



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

**Common Enrollment Transaction Errors**

1. What are the most common errors and Transaction Reply Codes seen in the enrollment transaction files submitted to CMS?
2. If a plan is seeing TR 165 - **PROCESSING DELAYED DUE TO MARX SYSTEM PROBLEMS**, what should they do?
3. Where can the plan find additional information on the Transaction Reply Codes?
4. How can the plan get help interpreting the Transaction Reply Reports?

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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. Common causes are missing or invalid BIC or inclusion of an alphanumeric suffix on the HICN, such as A1.*

**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 means an enrollment caused a previous enrollment in another plan to be cancelled.*

**Plan Action:** In this situation, no further action is needed since the member was successfully enrolled in another plan.

**TR 038 – ENROLLMENT REJECTED, DUPLICATE TRANSACTION**

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

**Plan Action:** Confirm the submittal of a prior transaction for this beneficiary. No other action is required; the beneficiary is enrolled.

**TR 094 – No Match on Name**

*This error is supposed to be obsolete but may be generated when another error should have been supplied.*

**Plan Action:** Contact MMA Help desk and be prepared to provide detail 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:** For 2006 the AEP is November 15, 2005 through May 15, 2006. For subsequent years, November 15 through December 31.

**OEP:** For 2006 the OEP is the first six months of 2006. For subsequent years, the first 3 months of the year.

**OEP1:** Starts the month the beneficiary is institutionalized and ends 2 months after the beneficiary moves out of the institution.

**OEPNEW:** For 2006 the OEPNEW is the first 6 months of Part A/B entitlement before Dec. 31st. For subsequent years, the first 3 months of Part A/B entitlement before Dec. 31st.

**SEP:** 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:**

a. For those entitled for 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:** 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**

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

On 60/61 enrollment transactions:

- MA valid values are I, A, 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 E, I, A, O, S, N, T (For this initial period MA-PDs should use A or E; Type I can 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.
- PDP valid values are E, A, S (for this initial period PDPs should use E). Only one IEP is allowed per member for life.

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 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. I is also valid to cancel an enrollment that is effective in the future when the disenrollment date is within the ICEP.
- PDP values are A, S.
- 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.

**Plan Action:** Resubmit the corrected transaction. Contact CMS for approval to submit retroactive enrollments.

#### **TR 107 – Rejected; Invalid or Missing PBP Number**

PBP# was missing or invalid. The PBP# is not required for disenrollment transactions. Cost plans may receive this error that did not have a PBP defined for 2005 and are attempting to enroll members for 2006.

**Plan Action:** Plans should contact the MMA Help Desk with their contract#.

#### **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. PACE plans are receiving this when trying to move a member from a blank PBP to a non-blank PBP.

**Plan Action:** For PACE plans, CMS is working to apply system changes that will allow 71 transactions to move beneficiaries from a blank PBP to a non-blank PBP. CMS will provide guidance to PACE plans as to whether they will need to re-submit their 71 transactions after this system change is made, or whether CMS will re-process the files already submitted by the plans. For non-Pace plans, resubmit the transaction with the correct contract number

#### **TR 114 – Drug Coverage Change Rejected**

Existing plans cannot add or drop drug coverage except during AEP or OEPI. Enrollments with 2005 effective dates can't use Election type 'O'.

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

#### **TR 116 – BAD SEGMENT NUM**

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 Option 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 or

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 for now, 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 Beneficiary to determine if the beneficiary truly wants to enroll in Part D and understands that he/she will no longer be covered by his/her employer. 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 transaction.

**TR 167 – Change in Beneficiary Low Income Premium Subsidy**

*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 LIS amount when enrollment transactions are accepted.*

**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?

This error is the result of the MARx system processing. If plans see this error on Disenrollment transactions, this may be caused by file processing constraints when plans submitted enrollment/disenrollment transactions in separate files. Disenrollments may have processed first when the plan intended these to be processed second and the member is now enrolled. If a plan believes this is their situation, they should contact the MMA Help Desk for further instructions. CMS continues to research other causes of this response code.

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](http://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.

4. How can the plan receive help interpreting the Transaction Reply Reports?

Contact the CSMM Support Desk.

**For further information:**

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