - 1933		
PBP Election (occurrence 10)	29	1934 - 1962		
End Stage Renal Disease Coverage				
Beneficiary's ESRD Coverage Start Date	8	1963 - 1970	ZD	MMDDCCYY
Beneficiary's ESRD Coverage End Date	8	1971 - 1978	ZD	MMDDCCYY
Beneficiary's ESRD Termination Reason Code	1	1979	CHAR	'A', 'B', 'C', 'D', 'E', or ''
End Stage Renal Disease Clinical Dialysis Dates Occurrence 1 (refer to position 3114 for 5 remaining occurrences)				
Beneficiary's ESRD	8	1980 - 1987	ZD	MMDDCCYY

MBDSS TBQ ICD

Data Field	Length	Position	Format	Valid Values
Clinical Dialysis Start Date				
Beneficiary's ESRD Clinical Dialysis End Date	8	1988 - 1995	ZD	MMDDCCYY
End Stage Renal Disease Transplant				
Beneficiary's ESRD Transplant Start Date	8	1996 - 2003	ZD	MMDDCCYY
Beneficiary's ESRD Transplant End Date	8	2004 - 2011	ZD	MMDDCCYY
Third Party Part A History (5 occurrences)				
Beneficiary's Part A Third Party Start Date (occurrence 1)	8	2012 - 2019	ZD	MMDDCCYY
Beneficiary's Part A Third Party Premium Payer Code (occurrence 1)	3	2020 - 2022	CHAR	'S01 – S99', 'T01 – Z98' or 'Z99'
Beneficiary's Part A Third Party End Date (occurrence 1)	8	2023 - 2030	ZD	MMDDCCYY
Beneficiary's Part A Third Party Buy In Eligibility Code (occurrence 1)	1	2031	CHAR	'A', 'B', 'C', 'D', 'E', 'F', 'G', 'H', 'M', or 'Z'
Third Party Part A History (occurrence 2)	20	2032 - 2051		
Third Party Part A History (occurrence 3)	20	2052 - 2071		
Third Party Part A History (occurrence 4)	20	2072 - 2091		
Third Party Part A History (occurrence 5)	20	2092 - 2111		
Third Party Part B History (5 occurrences)				
Beneficiary's Part B Third Party Start Date (occurrence 1)	8	2112 - 2119	ZD	MMDDCCYY
Beneficiary's Part B Third Party Premium Payer Code	3	2120 - 2122	CHAR	'000', '001', '005', '006', '007', '008', '010

MBDSS TBQ ICD

Data Field	Length	Position	Format	Valid Values
(occurrence 1)				– 650’, ‘700’ ‘A01 – R99’ or ‘ ‘
Beneficiary’s Part B Third Party Termination Date (occurrence 1)	8	2123 - 2130	ZD	MMDDCCYY
Beneficiary’s Part B Third Party Buy In Eligibility Code (occurrence 1)	1	2131	CHAR	‘A’, ‘B’, ‘C’, ‘D’, ‘E’, ‘F’, ‘G’, ‘H’, ‘M’, ‘P’, or ‘Z’
Third Party Part B History (occurrence 2)	20	2132 - 2151		
Third Party Part B History (occurrence 3)	20	2152 - 2171		
Third Party Part B History (occurrence 4)	20	2172 - 2191		
Third Party Part B History (occurrence 5)	20	2192 - 2211		
Part D Data Elements				
Beneficiary’s First Eligibility Part D Date	8	2212 - 2219	ZD	MMDDCCYY
Beneficiary’s Affirmatively Decline Indicator	1	2220	CHAR	‘Y’, ‘N’, or ‘ ‘
Beneficiary’s Co-Payment History (10 occurrences)				
Beneficiary’s LIS Type (occurrence 1)	1	2221	CHAR	‘L’ or ‘D’
Beneficiary’s Co- Payment Level (occurrence 1)	1	2222	CHAR	‘1’, ‘2’, ‘3’, or ‘4’
Beneficiary’s Co- Payment Start Date (occurrence 1)	8	2223 - 2230	ZD	MMDDCCYY
Beneficiary’s Co- Payment End Date (occurrence 1)	8	2231 - 2238	ZD	MMDDCCYY
Co-Payment History (occurrence 2)	18	2239 - 2256		
Co-Payment History (occurrence 3)	18	2257 - 2274		

