



---

## **E&E360**

E&E360 is an Online Medicare Eligibility and CMS Transaction Submission Interface for Medicare Advantage Part C, Part D and demonstrations operated under the Financial Alignment Initiative.

---

### E&E360 Online Interface

# State and MMP User Guide

September 2019

---

---

## Notice

© 2019 Infocrossing LLC All Rights Reserved

Notice: This document has been prepared by Infocrossing Technologies for the use of its clients. The information contained within this documentation is proprietary and confidential to Infocrossing and may not be used for any purpose other than that for which it was supplied, or communicated to any third party, without the prior written consent of Infocrossing.

# Table of Contents

1.0	Getting Started.....	1
1.1	Introduction .....	1
1.2	Home Page.....	2
1.3	Logging In .....	2
1.4	First Time Login .....	3
1.5	Your Password.....	5
1.5.1	Forgot your Password .....	5
1.5.2	Expired Password .....	6
1.5.3	Failed Login .....	6
1.5.4	Changing Your Password.....	6
1.6	Logging Out .....	7
1.7	Main Page.....	8
1.8	Customer Information.....	8
1.8.1	Calendar .....	10
1.9	About Pop-Up Blockers .....	11
2.0	General Navigation of Screens.....	12
3.0	Member Eligibility Information .....	15
3.1	The Member Search Box - MBD .....	15
3.2	Viewing Eligibility Information .....	16
4.0	Transaction Tabs .....	20
4.1	Transaction History Tab .....	21
4.2	TRC History Tab .....	23
4.3	Transaction Summary .....	25
4.4	Transaction Maintenance Tab.....	26
5.0	CMS Transaction Types.....	29
5.1	TC 61 Transaction-Enrollment Record .....	29
5.2	TC 51 Transaction - Disenrollment Record .....	34
5.3	TC 72 Transaction - 4Rx Data Change .....	36
5.4	TC 73 Transaction - NUNCMO Change .....	39
5.5	TC 76 Transaction – Residence Address Change.....	42
5.6	TC 78 Transaction – Part C Premium Change .....	45
5.7	TC 81 Transaction – Cancellation of Disenrollment Record .....	48
5.8	TC 82 Transaction - Cancellation of Enrollment Record.....	51
5.9	TC 83 Transaction - MMP Opt-Out Update Transaction.....	53
5.10	TC 90 Transaction - CARA Status.....	56
6.0	Error Messages.....	59

## 1.0 Getting Started

### 1.1. Introduction

The E&E360 application is a Medicare eligibility and enrollment online interface that can be used by Medicare-Medicaid Plans (MMP) and State organizations to assist in their Medicare enrollment, disenrollment, and change transaction processing needs. The application provides the necessary tools to assist with enrollment and eligibility processes, such as eligibility checking, enrollment into Medicare-Medicaid Plans, creating and maintaining CMS transactions, submitting to CMS, and viewing historical data. It is designed to assist MMPs and State agencies in remaining compliant with CMS-mandated requirements and to simplify the routine tasks of member enrollment and transaction maintenance.

As one example, this online tool can be used in conjunction with any batch processing that is completed on an automated basis. Online users can login to E&E360 to perform stand-alone tasks or corrections as a follow-up to any batch processing activity, such as manually resubmitting a handful of corrections that were previously rejected and reported back on the CMS TRR or the Infocrossing batch responses. This activity may save a user time by quickly making the necessary manual corrections online instead of resubmitting batch corrections.

## 1.2. Home Page

Access the E&E360 online portal by using the <https://base.med-adv360.com> hyperlink.

The main screen is displayed as shown in the image below. The next step is to login.

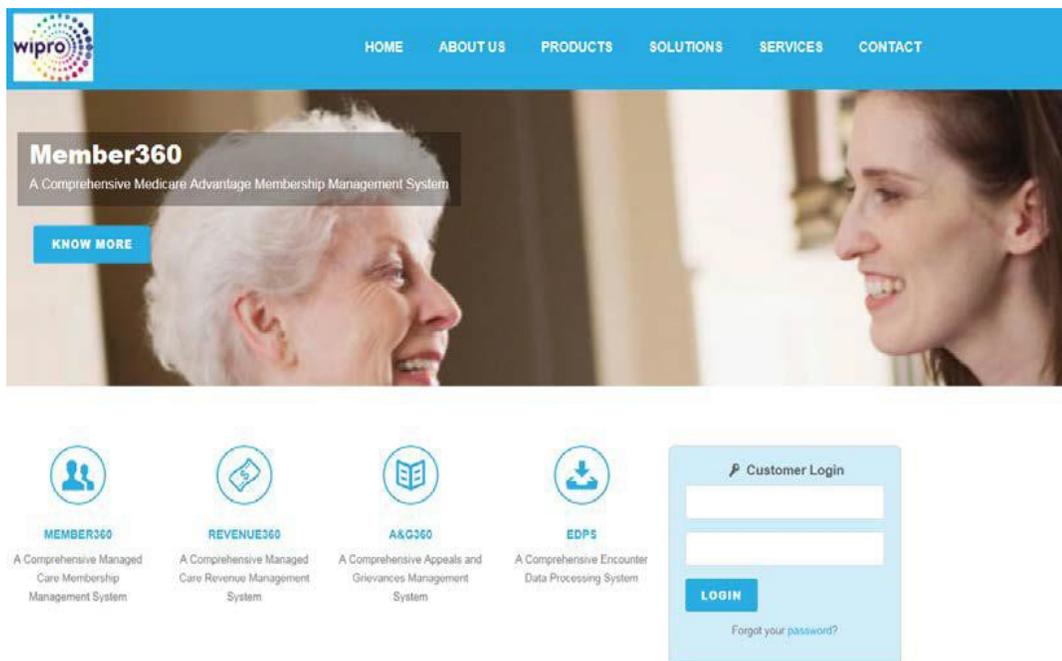


Figure 1.2A: E&E360 Online Portal

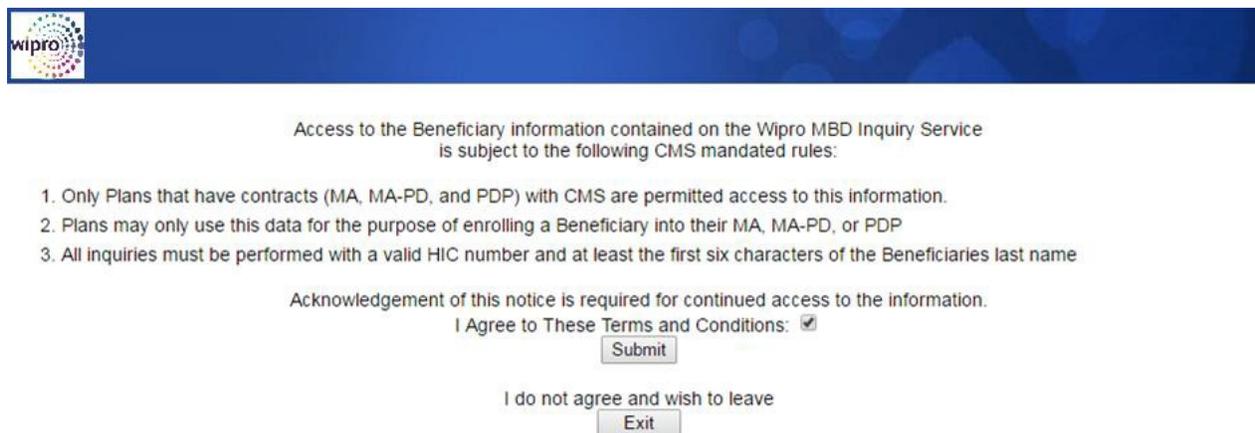
## 1.3. Logging In

The Client Login box is located at the right side of the home page. To log in:

Enter your User ID and password.  
Click **Log In**.

## 1.4. First Time Login

The first time you log in, you will be given a temporary password. You will also see a customer agreement and Federal Privacy Regulations.



Access to the Beneficiary information contained on the Wipro MBD Inquiry Service is subject to the following CMS mandated rules:

1. Only Plans that have contracts (MA, MA-PD, and PDP) with CMS are permitted access to this information.
2. Plans may only use this data for the purpose of enrolling a Beneficiary into their MA, MA-PD, or PDP
3. All inquiries must be performed with a valid HIC number and at least the first six characters of the Beneficiaries last name

Acknowledgement of this notice is required for continued access to the information.

I Agree to These Terms and Conditions:

Submit

I do not agree and wish to leave

Exit

Figure 1.4A: Acknowledgement Notice to Use Portal

The system requires that you agree to the terms by clicking the checkbox labeled “**I agree to These Terms and Conditions**”. After marking the check box, click **Submit** and the **Change Password** page displays.

To create a new password, perform the following steps:

1. In the **Change Password** page, enter the temporary password in the **Old Password field**.
2. Enter your new password in the **New Password field**.
3. Re-enter your new password in the **Retype Password field**.

**NOTE:** Passwords must be at least 8 characters and cannot be more than 28 characters. The password must contain at least one upper case letter, one lower case letter, one number, and one special character. The password you create must then be re-entered to ensure a match.

4. Verify that your phone number and email address are correct in the **Phone** and **Email** fields.

5. Select your password hint questions and enter the answers in the **Forgot password Hint fields**.
6. Click **Submit**.

**Change Password**  
All required fields are marked in red

User ID: JO0314P

Old Password:

Passwords must be 8-28 characters. Contain at least 1 upper case, 1 lower case, 1 numeric and 1 special characters.

New Password:

Retype Password:

Phone:

Email:

Forgot Password Hint 1:

Forgot Password Answer 1:

Forgot Password Hint 2:

Forgot Password Answer 2:

Forgot Password Hint 3:

Forgot Password Answer 3:

© 2012 Wipro Technologies. All rights reserved.

Figure 1.4B: Change Password Screen

**NOTE:** The **Forgot Password Hint fields** are required and will be used by a customer service representative if you forget your password. (If you forget your password, click the **Forgot your password?** hyperlink in the **Customer Login** section. You are then asked to enter the answers to the three hints you set up, and if you answer correctly, you receive an email containing a hyperlink that enables you to reset your password.)

**NOTE:** If you encounter issues while changing your password, you can call customer service at (877) 833-3499. An Infocrossing customer service representative will ask you to answer the hints in order to provide you with a new temporary password.

The User ID and Password fields are located in the **Customer Login** section on the Home page.

