MMA Help Desk
Help Desk General FAQ Sheet 007

Updated 05/10/2006

Transaction Reply Codes

Correcting Beneficiary Data

Miscellaneous

Transaction Reply Codes

1.   What transaction replies will I see when a beneficiary dies?

When CMS is notified that a beneficiary has died, MARx will generate a notification to the plan. The notification consists of a transaction reply record in the plan's TRR that shows a type 01 transaction with a transaction reply code of 090. This record contains the beneficiary's actual date of death in the effective date field.

In addition to notifying the plan, MARx also disenrolls the beneficiary effective the 1st day of the month following the beneficiary's death. The plan will see, in their TRR, a type 51 transaction with a

transaction reply code of 018 (Automatic Disenrollment). This transaction reply will have an effective date that represents the date of disenrollment, not the beneficiary's date of death.

The plan will also receive a transaction type 51 with a transaction reply code of 090. The effective date on this reply is the effective date of the disenrollment, not the beneficiary's date of death.

2. Why is a standalone PDP Plan receiving TRC 019 (Enrollment Rejected – PACE Loss of Part A and B Entitlement)?

Transaction reply code 019 description was revised on March 20, 2006. The revised TRC 019 code is Enrollment Rejected – Loss of Part A and B Entitlement. This code means that an enrollment transaction was submitted but was rejected because the beneficiary is not entitled to either Part A or Part B of Medicare.

3. What is the difference between TRC 037 (Enrollment Rejected, Invalid Date) and TRC 105 (Rejected; Invalid Effective Date for Election Type)?

Transaction Reply Code 037 (Enrollment Rejected, Invalid Date) is generated under the following conditions:

- The effective date submitted is not the first day of the month.

- An effective date that is not within the date range relative to the file's Current Payment Month (CPM), based on the transaction type:

    o On 61 transactions, the effective date must be no earlier than the file header date (CPM) minus one month,

    o On 61 transactions, the effective date must be no later than two months after the CPM.

    o On 60 transactions, which are applicable only for retroactive EGHP transactions, the effective date must be CPM-1, CPM-2, or CPM-3.

    o *Additional rules may apply based on the type of plan and election type. Detailed information on enrollment election periods and effective dates is provided in the PDP Enrollment and Disenrollment Guidance for PDP sponsors and in Chapter 2 of the Medicare Managed Care Manual for MA and MA-PD organizations.*

    o **For examples, see the MMA Help Desk FAQ 006.**

Transaction Reply Code 105 (Effective date is not valid based on election type and application date) is returned when an enrollment transaction contains an effective date that is not valid based on the transaction's application date and election type. *Note: Plans must refer to CMS enrollment guidance appropriate for the plan type for complete information.*
Examples:

    o AEP (Annual Election Period): For most years the annual election period extends from November 15 through December 31. The application date should fall within this period and the effective date must always be January 1st. For 2006, the AEP is extended through May 15, 2006. For application dates between January 1, 2006 and May 15, 2006, the effective date must be the first of the month following the application date

    o IEP (Initial Enrollment Period): If the application date is before the date the beneficiary becomes entitled to Part A or Part B (and it can be up to 3 months before), the effective date must be the date the beneficiary becomes entitled to Part A or Part B (whichever comes first). If the application date is after the date the beneficiary becomes entitled to Part A or Part B, the effective date must be the first of the month following the application date.

    o **See the MMA Help Desk FAQ 005 for additional discussion and examples of the effective dates for each election type.**

Other notes on date transaction reply codes:

- The enrollment system will always check for TRC 037 before checking for TRC 105. If a transaction generates a TRC 037, a TRC 105 will not be generated even if the date does not meet the rules for the election type.

- Certain plan types (HCPP, Cost 1 without drug, Cost 2 without drug, MDHO, MSHO, WPP, PACE, and CCIP/FFS Demos) do not use election types. TRC 105 does not apply to them.

- If an effective date is not in date format, MARx rejects the transaction as a failed transaction. There will be no transaction reply in the TRR for the transaction. Instead, it will be returned on the Failed Transaction Report.

4. How should I handle a Transaction Reply code of 040 (Enrollment Rejected, Multiple Enrollment Transactions)?

This TRC indicates that this transaction was one of two or more enrollment transactions that were submitted for this beneficiary in the same processing month (from any plan or CMS), and this transaction was rejected because it had an earlier application date, or the same application and effective dates as one of the other enrollment transactions (in the latter case, both transactions are rejected). If you submitted multiple enrollments for the beneficiary but the intended transaction was not accepted, re-submit it and make sure it has a later application date than the transaction that was accepted. If you feel that your transaction may have been wrongly trumped by a transaction from another source (plan or CMS), contact the MMA Help Desk for assistance.

5. Why would I receive a Transaction Reply code of 071 (Hospice Status Set)?

Many transaction reply codes are informative for the plan. TRC 071 informs the plan that the enrollment system has received a notification that the beneficiary is in a hospice. When the beneficiary's Hospice Status terminates, the plan will receive a transaction with TRC 072.