MBDSS TBQ ICD

Data Field	Length	Position	Format	Valid Values
Co-Payment History (occurrence 4)	18	2275 - 2292		
Co-Payment History (occurrence 5)	18	2293 - 2310		
Co-Payment History (occurrence 6)	18	2311 - 2328		
Co-Payment History (occurrence 7)	18	2329 - 2346		
Co-Payment History (occurrence 8)	18	2347 - 2364		
Co-Payment History (occurrence 9)	18	2365 - 2382		
Co-Payment History (occurrence 10)	18	2383 - 2400		
Part D Plan Benefit Package (10 occurrences)				
Beneficiary's Contract Number (occurrence 1)	5	2401 - 2405	CHAR	
Beneficiary's Part D Enrollment Start Date (occurrence 1)	8	2406 - 2413	ZD	MMDDCCYY
Beneficiary's Part D Enrollment End Date (occurrence 1)	8	2414 - 2421	ZD	MMDDCCYY
Beneficiary's Part D PBP Plan Number (occurrence 1)	3	2422 - 2424	CHAR	
Beneficiary's Enrollment Type Indicator (occurrence 1)	1	2425	CHAR	'A', 'B', 'C', 'D', 'E', 'F', 'G', 'H', or 'I'
Part D Plan Benefit Packet (occurrence 2)	25	2426 - 2450		
Part D Plan Benefit Packet (occurrence 3)	25	2451 - 2475		
Part D Plan Benefit Packet (occurrence 4)	25	2476 - 2500		
Part D Plan Benefit Packet (occurrence 5)	25	2501 - 2525		
Part D Plan Benefit Packet (occurrence 6)	25	2526 - 2550		
Part D Plan Benefit Packet (occurrence 7)	25	2551 - 2575		
Part D Plan Benefit	25	2576 - 2600		

MBDSS TBQ ICD

Data Field	Length	Position	Format	Valid Values
Packet (occurrence 8)				
Part D Plan Benefit Packet (occurrence 9)	25	2601 - 2625		
Part D Plan Benefit Packet (occurrence 10)	25	2626 - 2650		
Part C Organization Name	55	2651 - 2705	CHAR	
Part C Plan Name	50	2706 - 2755	CHAR	
Part D Organization Name	55	2756 - 2810	CHAR	
Part D Organization Plan Name	50	2811 - 2860	CHAR	
Part D Organization Plan Benefit	1	2861	CHAR	<i>future use</i>
Beneficiary Language Indicator	1	2862	CHAR	'C', 'D', 'E', 'F', 'G', 'I', 'J', 'N', 'P', 'R', 'S', 'V', 'W', or ' '
Special Needs Plan Indicator (occurrence 1)	1	2863	CHAR	'Y' or 'N' or Space (not applicable)
Special Needs Plan Indicator (occurrence 2)	1	2864	CHAR	'Y' or 'N' or Space (not applicable)
Special Needs Plan Indicator (occurrence 3)	1	2865	CHAR	'Y' or 'N' or Space (not applicable)
Special Needs Plan Indicator (occurrence 4)	1	2866	CHAR	'Y' or 'N' or Space (not applicable)
Special Needs Plan Indicator (occurrence 5)	1	2867	CHAR	'Y' or 'N' or Space (not applicable)
Special Needs Plan Indicator (occurrence 6)	1	2868	CHAR	'Y' or 'N' or Space (not applicable)
Special Needs Plan Indicator (occurrence 7)	1	2869	CHAR	'Y' or 'N' or Space (not applicable)
Special Needs Plan Indicator (occurrence 8)	1	2870	CHAR	'Y' or 'N' or Space (not applicable)
Special Needs Plan	1	2871	CHAR	'Y' or 'N' or

MBDSS TBQ ICD

Data Field	Length	Position	Format	Valid Values
Indicator (occurrence 9)				Space (not applicable)
Special Needs Plan Indicator (occurrence 10)	1	2872	CHAR	'Y' or 'N' or Space (not applicable)
Incarceration Start Date	8	2873 - 2880	ZD	MMDDCCYY
Incarceration Termination Date	8	2881 - 2888	ZD	MMDDCCYY
Filler	14	2889 - 2902	CHAR	Spaces
RDS Coverage Periods (5 occurrences)				
RDS Start Date (occurrence 1)	8	2903 - 2910	ZD	MMDDCCYY
RDS Termination Date (occurrence 1)	8	2911 - 2918	ZD	MMDDCCYY
RDS Coverage Period (occurrence 2)	16	2919 - 2934		
RDS Coverage Period (occurrence 3)	16	2935 - 2950		
RDS Coverage Period (occurrence 4)	16	2951 - 2966		
RDS Coverage Period (occurrence 5)	16	2967 - 2982		
Filler	1	2983	CHAR	Spaces
Part D Eligibility Dates (5 occurrences)				
Part D Eligibility Start Date (occurrence 1)	8	2984 - 2991	ZD	MMDDCCYY
Part D Eligibility Termination Date (occurrence 1)	8	2992 - 2999	ZD	MMDDCCYY
Part D Eligibility Dates (occurrence 2)	16	3000 - 3015		
Part D Eligibility Dates (occurrence 3)	16	3016 - 3031		
Part D Eligibility Dates (occurrence 4)	16	3032 - 3047		
Part D Eligibility Dates (occurrence 5)	16	3048 - 3063		
Beneficiary Subsidy Information (10 occurrences)				
Subsidy Level (occurrence 1)	3	3064 - 3066	ZD	'100', '075', '050', or '025'
LIS DEEM Source Code	2	3067 - 3068	CHAR	'01', '02', '03', '04', '05', '06',