To log in:

1. Enter your User ID in the first field.
2. Enter your password in the second field.
3. Click **LOGIN**.

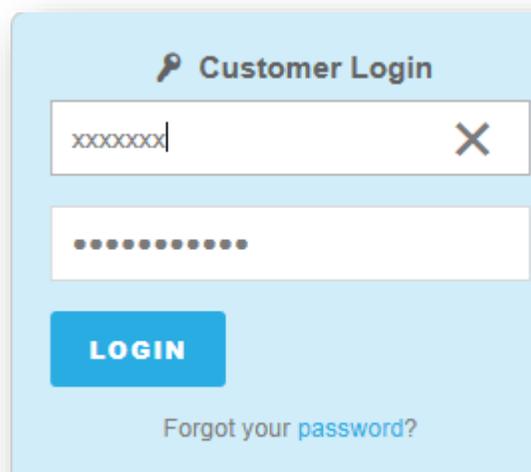


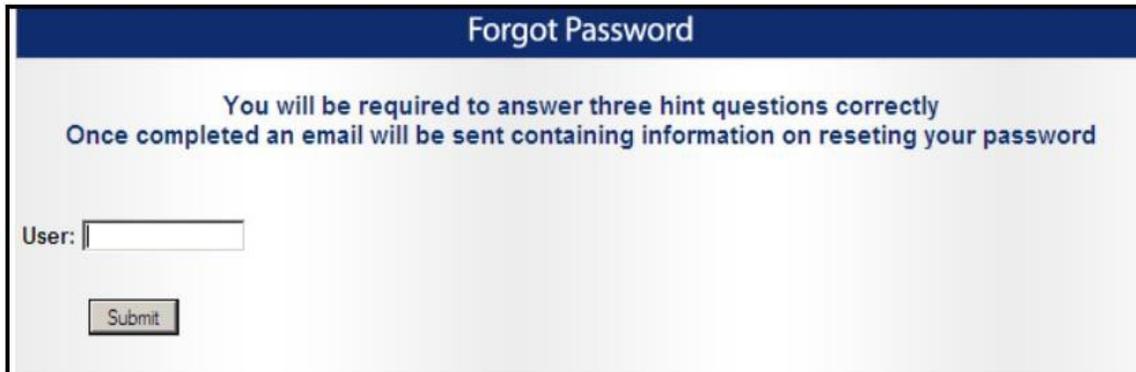
Figure 1.4C: Customer Login Screen

## 1.5 Your Password

### 1.5.1 Forgot your Password

If you forget your password, click the **Forgot Your Password** hyperlink to display the **Forgot Password Page**.

1. Enter your user name in the **User** field.
2. Click **Submit**.



**Forgot Password**

You will be required to answer three hint questions correctly  
Once completed an email will be sent containing information on resetting your password

User:

Figure 1.5.1A: Forgot Password Screen

You will then be required to provide answers to the three hint questions you set up during your first login. Once you answer these questions correctly, you will receive an email with a hyperlink that enables you to reset your password.

## 1.5.2 Expired Password

Every 30 days, the system requires you to change your password. After signing in, the **Change Password** screen displays and the new password will have all the same requirements as your first-time password, and it cannot be the same as your old password or any of the last five passwords you have used.

## 1.5.3 Failed Login

After three unsuccessful attempts to login, the system locks the account. A customer service telephone number is displayed on the screen to call for a new temporary password.

## 1.5.4 Changing Your Password

The **Change Password** hyperlink in the upper right corner of most screens enables you to change your password. The process for changing your password is the same as creating a password when you log in for the first time. Please see the First Time Login section above (1.4).

NOTE: When the system requires a password change, the change is made in the **Change Password** window. Accounts require a password change every 30 days. A pop-up message displays notifying you that it is time to change your password.

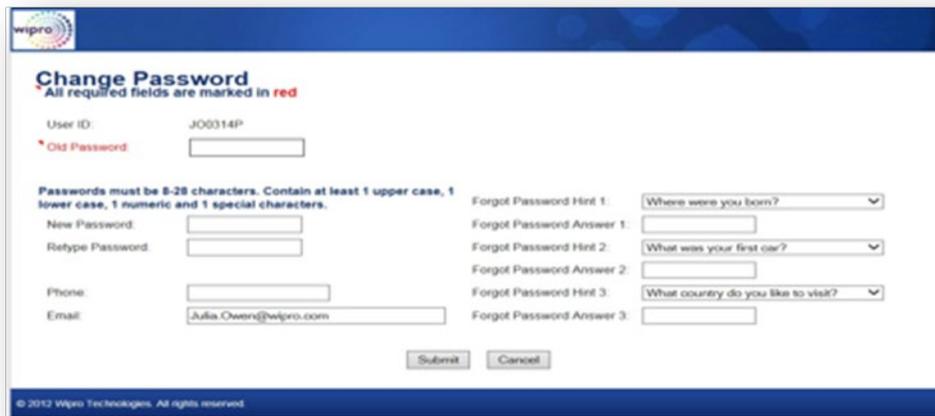


Figure 1.5.4A: Change Password Window

To change your password, perform the following:

1. Enter your old password.
2. Enter your new password. New passwords must be 8-28 characters and contain at least one upper case letter, one lower case letter, one number, and one special character.
3. Re-enter your new password.
4. Click **Submit**.

## 1.6 Logging Out

The **Log Out** hyperlink area is located in the top right hand corner of the **Main** screen. When you have completed your session, click the **Log Out** hyperlink. This will log you out of all open Infocrossing Healthcare Services at once, not just your E&E360 session. Logging out of the application when you are finished with a session is recommended for information security.

**NOTE:** Logging out returns all windows and screens to their initial state, and all information from your searches will be lost.

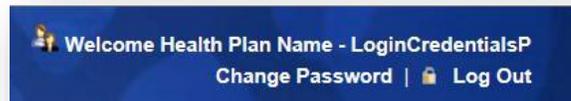


Figure 1.6A: Logging out

Below your name is the **Change Password** hyperlink.

The **Lock** icon indicates that the page is secure. Next to the **Lock** icon is the **Log Out** hyperlink, which if clicked, ends your session.

## 1.7 Main Page

Once your User ID and Password are accepted, the Main Page is displayed. This is the gateway to the Infocrossing suite of applications. This also displays additional information, such as Customer information, Latest News, and a Calendar.

## 1.8 Customer Information

In the upper right corner of the Main page, your name and identifying information will display, with options to change your password or log out of the system.



Figure 1.8A: Customer Information

The top of the page displays several tabs which access the applications that apply to your user ID.

The screenshot shows the Wipro Main Portal Page. At the top left is the Wipro logo. The top right corner displays the user's account information: "Welcome DEMO ACCOUNT - DEM360" with links for "Change Password" and "Log Out". Below this is a navigation menu with tabs for "MAIN", "E&E360", "File Transfer", "Eligibility", and "Help".

On the left side, there is a calendar for July 2019. The days of the week are labeled S, M, T, W, T, F, S. The dates 5, 24, and 31 are highlighted in red.

The main content area is titled "Latest News" and contains two notices:

- \*\*\*\* Wipro Notice - Announcement of the May 2019 Software Release & Wipro Impact Analysis \*\*\*\***  
 Good afternoon, please find below the following documents which contain details of the CMS May 2019 software release:
  1. CMS Announcement of the May 2019 Software Release
  2. Wipro Impact Analysis document
 Please reach out to your designated Account Managers, Business Analyst and/or the Wipro Helpdesk if you have any questions regarding these documents.  
 Thank you  
 Wipro HelpDesk  
 (877) 833-3499  
[MCareSupport@wipro.com](mailto:MCareSupport@wipro.com)
- \*\*\*\* Wipro Notice - Mainframe Operating Upgrade On 05/12/2019 \*\*\*\***  
 Wipro will be performing a Z/OS operating upgrade to its mainframe from version 2.1 to 2.2 on Sunday, 05/12/2019 at 2:00 AM CST. The upgrade will be carried out during our weekly maintenance window (2:00 AM - 5:00 AM CST) but is expected to be further extended from which will end at 8:00 AM CST.

At the bottom left, there is an "Online Demo" section with an image of a tablet and a magnifying glass, and a button that says "Access Online Demo". The text next to it says "ACCESS OUR ONLINE DEMO TO FIND OUT HOW WE CAN HELP YOU...".

The footer contains the copyright notice "© 2017 Wipro Technologies. All rights reserved." and a navigation menu with links for "Contact Us", "Additional Solutions", "Medicare News", "Documents", and "MMP Resource Toolkit".

Figure 1.8B: Main Portal Page

The column on the right side of the Main page displays various information, including relevant updates from the Infocrossing Healthcare team (such as planned maintenance and report scheduling) as well as bulletins issued by CMS that may be important to MMP users. The most recent news items are shown at the top. Users can use the scroll bar to the right and page down to view older, previously published news items.

**\*\*\*\* Wipro Notice - Announcement of the May 2019 Software Release & Wipro Impact Analysis \*\*\*\***

Good afternoon, please find below the following documents which contain details of the CMS May 2019 software release:

1. **CMS Announcement of the May 2019 Software Release**
2. **Wipro Impact Analysis document**

Please reach out to your designated Account Managers, Business Analyst and/or the Wipro Helpdesk if you have any questions regarding these documents.

Thank you

Wipro HelpDesk  
 (877) 833-3499  
[MCareSupport@wipro.com](mailto:MCareSupport@wipro.com)

Figure 1.8C: Infocrossing Notices on Main Page

### 1.8.1 Calendar

The Main page includes an interactive **Calendar** that identifies key dates in red, such as important cutoff and report dates for Medicare and Infocrossing. The calendar covers system-wide dates and events that affect all plans.

July 2019						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
Online Demo						

Figure 1.8.1A: Calendar

As you roll your mouse over a highlighted date, a pop-up displays that explains the significance of a particular date. The calendar displays the current month, but other months can be viewed using the arrows on either side of the date.

Clicking the icons performs the following:

- << - Moves the calendar back one year.
- < - Moves the calendar to the prior month.
- > - Moves the calendar to the next month.
- >> - Moves the calendar forward one year.

## 1.9 About Pop-Up Blockers

The E&E360 application and some of its screens use pop-up windows. If your system is configured to block pop-ups, the screens may not display. Before using the application, make sure that your PC allows pop-ups from the Infocrossing site or that your pop-up blocker is disabled. If you are unsure how to do this, contact your organization's Information Technology (IT) Department to change the settings on your PC.

## 2.0 General Navigation of Screens

Anytime you enter any of the screens, whether it is the Transaction history screen, TRC history, or the Transaction Maintenance screen, it will show you the number of entries (showing X of X entries) to allow you to see the total number of entries that are available without doing a search.

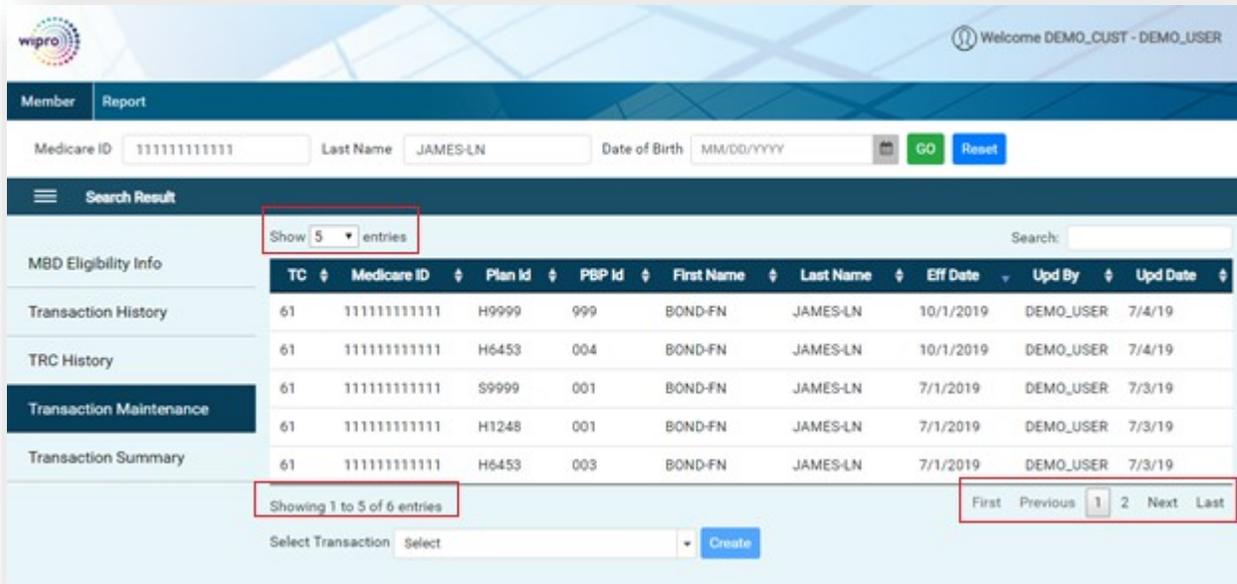


Figure 2.0A: Show Entries Drop-Down, Total Entries, Navigation Options

When **Show \_ Entries** drop-down is selected, the number of entries chosen by the user is displayed.

