



**Medicare Modernization Act (MMA)
Customer Support for Medicare Modernization (CSMM)
Help Desk FAQ Sheet # 005**

Updated 01/20/2006

Common Enrollment Transaction Errors

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1. What are the most common errors and Transaction Reply Codes seen in the enrollment transaction files submitted to CMS?

The following are the top errors being encountered in Plan enrollment transaction files:

TR 007 – Invalid Claim Number

The claim number on this transaction was not in a valid format. A common cause is a missing or invalid BIC.

Plan Action: *Correct the Claim Number and resubmit the transaction. Validate that the Claim Number is in one of two forms:*

- *HICN – 11 position value with the first nine positions numeric and the last two alphanumeric.*
- *RRB – 7 to 12 position value with the first 3 positions alphabetic and the last 6 to 9 positions numeric.*

TR 009 – No Match on Name

CMS uses the Name, DOB, and/or Gender on the transaction to match it to a beneficiary in the CMS Master Beneficiary Database. The fields on this transaction do not match CMS data.

Plan Action: *Verify the Name, DOB, and Gender. Submit the corrected transaction.*

TR 015 – Enrollment Canceled

This indicates that an enrollment caused a previous enrollment in another Plan to be cancelled.

In some cases Plans are receiving both a TR 015 and a TR 011 for a member being enrolled in their Plan. The TR 015 indicates that the current enrollment caused the member to be automatically disenrolled from a previous Plan with the same effective date. The TR 011 indicates that the member was successfully enrolled into the new Plan.

Plan Action: *If a Plan receives both a TR 011 and a TR 015 for a member being enrolled, the TR 015 can be ignored. The member was successfully enrolled in the new Plan.*

TR 016 – Enrollment Accepted, Out of Area

This means that at the time of enrollment, the member resides out of the Plan's service area according to the address information on file at CMS.

Plan Action: *The Plan should verify whether the member resides out of the service area. If the SCC on the TRR differs from the Plan's records, the Plan should ask the member to visit the SSA Field office to change his/her address. If the member truly resides out of the service area, the Plan must disenroll the member.*

TR 037 – Enrollment Rejected, Invalid Date *Updated*

The effective date on submitted transactions must be the first day of the month and be valid for the payment period of the submitted file. Most transactions within a file will represent the first day of the month following the submittal of the file. CMS allows for one month of retroactivity within a submitted file so effective dates for the previous month also are allowed.

Example: For a file submitted during the period of January 14 to February 10 (*files submitted for the March Payment*):

- The header date on this file must be 032006 (Payment period).
- Typical effective date will be 20060301.
- Dates as early as 20060201 can be included in this file because of the allowed one-month retroactivity. **Exception:** Employer Groups (60 transaction type) are allowed to submit effective dates up to three months in the past, in this case 20051201.
- Any effective date prior to 2/1/2006 (12/01/2005 for Employer Groups) must be submitted in a retroactive transaction file. *CMS approval must be obtained to submit retroactive files.*
- For most plans, any date later than 03/01/2006 will cause the transaction to be rejected. These should be held until the correct effective payment period. .

Plan Action: *Correct the enrollment effective date, if in error based on the above rules. Resubmit the transaction.*

TR 038 – Enrollment Rejected, Duplicate Transaction

An enrollment transaction for this member may have been submitted multiple times. A transaction is considered duplicate if the Plan has submitted a previous transaction for the member with the same effective date.

Plan Action: *Confirm the submittal of a prior transaction for this member. Perform a Beneficiary Find using the MARx UI to determine if the member is already enrolled. No other action is required; the member is enrolled.*

TR 045 – Enrollment Rejected, Beneficiary is in ESRD Status *Updated*

An enrollment transaction for this member is being rejected because CMS indicates the member is ESRD. Generally, MA-PD Plans cannot enroll ESRD members unless the individual was previously enrolled in the commercial side of the plan or the plan has been previously approved for such enrollments.

Plan Action: *If the plan has approval to enroll ESRD members, they should resubmit the enrollment with an A in position 80, Prior Commercial Indicator.*

TR 094 – No Match on Name

This error is supposed to be obsolete but may be generated when another error should have been supplied. MARx generates this TR when it encounters an error in processing a claim number cross-reference notification from the MBD system. This is an internal CMS system error. Occurrences are being investigated and corrected by the MARx team.

