



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

Updated 03/01/2006

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1. Are there any guidelines for using the 72 transaction to obtain a member's LIS information?

To use the 72 transaction to obtain LIS information on a member, a plan should populate the premium withhold option (even if it's not changing) and use the election type S (required because the premium withhold option is populated). If the submitted 72 transaction contains only the required identifying fields and NO other changes are indicated, MARx will not process the record and no record will be returned in the TRR. Note that the MARx UI can also be used to obtain correct LIS information.

2. What are the limits for using the various election types?

Refer to enrollment guidance for a complete discussion of election periods. In summary, the various election types have the following limits: 1 for Annual Election Period (AEP) (every year), 1 per Open Enrollment Period (OEP) (every year), 1 per life for Initial Coverage Election Period (ICEP), 1 per life for Initial Enrollment Period for Part D (IEP) and 1 per life for Open Enrollment for Newly Eligible Individuals (OEPNEW). There are no limits for using Special Election Periods (SEP) and Open Enrollment Period for Institutionalized Individuals (OEPI).

3. What is the difference between the 71 and 72 transaction?

The 71 transaction is an enrollment transaction used when a beneficiary stays with the same organization or sponsor (contract #) and has elected a different PBP within the organization or sponsor. The 72 change transaction is used only for updating information on a currently enrolled individual's record.

4. What is the difference between the 60 and 61 transaction?

The 61 transaction is the transaction normally used to submit enrollments. It is always used by all plans to submit enrollments that will become effective during the current processing month. It is also used by plans to submit enrollments that are retroactive one month.

For example, in April's transaction files, the 61 transaction type is used for all enrollments with an effective date of 04/01 and 03/01.

The 60 transaction is only used by organizations and sponsors with employer group sponsored plans to submit transactions that fall outside of the normal date range for a processing month. Complete information is provided in CMS enrollment guidance.

For example; if a sponsor or organization receives enrollment requests in April for an employer-sponsored plan with February 1 effective dates, the sponsor/organization could use the code 60 transaction to submit these to MARx in the current processing month, if the enrollment requests meet the conditions provided in CMS guidance.

5. Will a plan receive a separate Batch Completion Status Summary (BCSS) for each batch submitted?

If a plan submits multiple transaction files and they are all processed at the same time, only one Batch Completion Status Summary will be received. MARx includes all transactions processed from the submitted batches in the Summary.

6. How long will it take a plan to receive a BCSS?

Batch Completion Status Summary (BCSS) files will be pushed to the plans soon after the submitted batch(es) is processed. If CMS has a heavy processing load, it may take more than a day to get a BCSS back after submission of a transaction file.

7. What changes have been made to the 4Rx Error Return Codes?

Five changes were made to Error Return Codes (ERCs) provided in 4Rx Response File Detail Records. The first ERC change involves changing the "Rx ID" data field (in positions 52-71) on incoming 4Rx Notification Detail Records from a "Not Critical Field" to a "Critical Field." This field (Rx ID) should contain (up to) 20 alphanumeric characters. A new Rx-ID-ERC has been added to support this edit change.

In addition, four ERCs have been added to provide Plans additional clarification as to why the "PBP Enrollment Match Flag" was set to "N" and the 4Rx (notification) transaction sent to CMS was unsuccessful.

The "PBP Enrollment Match Flag" is set to "N" because either the beneficiary's PBP enrollment was not successfully located (verified) by the combination of the Contract Number, PBP Number, and Enrollment Effective Date" or the "Part D Payment Switch" on the MBD equaled "N" indicating the beneficiary was not enrolled in Part D.

The affected ERCS are:

Rx-ID-ERC: This is a new 3 position field added to the 4Rx Response Detail Record that will occupy positions 134 thru 136. If the error code (value of this field) = "001" then the Rx ID is valid.. If the error code (value of this field) = "002" then the Rx ID is invalid (does not contain alphanumeric characters or is not provided / contains all spaces). Consequently, the "Processed Flag" was set to "N" indicating the incoming 4Rx Notification Transaction was not accepted for processing because "At least one critical field on the Transaction was populated with a value other than the prescribed valid values."

Contract-Number-ERC: If the error code (value of this field) = "002" then the Contract Number provided for the beneficiary did not match the Contract Number for the Beneficiary on the MBD. Consequently, "PBP Enrollment Match Flag" was set to "N" indicating the incoming 4Rx Notification Transaction was not successfully processed.

PBP-Number-ERC: If the error code (value of this field) = "002" then the Plan Benefit Package (PBP) Number provided for the beneficiary did not match the PBP Number for the Beneficiary on the MBD.

Consequently, "PBP Enrollment Match Flag" was set to "N" indicating the incoming 4Rx Notification Transaction was not successfully processed.

PBP-Enrollment-Effective-Date-ERC: If the error code (value of this field) = "002" then the PBP Enrollment Effective Date provided for the beneficiary did not match the PBP Enrollment Effective Date for the Beneficiary on the MBD. Consequently, "PBP Enrollment Match Flag" was set to "N" indicating the incoming 4Rx Notification Transaction was not successfully processed.

Part-D-Payment-Switch-ERC: This is a new 3 position field added to the 4Rx Response Detail Record that will occupy positions 137 thru 139. If the error code (value of this field) = "002" then the "Part D Payment Switch" on the MBD equaled "N" indicating the beneficiary was not enrolled in Part D. Consequently, "PBP Enrollment Match Flag" was set to "N" indicating the incoming 4Rx Notification Transaction was not successfully processed.

It should also be noted that if a Plan does not use the Rx PCN or the Rx Group data field on 4Rx Notification Detail Record (Transactions), they should be space filled.

8. [Discrepancy found in the Transaction Inventory in the PCUG.](#)

In the Plan Communications User's Guide, we have found a discrepancy in the documentation for the Part C and Part D reports.

Currently, the information displays as follows:

Part C Monthly Membership Detail Report
P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEDR

Part D Monthly Membership Detail Report
P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMR

The correct information naming convention for the Part C and D reports should display as follows:

Part C Monthly Membership Detail Report
P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEMR

Part D Monthly Membership Detail Report
P#MMA.@BGD5050.PLNxxxxx.Rmmyyyy.MONMEDR

It is important to note that the plans are receiving the correct report in the correct naming convention; this issue only affects our documentation in the PCUG.

9. [If you submit a disenrollment before the enrollment effective date, the bene is not charged with an election. Is this also true if the disenrollment is done through a retro file?](#)

Example: In December, a bene enrolled into plan A effective 1/1/06 using Annual Election Period (AEP) election. In February, the plan sends in a retro file with header date = 1/1/06 that disenrolls the bene effective 1/1/06 using Annual Election Period (AEP) election.

The beneficiary is not charged with an election when the disenrollment is done through a retro file..

10. [What Transaction Reply Codes have been added since the last publication of the code list?](#)

As CMS sends special TRRs to the plans, new Transaction Reply Codes have been added to identify the various types of data being sent to them. The following Transaction Reply codes have been added to the list of codes since the 12/07 mailing:

- 199** Rejected, returned to plan for additional research
- 997** Prior auto-disenrollment due to plan transfer (used for enrollment reconciliation)
- 998** Prior enrollment cancellation due to plan transfer (used for enrollment reconciliation)
- 999** Active enrollment in plan (used only on full enrollment files)

A current list of TRCs will be published on the CSMM website in the near future.

For further information:

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