Next to the **Search Result** label, a toggle button will allow the user to hide the side bar.

If you select it again, the Medicare Beneficiary Database (MBD) Eligibility Info, Transaction History, TRC History, Transaction Maintenance and the Transaction Summary section will reappear.

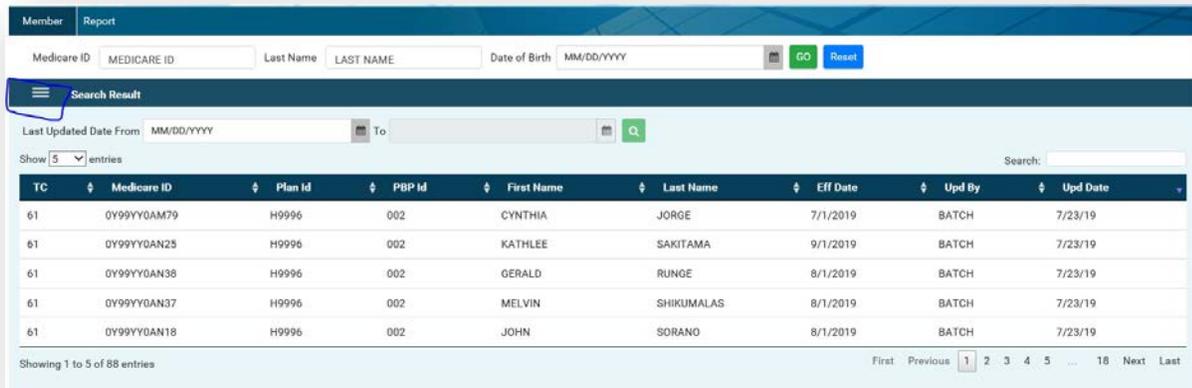


Figure 2.0B: Toggle Button to Hide Side Function Bars

The **Show \_ Entries** drop-down list option can be changed by the user to choose a different number of transactions that can be displayed on a single page.

Users can navigate to different pages of data displayed on the user interface by clicking on either page numbers or the **First**, **Previous**, **Next**, and **Last** buttons available at the bottom right corner of the transaction list.

On the bottom left corner of the transaction list, total transactions available for the search criteria are shown.

The same navigation functionalities are available across other transaction search functions. Figure 2.0C illustrates the similar functionalities with the “Transaction History” function.

Member
Report

Medicare ID 
 Last Name 
 Date of Birth

---

☰ Search Result

MBD Eligibility Info
 
 Last Updated Date From  To

Show 5 entries Search:

Transaction History	TC	Medicare ID	Plan Id	PBP Id	First Name	Last Name	Eff Date	Upd By	Upd Date
TRC History	61	0Y99YY0AM79	H9996	002	CYNTHIA	JORGE	7/1/2019	BATCH	7/23/19
Transaction Maintenance	61	0Y99YY0AN25	H9996	002	KATHLEE	SAKITAMA	9/1/2019	BATCH	7/23/19
Transaction Summary	61	0Y99YY0AN38	H9996	002	GERALD	RUNGE	8/1/2019	BATCH	7/23/19
	61	0Y99YY0AN37	H9996	002	MELVIN	SHIKUMALAS	8/1/2019	BATCH	7/23/19
	61	0Y99YY0AN18	H9996	002	JOHN	SORANO	8/1/2019	BATCH	7/23/19

Showing 1 to 5 of 88 entries 
 First Previous 1 2 3 4 5 ... 18 Next Last

Figure 2.0C: Show Entries Drop-Down, Navigation, Transaction History

### 3.0 Member Eligibility Information

On the main page, click on E&E360 in the tab at the top of the page. This will get you into the E&E360 application.



Figure 3.0A: Main Page Tab Options

To begin a new member search, you will find Search fields under the **Member Tab**.

#### 3.1 The Member Search Box - MBD

Immediately below the Member tab, you will see a Search Box that allows you to search for Medicare eligibility data by using a Medicare ID and Last Name or Date of Birth. Medicare ID is a mandatory field along with either Last Name or Date of Birth.

Click **GO** to begin a search and click **Reset** to clear previous search fields and results.

Appropriate error messages are displayed if a search fails to retrieve data for the requested member.

A screenshot of the 'Member' search interface. At the top left is the Wipro logo. At the top right, it says 'Welcome DEMO ACCOUNT - DEMOE360'. Below this is a dark blue header with the word 'Member' in white. The main search area contains three input fields: 'Medicare ID' with the placeholder 'MEDICARE ID', 'Last Name' with the placeholder 'LAST NAME', and 'Date of Birth' with the placeholder 'MM/DD/YYYY'. To the right of these fields is a calendar icon, a green 'GO' button, and a blue 'Reset' button.

Figure 3.1A: Member Search Options

Note: See pages 18-19 for error messages encountered. You will also find a complete list of all errors encountered throughout this application at the end of the document.

### 3.2 Viewing Eligibility Information

Upon successful search of a member, eligibility data will be shown under the **MBD Eligibility Info** tab with the following sections:

- Personal Information – shows Medicare ID, Xref Medicare ID, Name, Date of Birth and other demographic information.

Personal Information	
Medicare ID	999800194A
Xref Medicare ID	999800194B
Name	BETTY A TEARS
Date of Birth	08/01/1954
Gender	2 - FEMALE
Race	1 - WHITE
State	46-UT
County	130-MILLARD
Living Status	A - ALIVE
Death Date	
MBI	0Y99YY0AN39
Inactive MBI	

Figure 3.2A: Personal Information

- Medicare Entitlement & Status- shows various eligibility dates for Part A/B/D, Hospice, End Stage Renal Disease (ESRD), Institutional and Medicaid eligibility periods as well as number of uncovered months

Medicare Entitlement & Status	
Part A	07/01/2019
To	
Part B	07/01/2019
To	
Part D	07/01/2019
NUNCMO	000
Eff	
Hospice	
To	
ESRD	
To	

Figure 3.2B: Medicare Entitlement & Status

- Enrollment – shows the latest plan in which member has enrolled.

Enrollment						
Inquiry Response Type <input type="text"/>						
Plan ID	PBP ID	EGHP	Drug Plan	Plan Type Code	Enrollment Source Code	Plan Enrollment

Figure 3.2C: Enrollment

- Prior Enrollment – shows prior enrollment for a member

Prior Enrollment							
Plan ID	PBP ID	EGHP	Drug Plan	Plan Type Code	EnrollSource Code	Plan Enrollment	Plan Disenrollment

Figure 3.2D: Prior Enrollment

- Low Income Subsidy – shows copay percentages for a member.

Low Income Subsidy			
CoPAY	PCT	Start Date	End Date

Figure 3.2E: Low Income Subsidy

- Uncovered Months Data – shows the period for which the member did not have creditable Part D coverage.

Uncovered Months Data			
Start Date	NUNCMO	Indicator	Total NUNCMO
8/1/2019	0	I	0

Figure 3.2F: Uncovered Months Data

- *Other sections include Part D Coverage, RDS Coverage, Unlawful Presence, Incarceration, and Cara Status Info.*

Part D Coverage	
Start Date	End Date
No Data Found	

RDS Coverage	
Start Date	End Date
No Data Found	

Unlawful Presence	
Start Date	End Date
No Data Found	

Incarceration	
Start Date	End Date
No Data Found	

Cara Status Info	
Start Date	End Date
No Data Found	

Figure 3.2G: Other Coverage and Special Statuses

*Error messages for eligibility and member search:*

- Incorrect Last Name – When Medicare ID entered is matching in the MBD and Last Name is not matching.
- Incorrect Birth Date – When Medicare ID entered is matching in the MBD and Date of Birth is not matching.
- Either Last Name or DOB is required – When only Medicare ID is entered in the search fields.
- Medicare ID is required – When only Last Name or Date of Birth is entered in the search fields.
- Member not found in the MBD – When Medicare ID and Last Name or Date of Birth entered does not match in the MBD.

Below are sample images of some error messages that may be received.

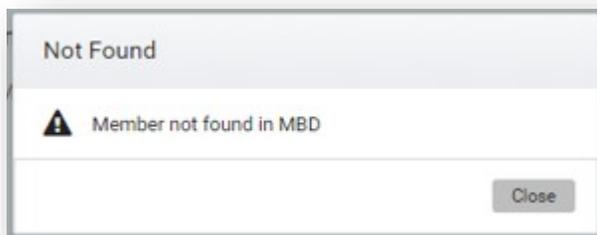
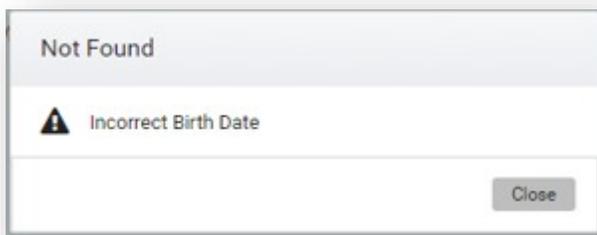
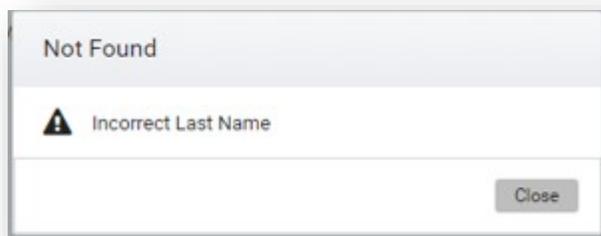


Figure 3.2H: Member Search Error Messages

**NOTE:** Once you have verified the eligibility information for the member, click on the transaction maintenance section, select the 61-enrollment Txn option from the drop down menu and then select **'Create'** in order to finalize additional enrollment-related data items and send the enrollment information to CMS for the beneficiary you wish to enroll into your plan. The CMS transaction processing details are described starting on page 29.

## 4.0 Transaction Tabs

There are several Transaction sections within the MMP E&E360 Online Interface. They are all shown on the left side of the main Member screen.

The screenshot displays the MMP E&E360 Online Interface. At the top, there is a navigation bar with 'Member' and 'Report' tabs. Below this is a search bar with fields for 'Medicare ID' (containing 'MEDICARE ID'), 'Last Name' (containing 'LAST NAME'), and 'Date of Birth' (containing 'MM/DD/YYYY'). There are 'GO' and 'Reset' buttons. A sidebar on the left shows a 'Search Result' menu with several tabs: 'MBD Eligibility Info', 'Transaction History', 'TRC History', 'Transaction Maintenance', 'Transaction Summary', and 'Mcare Transaction Summary'. The main content area is divided into two sections: 'Personal Information' and 'Medicare Entitlement & Status'. The 'Personal Information' section includes fields for Medicare ID, Name, Gender, State, Living Status, MBI, Xref Medicare ID, Date of Birth, Race, County, Death Date, and Inactive MBI. The 'Medicare Entitlement & Status' section includes fields for Part A, Part B, Part D, NUNCMO, Hospice, ESRD, and To dates for each. A copyright notice at the bottom left reads '© 2019 Copyright, Wipro Technologies'.