Plan Action: *Contact the member to determine if their information is correct. If the Plan believes the member information is correct, then contact the MMA Help Desk and be prepared to provide information on the transaction(s) that received this response code.*

TR 102 – Rejected, Invalid or Missing Application Date

On 60, 61 or 71 (Enrollment or PBP Change) transactions, the application date must be populated. It must be a valid date prior to the Effective or Change date. The application date must lie within the election period specified on the transaction. For example, for this year's annual enrollment period (AEP) the application date must be between November 15, 2005 and May 15, 2006, inclusive. Below are definitions of the MARx election periods. Note that the application date cannot be before November 15, 2005.

AEP (A): For 2006, the AEP is November 15, 2005 through May 15, 2006. For subsequent years, it is November 15 through December 31.

OEP (O): For 2006, the OEP is the first six months of 2006. For subsequent years, it is the first 3 months of the year.

OEPI (T): Starts the month the beneficiary is institutionalized and ends 2 months after the beneficiary moves out of the institution.

OEPNEW (N): For 2006, the OEPNEW is the first 6 months of Part A/B entitlement before Dec. 31st. For subsequent years, it is the first 3 months of Part A/B entitlement before Dec. 31st. If a member wants to enroll on the first day they become entitled, the Plan should use ICEP with an effective date equal to the entitlement date.

SEP (S): Any time, provided the reason for the election is on the list of CMS-approved SEP conditions, or CMS has notified the Plan that SEP may be used.

IEP (E): IEP applies to MA-PD and PDP Plans, not MA Plans.

- a. For those entitled to Part A and/or Part B as of November 15, 2005 and for those who become entitled in December 2005 and January 2006, the IEP is November 15, 2005 through May 15, 2006.
- b. For those who become entitled in February 2006, the IEP is November 15, 2005 through May 31, 2006.
- c. For those who become entitled in March 2006 or later, IEP is the 7-month continuous period starting 3 months before entitlement to Part A or age 65 attainment, whichever comes first.

ICEP (I): Starts 3 months before the month the individual is first entitled to both Part A and Part B and ends on the later of:

- a. The last day of the month preceding the month of entitlement (this results in a 3-month ICEP period).
- or*
- b. If after May 15, 2006, last day of month preceding the 4th month after the month of entitlement to Part A or age 65 attainment, whichever comes first (this results in a 7-month ICEP period).

Plan Action: Resubmit the transaction with a valid application date. Note: Type 51 or 72 (Disenrollment or Plan Change) transactions do not require the population of application date.

TR 104 – Rejected, Invalid or Missing Election Type *Updated*

The values expected in election type depend on the Plan and transaction types. Election type also depends on when the beneficiary gains entitlement.

On 60/61 enrollment transactions:

- MA valid values are A, I, O, S, N, T (**For this initial period, MAs should use A**; Type I should be used if the beneficiary is newly entitled to Medicare Part A and Part B). Only one ICEP or OEPNEW is allowed per member for life. Only one OEP is allowed per member per calendar year.
- MA-PD valid values are A, E, I, O, S, N, T (**For this initial period, MA-PDs should use E**). If the plan has already generated transactions using type A, they will be processed successfully but E is recommended. Type I can be used if the beneficiary is newly entitled to Medicare Part A and Part B). Only one IEP, ICEP, or OEPNEW is allowed per member for life. Only one OEP is allowed per member per calendar year.
- PDP valid values are A, E, S (**For this initial period PDPs should use E**). Only one IEP is allowed per member for life.
- No election type is required for enrollment transactions from HCPP, Cost without Drug, Demo (MDHO, MSHO, WPP, CCIP/FFS) and PACE National plans.
- All enrollment transactions for Full Dual beneficiaries can be assigned an election type of S.
- All retroactive transactions should use an election type of S.

Each election type can be used only during the election period associated with that type. For example, during 2005-2006, AEP can be used only from November 15, 2005 to May 15, 2006. For definitions of the election periods, see the FAQ explanation for TRC 102 above.

Note: OEP is the first 6 months of 2006 and the first 3 months of subsequent years. The system will not accept OEP election type enrollments prior to 2006.

On 51 Disenrollment and 71 PBP Change transactions: **Note:** As a general rule, effective date of a disenrollment must lie within the enrollment election period.