MBDSS TBQ ICD

Data Field	Length	Position	Format	Valid Values
(occurrence 1)				'SS' or <ST> valid state code
Beneficiary Subsidy Information (occurrence 2)	5	3069 - 3073		
Beneficiary Subsidy Information (occurrence 3)	5	3074 - 3078		
Beneficiary Subsidy Information (occurrence 4)	5	3079 - 3083		
Beneficiary Subsidy Information (occurrence 5)	5	3084 - 3088		
Beneficiary Subsidy Information (occurrence 6)	5	3089 - 3093		
Beneficiary Subsidy Information (occurrence 7)	5	3094 - 3098		
Beneficiary Subsidy Information (occurrence 8)	5	3099 - 3103		
Beneficiary Subsidy Information (occurrence 9)	5	3104 - 3108		
Beneficiary Subsidy Information (occurrence 10)	5	3109 - 3113		
Beneficiary ESRD Clinical Dialysis Dates occurrences 2 through 6 (refer to position 1980 for first occurrence).				
Beneficiary ESRD Clinical Dialysis Dates (occurrence 2)	16	3114 - 3129		
Beneficiary ESRD Clinical Dialysis Dates (occurrence 3)	16	3130 - 3145		
Beneficiary ESRD Clinical Dialysis Dates (occurrence 4)	16	3146 - 3161		
Beneficiary ESRD Clinical Dialysis Dates (occurrence 5)	16	3162 - 3177		
Beneficiary ESRD	16	3178 - 3193		

Data Field	Length	Position	Format	Valid Values
Clinical Dialysis Dates (occurrence 6)				
Filler	207	3194 - 3400	CHAR	Spaces

Table 9: CMS-to-Territory Response File - Trailer Record

Data Field	Length	Position	Format	Valid Values
Trailer Code	8	1 - 8	CHAR	'MMATBQRT'
Detail Record Count	9	9 - 17	ZD	
Filler	3383	18 - 3400	CHAR	Spaces

6.2.5. Communication Methods

This section describes communication methods used by the interface as well as error recovery.

6.2.5.1. Interface Initiation

This process is automated and a part of the daily TWS schedule. Database updates cause the MBDSS to insert beneficiary-specific triggers into a system table. A daily job converts these triggers into records that conform to the layout described above. One run will create responses for all outstanding query files.

6.2.5.2. Flow Control

The response file is created in the OMBDW mid-tier environment and transferred to the mainframe. The CMS EFT process sweeps the file and sends it to the state/territory.

CMS/partner will notify us in the event of a transmission failure. There is also a daily EFT transmissions report sent from the CMS CITIC contractor to the maintainers.

If there are any problems creating the file, the process should be restarted and it will resume where the error occurred. Please refer to the Automated Production Control & Scheduling System (APCSS) production control documentation for additional recovery details.

The APCSS documentation provides details on exchange related jobs, processes, file names, error codes, and handling procedures.

6.2.6. Security Requirements

Please see section 5.5.

7. Qualification Methods

Demonstration: The TBQ Query-Response process has been in production since 2008.

Testing: Prior to each process change:

- Developers perform unit testing.
- The maintenance contractor performs preliminary regression testing and integration testing.
- Independent testing contractors conduct thorough system and integration testing.

Inspection: Prior to releasing the first new file after a process change, the schedules are held and the maintenance contractor performs manual validation checks.

8. GLOSSARY

None.

9. ACRONYMS

The following acronyms are used in this document.

Acronyms	Definition
APCSS	Automated Production Control & Scheduling System
API	Application Programmable Interface
BEQ	Batch Eligibility Query
CITIC	Consolidated Information Technology Infrastructure Contract
CME	CMS Entitlement, Eligibility and Enrollment
CMS	Centers for Medicare & Medicaid Services
EFT	Electronic Funds Transfer
ESRD	End Stage Renal Disease
ICD	Interface Control Document
LIS	Low Income Subsidy
MA	Medicare Advantage
MAPD	Medicare Advantage Prescription Drug
MDCN	Medicare Data Communications Network
MBD	Medicare Beneficiary Database
MBDSS	Medicare Beneficiary Database Suite of Systems
MMA	Medicare Modernization Act
OMBDW	Oracle Database Warehouse

OMM	Operations & Maintenance Manual
PBP	Plan Benefit Package
RDS	Retiree Drug Subsidy
SDD	System Design Document
TBQ	Territory Beneficiary Query
TWS	Tivoli Work Scheduler

10. APPENDICES

Appendix A

If the incoming file fails any of the validation tests, a rejection e-mail will be sent to the state/territory. A template of the e-mail text is as follows:

On *<Date/Time of file arrival>* a TBQ file arrived at CMS and was rejected. The reason for rejection was: *<Rejection Reason>*.

The Header Record of this file was:

<Header Record>

Please correct the error and retransmit the file.

If the incoming file passes all validation tests, an acceptance e-mail will be sent to the state/territory. A template of the e-mail text is as follows:

On *<Date/Time of file arrival>* a TBQ file arrived at CMS and was accepted for processing.

The Header Record of this file was:

<Header Record>

If you do not wish to receive this email, please reply indicating your request to be excluded.