Figure 4.0A: Transaction Tabs

The **Transaction History** tab shows Medicare transactions submitted by your organization to CMS. Users can specify Start and End dates to customize the data displayed.

The **TRC History** tab identifies whether a beneficiary submission was accepted or rejected at CMS and provides additional information about the plan's membership. Users can specify Start and End dates to customize the data displayed.

The **Transaction Maintenance** tab shows transactions waiting to be transmitted to CMS. It also allows the plan users to create transactions when needed.

The **Transaction Summary** tab shows the number of transactions submitted to CMS for a given date and reconciles the total count to the number of CMS accepted and rejected transactions at the user and organization levels. The prior day’s activity is shown as a default, however, the user can select earlier historical dates. Please note that “Transactions Sent to CMS” totals do not always match the CMS TRR responses. It is not a one-to-one relationship. CMS occasionally delays processing of the Transaction Reply Responses (TRR) by one to several days and updates it in the future by submitting all delayed TRR responses as soon as they are available.

### 4.1 Transaction History Tab

The Transaction History tab will display all of the transactions that have been submitted to CMS within the specified timeline. It will list the transactions that were transmitted to CMS and will display the transaction code (TC), Medicare ID, contract number (Plan ID), PBP ID, member name (First Name, Last Name), effective date (Eff Date), the last user to update an entry (Upd By), and the last update date (Upd Date).

Member search functionalities are described in a previous section of this guide (2.0) and can be used to filter transactions for a single member.

TC	Medicare ID	Plan Id	PBP Id	First Name	Last Name	Eff Date	Upd By	Upd Date
73	9W19PR0TC22	H2610	005	CHARLES	ABA	4/1/2019	BATCH	5/6/19
61	9W19PR0AT91	H2610	016	CONSTAN	ERA	5/1/2019	BATCH	5/6/19
73	9W19PR0TR90	H6453	001	CHARLES	AVA	2/1/2019	BATCH	5/6/19
61	9W19PR0TR75	H2610	005	TOMAS	RYA	5/1/2019	BATCH	5/6/19
61	9W19PR0CA38	H2610	011	HOA	ISA	5/1/2019	BATCH	5/6/19

Showing 1 to 5 of 2,370 entries

First Previous 1 2 3 4 5 ... 474 Next Last

Figure 4.1A: Transaction History Tab

The list of transactions can be filtered by specifying a Last Update Date From and To range. Once you select the 'From' date, you can then select the 'To' date as long as it is not after the current date and within 15 days of the 'From' date. You can either type in the actual date or click on the symbol next to the date which will display a calendar allowing you to select the desired date. Figure 4.1B shows a sample date selection.

The user is also able to choose the number of predefined rows to be displayed on a single page. On the top right corner of the transaction list, a **Search** prompt has been provided to filter transactions based on any of the displayed fields. For instance, if you entered the Plan ID H9999, only those lines that contained Plan ID H9999 would be displayed. The search section can only be used for one of the specific headings (TC, Medicare ID, Plan ID, PBP ID, First Name, Last Name, Eff Date, Upd By, or Upd Date).

The screenshot displays the 'Search Result' section of the application. At the top, there are input fields for 'Medicare ID', 'Last Name', and 'Date of Birth'. Below these, a 'Search Result' header is followed by a 'Last Updated Date From' field with a calendar icon. A calendar for July 2019 is open, showing the 24th selected. To the right of the calendar is a 'To' field and a search icon. Below the calendar is a table with the following data:

TC	Medicare	PBP Id	First Name	Last Name	Eff Date	Upd By	Upd Date
61	0Y99YY0A	002	CYNTHIA	JORGE	7/1/2019	BATCH	7/23/19
61	0Y99YY0A	002	KATHLEE	SAKITAMA	9/1/2019	BATCH	7/23/19
61	0Y99YY0A	002	GERALD	RUNGE	8/1/2019	BATCH	7/23/19
61	0Y99YY0A	002	MELVIN	SHIKUMALAS	8/1/2019	BATCH	7/23/19
61	0Y99YY0AN18		JOHN	SORANO	8/1/2019	BATCH	7/23/19

At the bottom of the table, it says 'Showing 1 to 5 of 88 entries' and 'First Previous 1 2 3 4 5 ... 18 Next Last'. A search bar is located at the top right of the table area.

Figure 4.1B: Last Updated Date From (MM/DD/YYYY) Selection Example

## 4.2 TRC History Tab

The TRC History tab will give you a list of transactions received and acknowledged by CMS, displaying a transaction reply code (TRC), Medicare ID, Transaction Code (TC), TRC Name, contract number (Plan ID), PBP ID, member name (First Name, Last Name), and Generated Date. By default, CMS responses from the last 15 days are displayed.

The “Last Updated Date From and To” option can also be used to further narrow the search to select TRCs. This will give all TRCs within the date range window. If you entered a **From** date of 07/01/2019 and a **To** date of 07/07/2019, only those TRCs that had a transaction date on or between those dates would be displayed.

Member search functionalities explained in Section 2.0 can be used to filter transactions to a single member or based on any of the available search filters, such as by Medicare ID or Plan ID.

The screenshot displays the 'TRC History' tab within a web application. At the top, there is a navigation bar with 'Member' and 'Report' tabs. Below this, a search form contains fields for Medicare ID (0Y99YY0AM63), Last Name (SCARANO JR), and Date of Birth (MM/DD/YYYY). A 'GO' button and a 'Reset' button are also present. The main content area is titled 'Search Result' and includes a 'Last Updated Date From' and 'To' filter. A 'Show 5 entries' dropdown is visible. The 'Transaction History' section is active, showing a table with the following data:

TRC	Medicare ID	TC	TRC Name	Plan Id	PBP Id	First Name	Last Name	Generated Date
341	0Y99YY0AM63	61	MAX NUNCMO CALC	S9996	003	ROGER	SCARANO JR	7/12/19
011	0Y99YY0AM63	61	ENROLL ACCEPTED	S9996	003	ROGER	SCARANO JR	7/12/19

Below the table, it indicates 'Showing 1 to 2 of 2 entries' and provides navigation links: 'First', 'Previous', '1', 'Next', 'Last'. The footer of the page contains the copyright notice: '© 2019 Copyright: Wipro Technologies'.

Figure 4.2A: TRC History Tab

If the user selects a future date, an error message will be displayed informing the user that the date selected cannot be a future date.

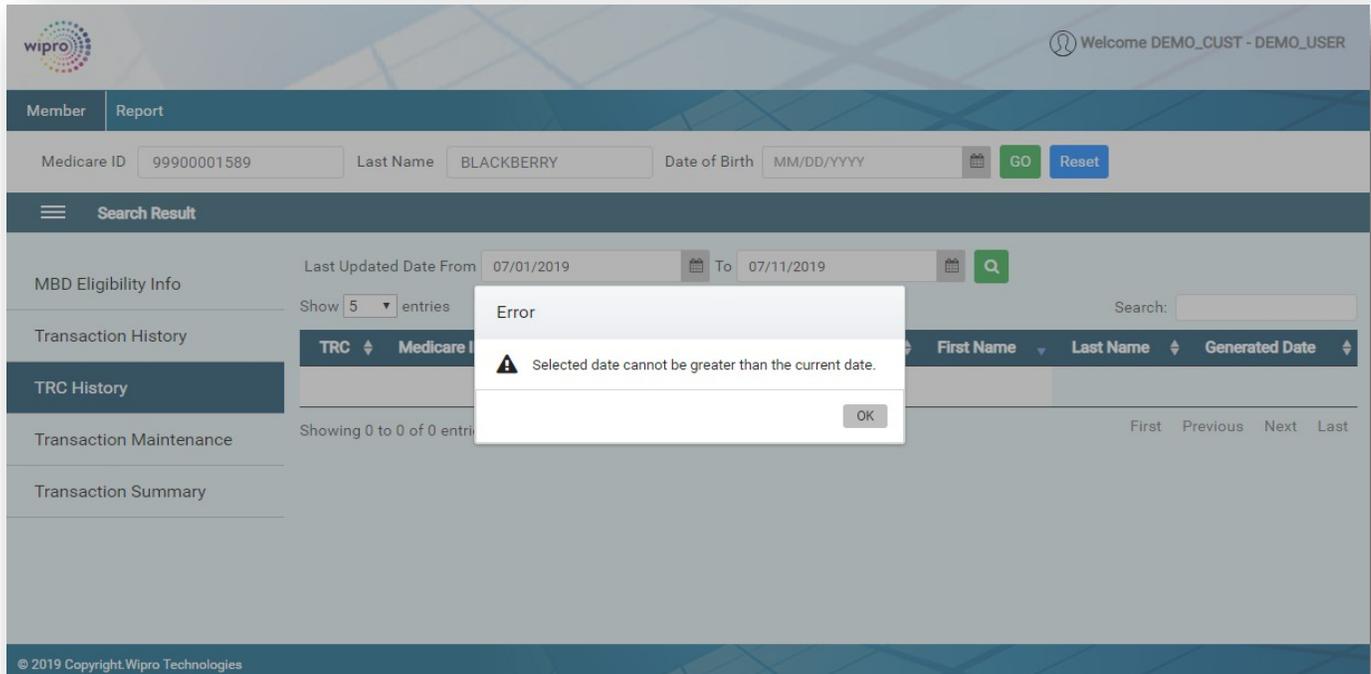


Figure 4.2B: Future Date Error

### 4.3 Transaction Summary

The Transaction Summary can display either the User or Organization Summary of Transactions processed/accepted, rejected or pending CMS confirmation. The User level displays only the transactions that were processed by the user that is logged in to the E&E360 session. The organization level displays all transactions by all users that are associated with the Organization. Both display types encompass all PLAN IDs that are associated with the organization.

- **Transactions Transmitted to CMS** – Displays the number of transactions that were sent to CMS for the given date.
- **Accepted** – Displays the number of TRCs that indicate the transaction has been accepted by CMS.
- **Rejected** – Displays the number of transactions have been rejected by CMS due to an error. As a result, the requested actions were not applied to the CMS system, therefore, the plan should analyze the rejections to determine whether to resubmit the transactions with corrected information.
- **No CMS Response** – Displays the count of transactions submitted by your plan that were not matched to CMS TRR responses for the date chosen. Typically, this means that CMS has delayed the processing and delivery of the TRR files.