- MA & MA-PD values are A, O, S, N, T. In addition:
 - E can be used for a 71 transaction that is moving a member from one MA-PD to another MA-PD but not for moving from a MA to an MA-PD or MA-PD to an MA.
 - E can be used to cancel an MA-PD enrollment that is effective in the future when the disenrollment date is within the IEP.
 - I can be used to cancel an MA enrollment that is effective in the future when the disenrollment date is within the ICEP.
- PDP values are A, S. In addition:
 - E can be used for a 71 transaction that is moving a member from one PDP to another PDP.
 - E can be used to cancel a PDP enrollment that is effective in the future when the disenrollment date is within the IEP.
- HCPP, Cost w/o Drug, Demo (MDHO, MSHO, WPP, CCIP/FFS), PACE National – No election type is required for disenrollment transactions from these plans.

On 72 Plan Change transactions:

- All plan types use S when applicable.

This error occurs most often on 72 (Plan Change) transactions. The Election Type for a 72 transaction is usually not applicable and should be left blank. However, if the 72 transaction is being submitted and the premium withhold option field is not blank, the Election Type field should be populated with S. The S denotes a Special Enrollment Period. Plans submitting 72 transactions to obtain LIS/LICS should code the premium withhold option that is equivalent to the member's current withhold option. For example, if the member is direct bill, Plans should submit the 72 with D in the premium withhold option. Plans should remember to use election type S for this situation.

The following table shows valid election types for enrollment in various plans:

<i>Election Types</i>							
<i>PLANS</i>	<i>AEP (A)</i>	<i>OEP (O)</i>	<i>OEPI (T)</i>	<i>OEPNEW (N)</i>	<i>SEP (S)</i>	<i>IEP (E)</i>	<i>ICEP (I)</i>
MA	Y	Y	Y	Y	Y		Y
MA-PD	Y	Y	Y	Y	Y	Y	Y
PDP	Y	Y <i>(if switching from MA-PD)</i>	Y <i>(if switching from MA or MA-PD)</i>	Y <i>(if switching from MA-PD)</i>	Y	Y	
SHMO I	Y	Y	Y	Y	Y		Y
SHMO II	Y	Y	Y	Y	Y		Y
SCO					Y		
Cost with Part D	Y	Y <i>(if switching from MA-PD)</i>	Y <i>(if switching from MA or MA-PD)</i>	Y <i>(if switching from MA-PD)</i>	Y	Y	
ESRD I					Y		
ESRD II					Y		

<i>Election Types</i>							
<i>PLANS</i>	<i>AEP (A)</i>	<i>OEP (O)</i>	<i>OEPI (T)</i>	<i>OEPNEW (N)</i>	<i>SEP (S)</i>	<i>IEP (E)</i>	<i>ICEP (I)</i>
<i>Cost 1 & Cost 2 without drug</i>	<i>None Required</i>						
<i>PACE National</i>	<i>None Required</i>						
<i>MDHO & MSHO Demo</i>	<i>None Required</i>						
<i>WPP Demo</i>	<i>None Required</i>						
<i>CCIP / FFS Demos</i>	<i>None Required</i>						

Plan Action: Resubmit the corrected transaction. Please contact CMS for approval to submit retroactive enrollments.

TR 107 – Rejected, Invalid or Missing PBP Number *Updated*

The PBP number was missing or invalid. The PBP number is not required for disenrollment transactions. Some types of Plans may receive this error if they did not have a PBP defined for 2005 and are attempting to enroll members into a PBP for 2006. The PBP is now required on all enrollment transactions. Plans that did not have PBPs have been assigned a PBP of 999.

Plan Action: Populate this field with the PBP that was assigned to the plan (see HPMS).

TR 111 – PBP Rejected, Invalid Contract Number

This error occurs for transaction Code 71 Plan Change when the contract number does not match the member’s enrollment record. Some Plans are receiving this when trying to move a member from a blank PBP to a non-blank PBP.

Plan Action: CMS will re-process the files already submitted by the Plans. **Note:** PACE Plans should continue to submit their 71 transactions. CMS has not received any 71 transactions from several PACE Plans. Non-PACE Plans should correct the Contract Number and resubmit the transaction.

TR 114 – Drug Coverage Change Rejected

Existing Plan members cannot add or drop drug coverage except during AEP or OEPI. Enrollments with 2005 effective dates cannot use election type ‘O’.

Plan Action: Check Election type to ensure proper usage; see information provided with TR 104 and resubmit transaction.

TR 116 – Bad Segment Number

The value in this field must match the Segment information that is on file with HPMS from data submitted by the Plan. It only applies to Plans that use segments. If the Plan benefit package is not segmented, the transaction must have 000 or blanks in this field.

Plan Action: Verify the segment information against the latest HPMS file to ensure that they match. If the Plan benefit package is not segmented, populate this field with 000 or blanks. Resubmit the corrected transactions.