6. When I'm informed that a beneficiary is incarcerated with Transaction Reply Code 155, what should I do?

When a plan receives TRC 155, it should verify that the beneficiary is actually incarcerated and if that status impacts the individual's eligibility to remain enrolled in the plan. If the individual's eligibility to remain enrolled is affected by verified incarceration status, the plan should submit a prospective disenrollment. The plan should use election type "S" for this involuntary disenrollment and maintain good records.

7. Why do I see transactions without transaction reply codes on the M212 screen?

A CMS Central Office Health Insurance Specialist or the Integriguard contractor may make enrollment changes for a plan. These changes may not generate transaction reply codes nor do these transactions generate records in the plan's TRR.

If an existing transaction is modified by a CMS user, the following TR codes are generated:

- 83 – Enrollment date change
- 84 – Disenrollment date change
- 139 – EGHP change
- 140 – Segment change

The enrollment history shown on M212 reflects all successful transactions submitted for a beneficiary. Most of these represent transactions submitted through batch transactions. Those batch transactions are displayed on the transactions screens.

Correcting Beneficiary Data

8. There are beneficiaries who were auto enrolled into the plan but were assigned the wrong PBP. What will happen with these enrollments?

As in #3, if these beneficiaries are not in the correct PBP, the plan should submit a 71 transaction to move them into the correct PBP. *If the transaction is effective retroactively, submittal of the retroactive file requires the permission of the assigned CMS Health Insurance Specialist contact for the Plan.*

9. There are beneficiaries in my plan that have a blank PBP. How do I assign them to a numbered PBP?

It is important that all beneficiaries are placed in a valid PBP. If some beneficiaries are appearing on the plan's full enrollment files with a blank or invalid PBP, the plan should submit a 71 transaction to move them into the correct PBP. *If the transaction is effective retroactively, submittal of the retroactive file requires the permission of the assigned CMS Health Insurance Specialist contact for the Plan.*

10. There are beneficiaries in my plan that have a blank Segment ID. How do I assign them to the correct Segment?

If a beneficiary's Segment ID is blank, but should be non-blank, assigning the correct Segment ID is a two-step process. First the plan must submit a disenrollment transaction for the beneficiary. Once the plan has received verification of the disenrollment via a transaction reply record in their Batch Completion Status Summary or Weekly TRR, they should then submit an enrollment transaction with the correct Segment ID information. *Note: Beneficiaries in non-segmented plans do not require a segment ID.*

Miscellaneous

11. Why am I seeing a lot of transaction and event dates that predate the Part D program on my TRR?

Beneficiaries who disenrolled from MA plans in 2005, and enrolled in MA-PD or PDP in 2006, would have disenrollment dates from 2005 appearing on TRRs in field 24. Some of the dates could be prior to 11/15/05.

12. Since there is no date on the 01 transaction, what effective date is used?

Medicaid 01 transactions:

The first of the month indicated in the header date of the submitted file is used as the effective date of the Medicaid 01 transaction.

For example: A plan submits a transaction file with header date 052006. This file includes the 01 transaction with an action code of F, to change the beneficiary's Medicaid status to OFF. The beneficiary's Medicaid status will be changed, effective 05/01/2006.

Institutional/NHC (Nursing Home Certifiable) 01 transactions:

01 transactions to update the institutional/NHC status of a beneficiary always reflect the status of the beneficiary in the month prior to the file header date.

If there is no existing Institutional/NHC period for the beneficiary, a period is started effective one month before the header date of the submitted file, and ending one day before the header date of the submitted file.

For example: A plan submits a transaction file with header date 052006. This file includes the 01 transaction with an action code of D for a beneficiary who has not previously had institutional status. This transaction will initiate an institutional period for the beneficiary beginning 04/01/2006 and ending 04/30/2006.

If there is an existing Institutional/NHC period for the beneficiary, that period is extended one more month, ending **one day before** the header date of the submitted file.

For example: A plan submits a transaction file with header date 052006. This file includes the 01 transaction with an action code of D for a beneficiary who had institutional status through 03/31/2006. This transaction will continue the beneficiary's institutional period through 04/30/2006.

13. What should I do about the beneficiaries in my plan that requested premium withholding from SSA when I get the transaction reply instructing me to change them to Direct Bill?

Notify the beneficiary of the change. Inform the beneficiary that if SSA has withheld any premiums, they will be refunded to the beneficiary directly from SSA. SSA and CMS will reconcile these refunds via a CMS transaction; plans do not submit anything for this to occur.

In most of these cases, plans have not received any premiums but the beneficiaries have been paying them out of their SSA checks. In these situations, if SSA has withheld premiums for multiple months, plans should allow the beneficiaries to pay the premiums on a "payment plan" basis or after they receive their refunds from SSA.

14. Why have the names of the BCSS reports changed?

Previously, the BCSS files came out periodically based on enrollment processing and could include the status of enrollments from multiple transaction files submitted by a plan. MARx has been updated to respond to each inbound transaction file with a separate BCSS file. The two new segments in the file name allow the files to be uniquely identified and tracked.

For further information:

- The *Plan Communications User's Guide* (*PCUG*) – Can be downloaded from the www.cms.hhs.gov/mmahelp/ website.

- For technical assistance, 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.