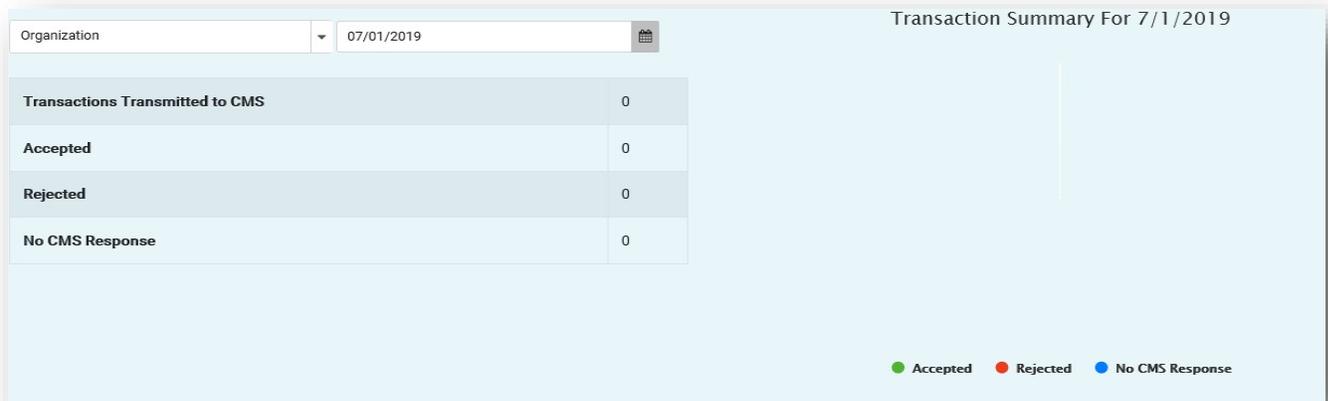


Figure 4.3A: Transaction Summary

## 4.4 Transaction Maintenance Tab

The Transaction Maintenance tab will show transactions waiting to be transmitted to CMS, displaying transaction code (TC), Medicare ID, contract number (Plan ID), PBP ID, member name (First Name, Last Name), effective date (Eff Date), the user responsible for entering the data (Upd By), and the transaction entry date (Upd Date).

The Member search functionalities explained in Section 2.0 can be used to filter transactions for a single member.

The screenshot displays the Transaction Maintenance Tab. At the top, there is a search bar with fields for Medicare ID (11111111111), Last Name (JAMES-LN), and Date of Birth (MM/DD/YYYY). Below the search bar is a table with columns: TC, Medicare ID, Plan Id, PBP Id, First Name, Last Name, Eff Date, Upd By, and Upd Date. The table contains one entry with TC 61, Medicare ID 11111111111, Plan Id H9999, PBP Id 001, First Name BOND-FN, Last Name JAMES-LN, Eff Date 6/1/2019, Upd By DEMO\_USER, and Upd Date 6/18/19. Below the table is a 'Select Transaction' dropdown menu and a 'Create' button. The interface also includes a 'Member' tab, a 'Report' tab, and a 'Search Result' section.

Figure 4.4A: Transaction Maintenance Tab

To create a new transaction, select the appropriate transaction number from the drop-down under **Select Transaction** and hit **Create**. Figure 4.4B illustrates the available transactions to choose from under the **Select Transaction** drop down menu and Figure 4.4C illustrates an example of a TC 61 enrollment. The following are the transaction selection options that are currently available for MMP processing:

- 51-Disenrollment Transaction
- 61-Enrollment Transaction
- 72-4Rx Change
- 73-NUNCMO Change
- 76-Residence Address Change
- 78-Part C Premium Change
- 81-Cancel Disenrollment
- 82-MMP Enrollment Cancellation
- 83-MMP Opt-Out Update
- 90-CARA Status

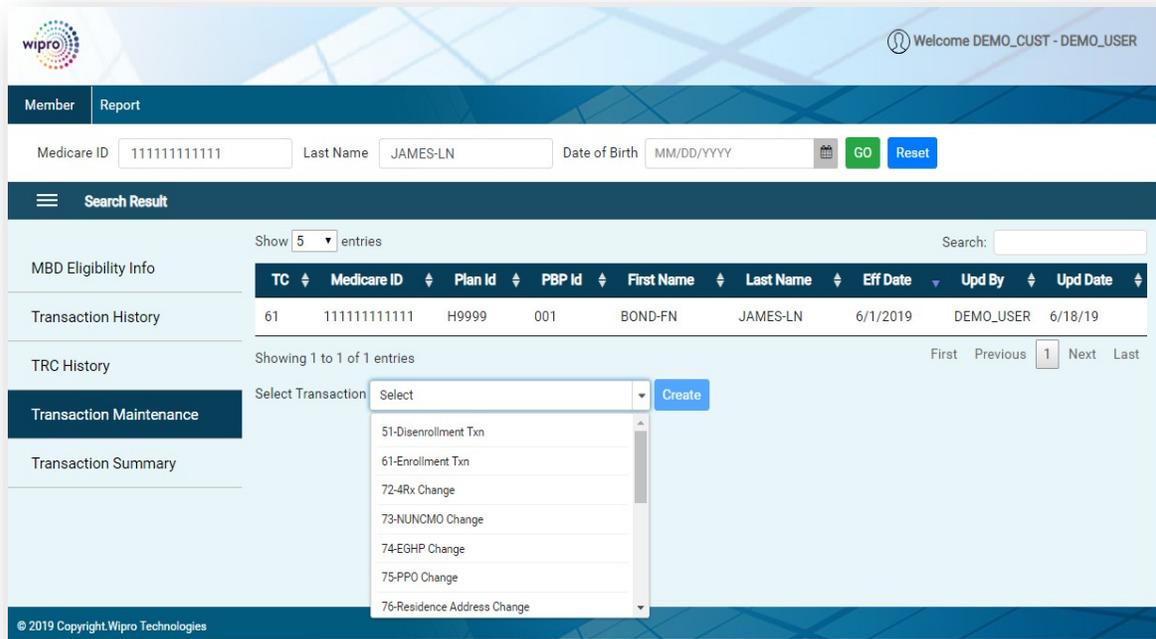


Figure 4.4B: Selection of a New Transaction

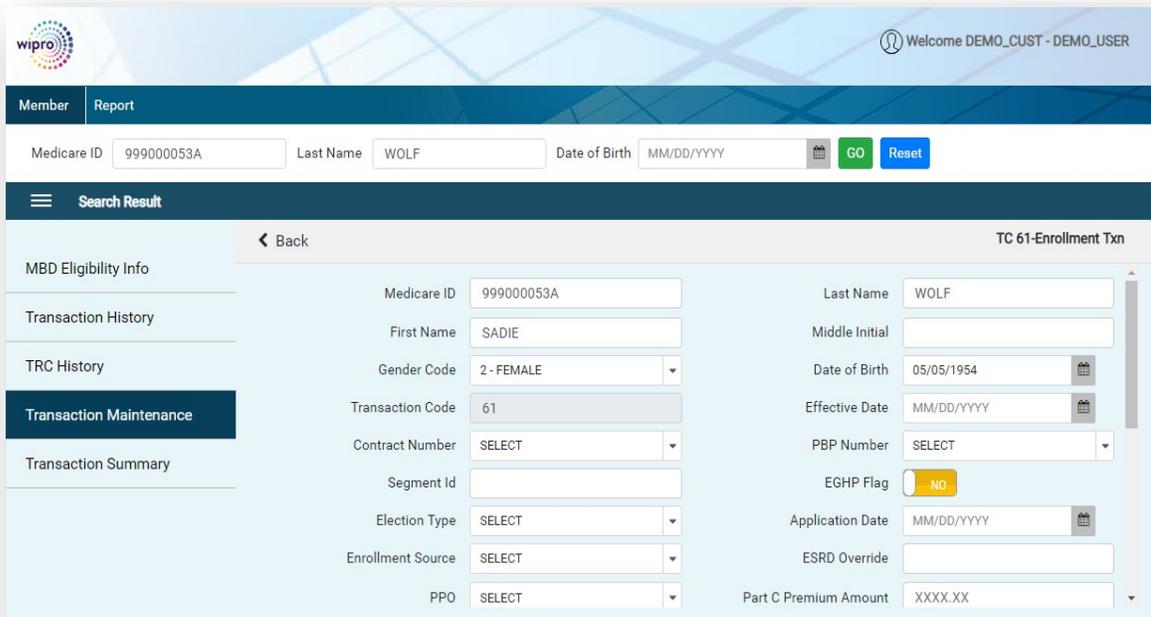


Figure 4.4C: TC 61 Enrollment Selection Example

All transaction forms have the following buttons as illustrated below and on Figure 4.4D:

- **Reset** button to remove all data from the transaction form
- **Validate** button to check the validity of the data entered on the transaction form
- **Submit** button to create the transaction and send it to CMS

The screenshot shows a web application interface for a transaction form. At the top left is the 'wipro' logo. At the top right, it says 'Welcome DEMO\_CUST - DEMO\_USER'. Below this is a navigation bar with 'Member' and 'Report' tabs. The main form area contains input fields for 'Medicare ID' (999000053A), 'Last Name' (WOLF), and 'Date of Birth' (MM/DD/YYYY). There are 'GO' and 'Reset' buttons next to the date field. Below this is a 'Search Result' section with a 'Back' button and a title 'TC 61-Enrollment Txn'. The form is divided into two columns of fields. The left column includes 'Emp Subs Enr Override' (NO-CHANGE), 'Part D Rx Id', 'Part D Rx BIN', 'Secondary Drug Ins' (SELECT), 'Secondary Rx Group', 'Secondary Drug PCN', and 'MCare Edit Bypass' (No). The right column includes 'Part D Optout Flag' (NO-CHANGE), 'Part D Rx Group', 'Part D Rx PCN', 'Secondary Rx Id', 'Secondary Drug BIN', 'PBP Change Flag' (N-NO), and 'Trans Tracking Id'. At the bottom of the form are three buttons: 'Reset', 'Validate', and 'Submit'.

Figure 4.4D: Transaction Form Showing Reset, Validate and Submit Buttons

## 5.0 CMS Transaction Types

The following information summarizes all the transactions that can be performed within the MMP E&E360 application once you have completed your eligibility check.

### 5.1 TC 61 Transaction-Enrollment Record

The TC 61 screen is used to submit a beneficiary enrollment request to CMS for a given MMP plan.

Begin by entering the beneficiary’s member eligibility information. Enter the Medicare ID and either the Last Name or Date of Birth. Medicare ID is a mandatory field along with either the Last Name or Date of Birth. Use the tab located above the TC 61 enrollment form and as illustrated in Figure 5.1A.

Figure 5.1A: TC 61 Enrollment and Eligibility Search

From the Transaction Maintenance tab, start by selecting a 61 enrollment transaction and click on **Create**.

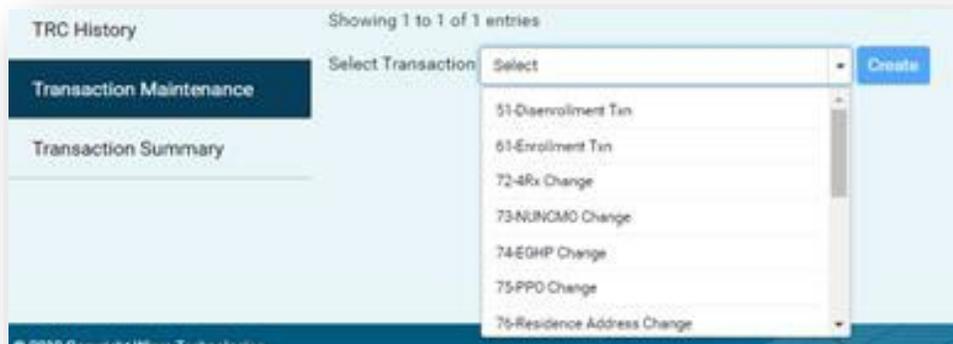


Figure 5.1B: T61 Transaction-Enrollment Option

The Transaction screen will appear with the Beneficiary's Medicare ID, Last name, First name, Gender and Date of Birth retrieved from the database eligibility search. The user will need to populate all other beneficiary elements needed to complete the enrollment application.