TR 123 – Enrollment/Change Rejected, Invalid PREM OPT CD

The Premium Withholding Option Code must be D, S, R, O or N.

Plan Action: *Resubmit the corrected transaction.*

TR 124 – Enrollment/Change Rejected, Invalid UNCOV MONTHS

The value in the Number of Uncovered Months field is not valid. The value in this field must agree with the value in the Creditable Coverage Field. Valid combinations are:

1. Both fields contain all blanks
2. Creditable Coverage = Y and Number of Uncovered months = 0
3. Creditable Coverage = N and Number of Uncovered months > 0

Plan Action: *Resubmit the transaction with valid values in these two fields. Since the Part D Late Enrollment Penalty does not take effect until 8/1/06, Plans should not be submitting Creditable Coverage = N at this time, otherwise MARx will calculate a Late Enrollment Penalty.*

TR 127 – Part D Enrollment Rejected, Employer Subsidy Status

This beneficiary has coverage from his/her Employer.

Plan Action: *Contact the Member to determine if the member truly wants to enroll in Part D and understands that his/her employer will no longer cover him/her. If so, resubmit the transaction with the Employer Subsidy Override flag set to Y.*

TR 130 – Part D Opt Out Rejected

The Part D Opt Out flag has an invalid value. Valid values are Y or space. Plans should code a space when the member doesn't want to opt out; N is not a valid value.

Plan Action: *Correct the Opt Out flag value and resubmit the transaction.*

TR 154 – Out of Area Status

This means that some time after enrollment, either the member moved or the Plan's service area changed, resulting in the member no longer being in the service area.

Plan Action: *The Plan should verify whether the member resides out of the service area. If the SCC on the TRR differs from that on the Plan's records, the Plan should ask the member to visit the SSA Field office to change the address on record. If the member truly resides out of the service area, the Plan must disenroll the member.*

TR 167 – Change in Beneficiary Low Income Premium Subsidy

This is an informational message that is generated when a change occurs to the member's LIS status resulting in a change to the premium subsidy amount. Plans can reference field 55 of the Transaction Reply Report for the Part D Low Income Premium Subsidy amount when enrollment transactions are accepted. The Premium Subsidy amount is also supposed to be displayed in field 24 when TR 167 is generated, however due to a system error, the amount is either not being displayed or it is being displayed in truncated form. Changes will be put in place to correct this situation.

Plan Action: *No action is recommended. Plans that need further guidance should contact the MMA Help Desk with detail information on the transaction(s) in question.*

2. If a Plan is seeing **TR 165 - Processing Delayed Due to MARx System Problems**, what should they do?

TR 165 reject codes are generated in a number of situations. Some may result from MARx software issues, changing business requirements, or are caused by particular conditions related to plan submissions. When a plan receives TR 165 rejections, the plan should wait until after the next MARx cutoff and resubmit for the following payment month.

If the rejections are repeated with the resubmittal, the plan should contact the CSMM Support Desk and provide examples of the transactions that received this reply code.

If the plan receives large numbers of transactions that are being rejected with a reply code of 165, they should contact the CSMM Support Desk at that time rather than wait to resubmit the transactions as

these are most likely not the result of the few known software issues being worked that generate a TR 165.

The exception to the above is for Plans that received TRC 165 in combination with TRC 011. Those Plans do not need to resubmit these enrollment records, as the beneficiaries have been successfully enrolled. However, plans should not submit any transactions for these beneficiaries at this time.

3. [Where can the Plan find additional information on the Transaction Reply Codes?](#)

All of the Transaction Reply Codes are detailed in Appendix H of the *Plan Communications User Guide (PCUG)*. This can be found on the mmahelp.cms.hhs.gov website. The most up-to-date listing of the Transaction Reply Codes is the listing that was sent out on the Part D ListServe on 12/07/2005. This listing includes the TRCs greater than 165. If a plan did not receive this updated listing, it can be obtained by contacting the CSMM Support Desk.

4. [How can the Plan receive help interpreting the Transaction Reply Reports?](#)

Contact the CSMM Support Desk.

For further information:

- The *Plan Communications User Guide (PCUG)* – Can be downloaded from the mmahelp.cms.hhs.gov website.
- The CSMM Support Desk can be reached at 1-800-927-8069 or mmahelp@cms.hhs.gov. The CSMM Support Desk is available Monday through Friday, 6 am – 9 pm EST.