**Figure 5.1C: Beneficiary Information Fields on a TC 61 Enrollment Form**

The following fields are required to complete the 61 enrollment transaction.

Note: All of the fields below are required for Part C and D enrollment transaction processing, but some are optional for MMP enrollment transaction processing.

- *Effective Date* – MM/DD/YYYY: The effective date of coverage into the plan and cannot be earlier than the first day of the individual's entitlement to both Medicare Part A and Part B and must be the first day of the month.
- *Contract number* – drop-down would give a list of contract IDs (i.e. plan IDs) that the State or MMP organization is associated with.

- PBP Number – gives a list of Plan Benefit Package codes corresponding to the Contract Number chosen.
- Segment ID – Is a free form field allowing the user to enter a 3 byte numeric number indicating if plan is segmented for the purpose of determining plan premium amounts. Segment ID applies only to MA plans and is not applicable to MMP plans.
- EGHP Flag – is a toggle button, indicating if the plan is an Employer Group Health Plan.
- *Election Type* – Drop down gives a list of valid election types allowed for enrollment.

For MMP and State organizations, the appropriate election type for all relevant transactions is 'U' (LIS/Duals, Special Enrollment Period) However, other election types are listed below:

'A' (AEP) - Annual Enrollment from October 15 through December 7

'C' - Plan submitted Rollover enrollment

'E' (IEP) - Initial Enrollment Period (3 months prior to and 3 months after the 65<sup>th</sup> birthday)

'F' (IEP) - Second Initial Enrollment Period for Part D

'I' (ICEP) - Initial Coverage Enrollment Period (3 months prior to eligibility for Parts A/B)

'J' (DEM) - Default Enrollment

'L' (LIS SEP)

'M' (MA-OEP)

'R' - SEP enrollment into a 5-star rated plan

'S' (SEP) - Special Election Period

'T' (OEPI) - Open Enrollment for Institutionalized (first 3 months of the year)

'U' - SEP for Dual-eligible individuals

'V' - SEP for changes in Residence

'W' - SEP for EGHP

'X' - Administrative Action SEP

'Y' - Casework Exceptional condition

'Z' - MA Auto-Enrollment Period

- Application date – required on all 61 transactions.

For Passive MMP enrollments:

- The application receipt date is the date the transaction is submitted to CMS (which is no later than 60 days before the effective date).
- Use an enrollment Source Code value of 'J'.
- For Beneficiary Elected MMP enrollments: The application date is the date the MMP plan received the beneficiary's enrollment request.
- Use an enrollment Source Code value of "L" – MMP beneficiary election.
- The application date is not applicable on transactions 72-78, 81, 82, 83 and 51.

- Enrollment Source – The drop down menu shows a list of possible source code values.

'A' – Auto-enrolled by CMS

'B' – Beneficiary election

'C' – Facilitated enrollment by CMS

'D' – CMS annual rollover

'E' – Plan-submitted auto-enrollment

'F' – Plan-submitted facilitated enrollment

'G' – Point of Sale (POS) submitted enrollment

'H' – CMS submitted reassignment enrollment

'J' – State submitted passive enrollment

'K' – CMS submitted passive enrollment

'L' – MMP beneficiary election

- ESRD – The ESRD override field is required if the beneficiary has ESRD and wants to enroll in an MMP. Use alpha-numeric, 1-9 and A-F values to report an ESRD override condition to CMS.
- PPO – Premium Payment Option. This field is not applicable to MMP. Leave it populated as "N" (No Premium Applicable).
- Part C Premium Amount – For MMPs, initialize this field with zeroes during initial enrollment.
- Creditable Coverage Flag – For MMPs, the creditable coverage flag is always set to "Y" since the uncovered months is not reported.
- Number of Uncovered Months – The number of uncovered months is always set to "000" for MMPs.
- Employer Subsidy Enrollment Flag – To allow enrollment into an MMP by an individual that is already covered by an employer subsidized by CMS to provide drug coverage. If the beneficiary is in a plan receiving an employer subsidy, but still wants to enroll, submit the enrollment with the override flag set to "Y"; otherwise, leave blank.
- Part D Opt-Out Flag – Value of "Y" if beneficiary already has a third party insurance that covers drugs and does not wish to be auto-enrolled in Part D. Leave this field blank if the beneficiary has not opted-out of Part D.
- Part D Rx-ID – Not required on MMP passive enrollments. The value provided is the member ID that is assigned to the beneficiary. Can be submitted to CMS by the MMP at a later time through the use of the 72 4RX change transaction.
- Part D Rx Group – Not required on MMP passive enrollments. Can be submitted to CMS by the MMP at a later time through the use of the 72 4RX change transaction.
- Part D Rx Bin – Not required on MMP passive enrollments. Can be submitted to CMS by the MMP at a later time through the use of the 72 4RX change transaction.
- Part D Rx PCN – Not required on MMP passive enrollments. Can be submitted to CMS by the MMP at a later time through the use of the 72 4RX change transaction.
- Secondary Drug Insurance Flag – Drop down value of "Y" is to indicate that the beneficiary has secondary drug insurance. It is used to support coordination of benefits.
- Secondary RX ID, Group, BIN, PCN – Screen value entry by user is enabled based on the drop down selection chosen for the secondary Drug Insurance flag.
- PBP Change flag – Enter a value of "Y" to indicate that the purpose of the TC 61 transaction is for a PBP change.
- Mcare Edit Bypass – Choose this function to bypass most of the edits for the transaction. The enrollment request will be accepted "as entered" by the user. (Note: some "hard edits" such as the CMS "CCM" (Current Calendar Month) effective date rules will still be applied).
- Trans Tracking ID – Must use the Infocrossing supplied account# (ex: HCF\*\*\*\* where the asterisks represent a unique Infocrossing assigned number) for the 1<sup>st</sup> seven

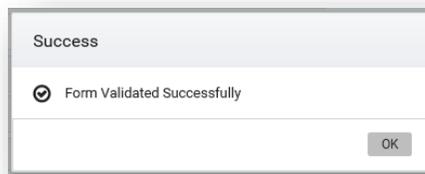
positions. Positions 8 through 15 are optional and free-form. Contact the Infocrossing Help desk if you need help obtaining this value for your organization.

Once all the data elements have been entered, you will need to validate the data by clicking on the validation button to ensure all needed fields were properly entered.



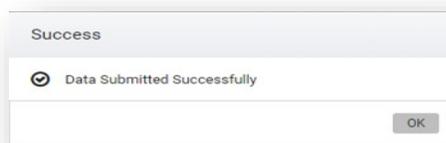
**Figure 5.1D: Validate Data**

If all the data is correct, you will receive a “Form Validated Successfully” message, and you will be able to submit the transaction to CMS.



**Figure 5.1E: Validated Successfully**

Once you submit the transaction to CMS by clicking on the Submit button, you will receive a “Data Submitted Successfully” message, indicating that the enrollment process has been completed.



**Figure 5.1F: Submitted Successfully**

## 5.2 TC 51 Transaction - Disenrollment Record

To disenroll a member, begin by entering the beneficiary’s member eligibility information as mentioned in Section 3.1 of the document to properly create the disenrollment transaction for a beneficiary.

Medicare ID  Last Name  Date of Birth

Figure 5.2A: TC51 Transaction – Eligibility Search

Select the TC 51 Disenrollment option and click **Create**. The Transaction screen will open with the Beneficiary’s Medicare ID, Last name, First name, gender and Date of Birth. The user will need to populate all of the other beneficiary elements needed to complete the disenrollment request.

The screenshot shows a web interface titled 'TRC History' with the text 'Showing 1 to 1 of 1 entries'. On the left, there are two tabs: 'Transaction Maintenance' (selected) and 'Transaction Summary'. In the center, there is a 'Select Transaction' dropdown menu currently set to 'Select'. A list of transaction types is visible in the dropdown, including '51-Disenrollment Txn', '61-Enrollment Txn', '72-Rx Change', '73-NUNGMO Change', '74-EGHP Change', '75-PPD Change', and '76-Residence Address Change'. To the right of the dropdown is a blue 'Create' button. At the bottom left, there is a copyright notice: '© 2019 Copyright, Wipro Technologies'.

Figure 5.2B: TC51 Transaction – Disenrollment Option

The screenshot shows the 'TC 51-Disenrollment Txn' form. It contains the following fields and values: Medicare ID (0Y99YY0AM60), First Name (JANIS), Gender Code (2 - FEMALE), Transaction Code (51), Contract Number (SELECT), Election Type (SELECT), Part D Opt-out Flag (NO-CHANGE), Trans Tracking Id (empty), Last Name (HALIMA), Middle Initial (F), Date of Birth (12/16/1953), Effective Date (MM/DD/YYYY), PBP Number (SELECT), Disenrollment Reason (SELECT), and MCare Edit Bypass (No). At the bottom, there are three buttons: 'Reset', 'Validate', and 'Submit'.

Figure 5.2C: Beneficiary Fields on a TC 51 Disenrollment Form

The following are the required fields that will need to be completed for the successful TC51 Disenrollment Transaction:

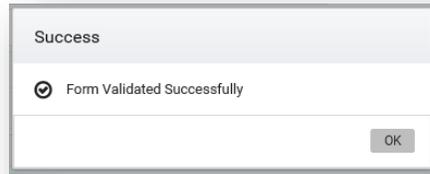
- Effective Date – MM/DD/YYYY: The effective date of coverage into the plan and cannot be earlier than the first day of the individual’s entitlement to both Medicare Part A and Part B and must be the first day of the month.
- Contract number – Drop-down would give a list of contract IDs (i.e. Plan IDs) that the State or MMP organization is associated with.
- PBP Number – Gives a list of Plan Benefit Package codes corresponding to the Contract Number chosen.
- Election Type – Drop down gives a list of valid election types allowed for enrollment. As far as the MMPs are concerned, the appropriate election type for all transactions is ‘U’-LIS/Duals, Special Enrollment Period’.
- Disenrollment Reason – Valid MMP codes are:
  - ‘11’ – Voluntary disenrollment
  - ‘63’ – MMP Opt-Out After Enrolled
  - ‘64’ – Loss of Demonstration Eligibility
  - ‘92’ – Involuntary disenrollment for a move out of plan’s service area
  - Blank
- Part D Opt-Out Flag – Optional field. Value of “Y” is used if the beneficiary already has a third Party insurance that covers drugs and does not wish to be auto-enrolled in part D. Leave field blank if beneficiary has not opted-out of Part D.
- Mcare Edit Bypass – Choose this function to bypass most of the edits for the transaction. The disenrollment request will be accepted “as entered” by the user. (Note: some “hard edits” such as the CMS “CCM” (Current Calendar Month) effective date rules will still be applied).
- Trans Tracking ID – Must use the Infocrossing supplied account# (ex: HCF\*\*\*\* where the asterisks represent a unique Infocrossing assigned number) for the 1<sup>st</sup> seven positions. Positions 8 through 15 are optional and free-form. Contact the Infocrossing Help desk if you need help obtaining this value for your organization.

Once all the data elements have been entered, you will need to validate the data by clicking on the validation button to ensure all needed fields were properly entered.



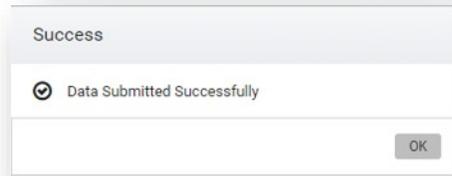
Figure 5.2D: Validate Data

If all the data is correct, you will receive a “Form Validated Successfully” message, and you will be able to submit the transaction to CMS.



**Figure 5.2E: Form Validated Successfully**

Once you submit the transaction to CMS by clicking on the Submit button, you will receive a “Data Submitted Successfully” message which now completes the TC 51 disenrollment process.



**Figure 5.2F: Submitted Successfully**

### 5.3 TC 72 Transaction - 4Rx Data Change

MMP organizations will usually use the 4Rx change transaction as a follow-up to any State submitted enrollment request and upon confirmation of CMS accepting the enrollment via the proper CMS TRR response record.

Begin by entering the beneficiary’s member eligibility information as mentioned in Section 3.1 of the document to help properly create a 4Rx change transaction for the beneficiary.

Medicare ID  Last Name  Date of Birth

**Figure 5.3A: TC 72 4rx Change – Eligibility Search**

From the Transaction Maintenance tab, select the 72 4rx change tab and click **Create**.



Figure 5.3B: TC 72 4rx Change Option

The Transaction screen will open with the Beneficiary’s Medicare ID, Last name, First name, Gender and Date of Birth. The user will need to populate all of the other beneficiary elements needed to complete the 72-4Rx change.

The screenshot displays the 'TC 72-4Rx Change' form. It is organized into two columns of input fields. The left column includes: Medicare ID (0Y99YY0AM59), First Name (CAROLYN), Gender Code (2 - FEMALE), Transaction Code (72), Contract Number (SELECT), Part D Rx Id, Part D Rx BIN, Secondary Drug Ins (NO-CHANGE), Secondary Rx Group, Secondary Drug PCN, and Trans Tracking Id. The right column includes: Last Name (ZMAN), Middle Initial (J), Date of Birth (09/19/1942), Effective Date (MM/DD/YYYY), PBP Number (SELECT), Part D Rx Group, Part D Rx PCN, Secondary Rx Id, Secondary Drug BIN, and MCare Edit Bypass (No). At the bottom, there are three buttons: 'Reset', 'Validate', and 'Submit'.

Figure 5.3C: Beneficiary Information on a TC 72 4rx Change Form

Besides the demographic required data for the beneficiary, the following are the required data element fields that will need to be completed for the 72 transaction.

Note: Individual data field explanations are abbreviated as the data value entry requirements are the same as previously explained with previous Transaction Types (additional context is provided where needed).

- Effective Date – MM/DD/YYYY. The effective date must fall within the enrollment period of the respective PLAN/PBP.
- Contract Number – Value is the MMP contract that the member belongs to.
- PBP Number – Identifies the current Plan Benefit Package that the member is enrolled in.
- Part D RX ID – Required field that needs to be entered if applicable and needs to be reported to CMS.
- Part D RX Group – Required field that needs to be entered if applicable and needs to be reported to CMS.
- Part D Rx BIN – Required field that needs to be entered if applicable and needs to be reported to CMS.
- Part D RX PCN – Required field that needs to be entered if applicable and needs to be reported to CMS.
- Secondary Drug Ins – Drop down value of “Y” is to indicate that the beneficiary has secondary drug insurance. It is used to support coordination of benefits.
- Secondary RX ID, Group, BIN, PCN – Screen value entry by user is enabled based on the drop down selection chosen for the secondary Drug Insurance flag.
- Mcare Edit Bypass – Only choose this function if you wish to bypass most of the edits for the transaction. The 4rx change request will be accepted “as entered” by the user. (Note: some “hard edits” such as the CMS “CCM” (Current Calendar Month) effective date rules will still be applied).
- Trans Tracking ID – Must use the Infocrossing supplied account# (ex: HCF\*\*\*\* where the asterisks represent a unique Infocrossing assigned number) for the 1<sup>st</sup> seven positions. Positions 8 through 15 are optional and free-form. Contact the Infocrossing Help desk if you need help obtaining this value for your organization.

Once all the data elements have been entered, you will need to validate the data by clicking on the validation button to ensure all needed fields were properly entered.

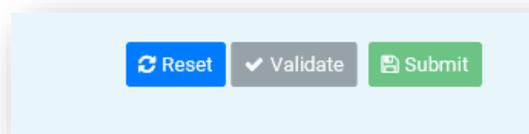


Figure 5.3D: Validate Data

If all the data is correct you will receive a “Form Validated Successfully” message, and you will be able to submit the transaction to CMS.

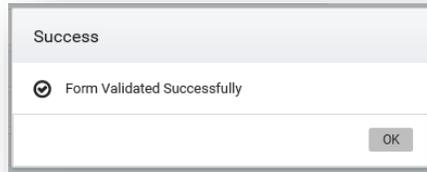


Figure 5.3E: Validated Successfully

Once you submit the transaction to CMS by clicking on the Submit button, you will receive a “Data Submitted Successfully” message, which now completes the 4RX change process.

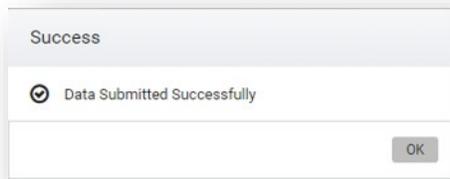


Figure 5.3F: Submitted Successfully

## 5.4 TC 73 Transaction - NUNCMO Change

Begin by entering the beneficiary’s member eligibility information as mentioned in Section 3.1 of the document to properly create a NUNCMO change transaction for the beneficiary. The MBI, Last name, First Name, Middle Initial and Gender fields can be pre-populated from the MBD eligibility check.

 A screenshot of a search form for eligibility. It contains three input fields: "Medicare ID" with the placeholder text "MEDICARE ID", "Last Name" with the placeholder text "LAST NAME", and "Date of Birth" with the placeholder text "MM/DD/YYYY". To the right of the "Date of Birth" field is a calendar icon. Further right are two buttons: a green "GO" button and a blue "Reset" button.

Figure 5.4A: TC 73 Transaction – NUNCMO Change – Eligibility Search

From the Transaction Maintenance tab start by selecting a TC 73 Transaction and click on 'Create'.

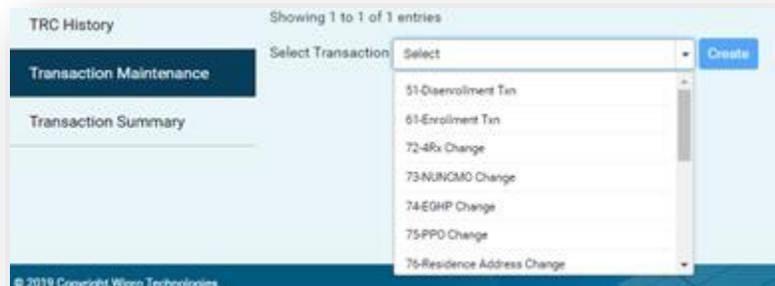


Figure 5.4B: TC 73 Transaction – NUNCMO Change Option

The Transaction screen will open with the beneficiary’s Medicare ID, Last name, First name, Gender and Date of Birth. The user will need to populate all of the other beneficiary elements needed to complete the 73-NUNCMO change.

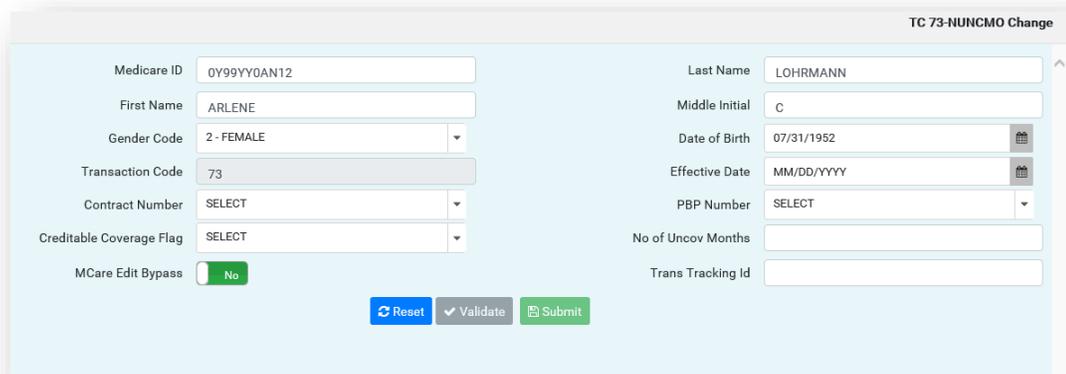


Figure 5.4C: Beneficiary Information on a TC 73 NUNCMO Change

The following are the required fields that will need to be completed for the 73 Transaction:

- Effective Date – MM/DD/YYYY. The effective date must fall within the enrollment period of the respective PLAN/PBP.
- Contract Number – Value is the MMP contract that the member belongs to.
- PBP Number – Identifies the current Plan Benefit Package that the member is enrolled in.
- Creditable Coverage Flag – For MMPs, the creditable coverage flag is always set to “Y” since the uncovered months is not reported.
- Number of Uncovered Months – The Number of Uncovered Months is always set to “000” for MMPs.

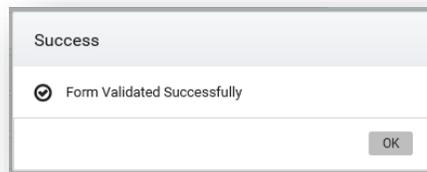
- Mcare Edit Bypass – Only choose this function if you wish to bypass most of the edits for the transaction. The NUNCMO change request will be accepted “as entered” by the user. (Note: some “hard edits” such as the CMS “CCM” (Current Calendar Month) effective date rules will still be applied).
- Trans Tracking ID – Must use the Infocrossing supplied account# (ex: HCF\*\*\*\* where the asterisks represent a unique Infocrossing assigned number) for the 1<sup>st</sup> seven positions. Positions 8 through 15 are optional and free-form. Contact the Infocrossing Help desk if you need help obtaining this value for your organization

Once all the data elements have been entered, you will need to validate the data by clicking on the validation button to ensure all needed fields were properly entered.



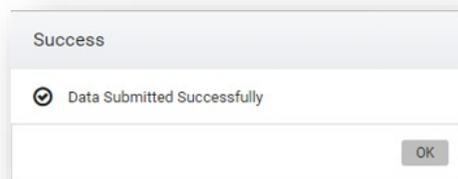
**Figure 5.4D: Validate Data**

If all the data is correct you will receive a “Form Validated Successfully” message, and you will be able to submit the transaction to CMS.



**Figure 5.4E: Validated Successfully**

Once you submit the transaction to CMS by clicking on the Submit button, you will receive a “Data Submitted Successfully” message, which now completes the NUNCMO change process.



**Figure 5.4F: Submitted Successfully**

## 5.5 TC 76 Transaction – Residence Address Change

Begin by entering the beneficiary’s member eligibility information as mentioned in Section 3.1 of the document to properly create a Residential Address change transaction for the beneficiary.

Medicare ID  Last Name  Date of Birth

Figure 5.5A: TC 76 Transaction – Residence Address Change – Eligibility Search

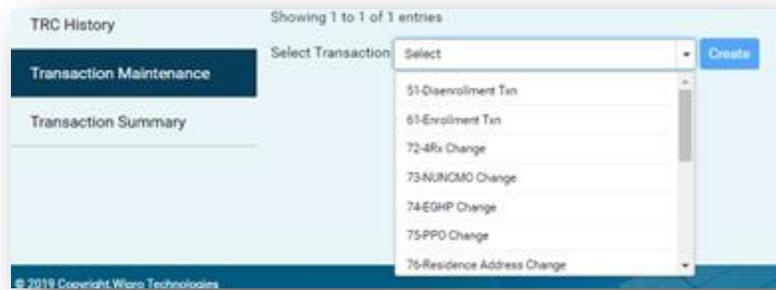


Figure 5.5B: TC 76 Residence Address Change Option

From the Transaction Maintenance tab, start by selecting a TC 76 Transaction and click on **‘Create’**.

The Transaction screen will open with the beneficiary’s Medicare ID, Last name, First name, Gender and Date of Birth. The user will need to populate all of the other fields.

**Figure 5.5C: Beneficiary Information on a TC 76 Residential Address Change**

The following are the required fields that will need to be completed for the 76 Transaction:

- Effective Date – MM/DD/YYYY. The effective date must fall within the enrollment period of the respective PLAN/PBP.
- Contract Number – Value is the MMP contract that the member belongs to.
- End Date – Optionally, this date can represent the last day of the month in which the specific residence address was active.
- Address Upd/Del Flag – Enter a value of “U” when adding a new address or a value of “D” when deleting an existing address.
- Residence Address Lines 1 and Lines 2 – Street address. Required when the Address Upd/Del flag is set to “Update”. Use Address line 2 as needed.
- Residence City, State, Zip Code, Zip+4 – When Address Upd/Del Flag is set to Update, enter the appropriate City name, USPS two-character State abbreviation and USPS five-character zip code, and finally, the 4 character Zip+4 as needed.
- Mcare Edit Bypass – Only choose this function if you wish to bypass most of the edits for the transaction. The TC 76 change request will be accepted “as entered” by the user. (Note: some “hard edits” such as the CMS “CCM” (Current Calendar Month) effective date rules will still be applied).
- Trans Tracking ID – Must use the Infocrossing supplied account# (ex: HCF\*\*\*\* where the asterisks represent a unique Infocrossing assigned number) for the 1<sup>st</sup> seven positions. Positions 8 through 15 are optional and free-form. Contact the Infocrossing Help desk if you need help obtaining this value for your organization.

Once all the data elements have been entered, you will need to validate the data by clicking on the validation button to ensure all needed fields were properly entered.



Figure 5.5D: Validate Data

If all the data is correct, you will receive a “Form Validated Successfully” message, and you will be able to submit the transaction to CMS.

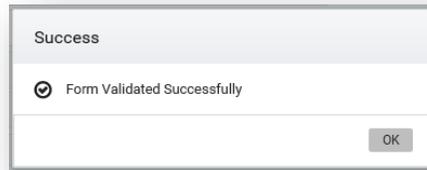


Figure 5.5E: Validated Successfully

Once you submit the transaction to CMS by clicking on the **Submit** button, you will receive a “Data Submitted Successfully” message, which now completes the residential change process.

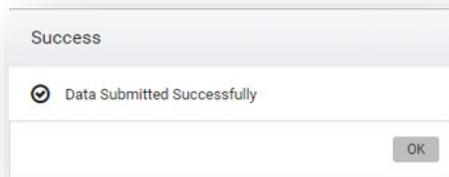


Figure 5.5F: Submitted Successfully

## 5.6 TC 78 Transaction – Part C Premium Change

Begin by entering the beneficiary's member eligibility information as mentioned in Section 3.1 of the document to properly create a Part C Premium Change transaction for the beneficiary.

Medicare ID	<input type="text" value="MEDICARE ID"/>	Last Name	<input type="text" value="LAST NAME"/>	Date of Birth	<input type="text" value="MM/DD/YYYY"/>		<input type="button" value="GO"/>	<input type="button" value="Reset"/>
-------------	--	-----------	--	---------------	---	---	-----------------------------------	--------------------------------------

Figure 5.6A: TC 78 Transaction – Part C Premium Change – Eligibility Search

From the Transaction Maintenance tab start by selecting a TC78 Transaction and click on **'Create'**.



Figure 5.6B: TC 78 Transaction – Part C Premium Change Option

TC 78-Part C Premium Change

<p>Medicare ID <input type="text" value="0Y99YY0AM64"/></p> <p>First Name <input type="text" value="JUDITH"/></p> <p>Gender Code <input type="text" value="2 - FEMALE"/></p> <p>Transaction Code <input type="text" value="78"/></p> <p>Contract Number <input type="text" value="SELECT"/></p> <p>Part C Premium Amount <input type="text" value="XXXX.XX"/></p> <p>Trans Tracking Id <input type="text"/></p>	<p>Last Name <input type="text" value="HALALA"/></p> <p>Middle Initial <input type="text" value="A"/></p> <p>Date of Birth <input type="text" value="03/20/1953"/></p> <p>Effective Date <input type="text" value="MM/DD/YYYY"/></p> <p>PBP Number <input type="text" value="SELECT"/></p> <p>MCare Edit Bypass <input type="checkbox"/> <span style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">No</span></p>
---	---

Reset
Validate
Submit

Figure 5.6C: Beneficiary Information on a TC 78 Part C Premium Change

The Transaction screen will open with the beneficiary’s Medicare ID, Last name, First name, Gender and Date of Birth. The user will need to populate all of the other beneficiary elements needed to complete the 78-Part C Premium Change.

The following are the required fields that will need to be completed for the 78 Part C Premium Change Transaction:

- Effective Date – MM/DD/YYYY. The effective date must fall within the enrollment period of the respective PLAN/PBP.
- Contract Number – value is the MMP contract that the member belongs to.
- PBP Number – Identifies the current Plan Benefit Package that the member is enrolled in.
- Part C Premium Amount – For MMP Plans, a TC 78 is used to initialize a premium amount to zero.
- Mcare Edit Bypass – Only choose this function if you wish to bypass most of the edits for the transaction. The TC 78 change request will be accepted “as entered” by the user. (Note: some “hard edits” such as the CMS “CCM” (Current Calendar Month) effective date rules will still be applied).
- Trans Tracking ID – Must use the Infocrossing supplied account# (ex: HCF\*\*\*\* where the asterisks represent a unique Infocrossing assigned number) for the 1<sup>st</sup> seven positions. Positions 8 through 15 are optional and free-form. Contact the Infocrossing Help desk if you need help obtaining this value for your organization.

Once all the data elements have been entered, you will need to validate the data by clicking on the validation button to ensure all needed fields were properly entered.



Figure 5.6D: Validate Data

If all the data is correct you will receive a “Form Validated Successfully” message, and you will be able to submit the transaction to CMS.

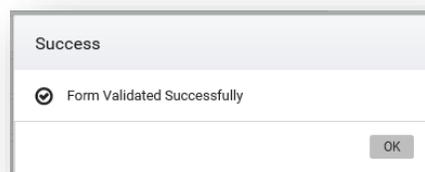


Figure 5.6E: Validated Successfully

Once you submit the transaction to CMS by clicking on the Submit button, you will receive a “Data Submitted Successfully” message, which now completes the Part C premium change process.

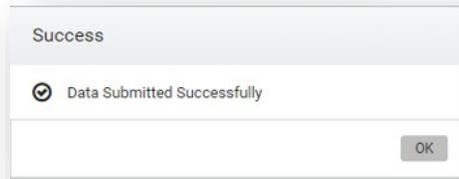


Figure 5.6F: Submitted Successfully

### 5.7 TC 81 Transaction – Cancellation of Disenrollment Record

Begin by entering the beneficiary’s member eligibility information as mentioned in Section 3.1 of the document to properly create a disenrollment cancellation transaction for the beneficiary.

Medicare ID  Last Name  Date of Birth

Figure 5.7A: TC 81 Transaction – Cancellation of Disenrollment Record – Eligibility Search Tab



Figure 5.7B: TC 81 Disenrollment Cancellation Transaction Option

From the Transaction Maintenance tab, start by selecting a TC 81 Transaction and click on **'Create'**

Medicare ID	0Y99YY0AM65	Last Name	CALLAN
First Name	VICKIE	Middle Initial	L
Gender Code	2 - FEMALE	Date of Birth	06/17/1954
Transaction Code	81	Effective Date	MM/DD/YYYY
Contract Number	SELECT	PBP Number	SELECT
MCare Edit Bypass	<input type="checkbox"/> No	Trans Tracking Id	

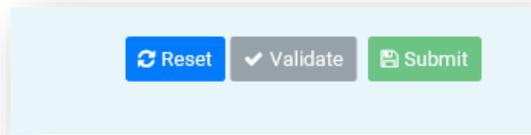
**Figure 5.7C: Beneficiary Information on a TC 81 Disenrollment Cancellation**

The Transaction screen will open with the beneficiary's Medicare ID, Last name, First name, Gender and Date of Birth. The user will need to populate all of the other beneficiary elements needed to complete the cancellation transaction.

The following are the required fields that will need to be completed for the TC 81 disenrollment cancellation transaction:

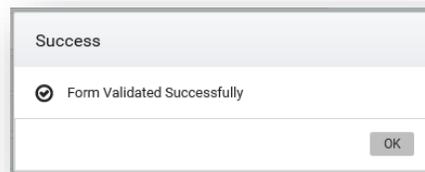
- Effective Date – MM/DD/YYYY. The effective date must match the effective date of the previously processed TC 51 disenrollment transaction.
- Contract Number – Value is the MMP contract that the member belongs to and must match the contract number on the previously processed TC 51 disenrollment transaction.
- PBP Number – The original Plan Benefit Package value that was used for the TC 51 transaction must be used.
- Mcare Edit Bypass – Only choose this function if you wish to bypass most of the edits for the transaction. The TC 81 cancellation request will be accepted “as entered” by the user. (Note: some “hard edits” such as the CMS “CCM” (Current Calendar Month) effective date rules will still be applied).
- Trans Tracking ID – Must use the Infocrossing supplied account# (ex: HCF\*\*\*\* where the asterisks represent a unique Infocrossing assigned number) for the 1<sup>st</sup> seven positions. Positions 8 through 15 are optional and free-form. Contact the Infocrossing Help desk if you need help obtaining this value for your organization.

Once all the data elements have been entered, you will need to validate the data by clicking on the validation button to ensure all needed fields were properly entered.



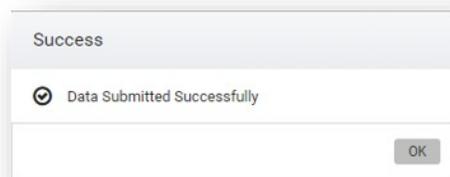
**Figure 5.7D: Validate Data**

If all the data is correct, you will receive a “Form Validated Successfully” message and you will be able to submit the transaction to CMS.



**Figure 5.7E: Validated Successfully**

Once you submit the transaction to CMS by clicking on the Submit button you will receive a “Data Submitted Successfully” message which now completes the disenrollment cancellation process.



**Figure 5.7F: Submitted Successfully**

## 5.8 TC 82 Transaction - Cancellation of Enrollment Record

Begin by entering the beneficiary’s member eligibility information as mentioned in Section 3.1 of the document to properly create an enrollment cancellation transaction for the beneficiary.

Medicare ID  Last Name  Date of Birth

Figure 5.8A: TC 82 Transaction – Cancellation of Enrollment Record – Eligibility Search Tab

From the Transaction Maintenance tab, start by selecting an 82 Transaction and click on ‘Create’.

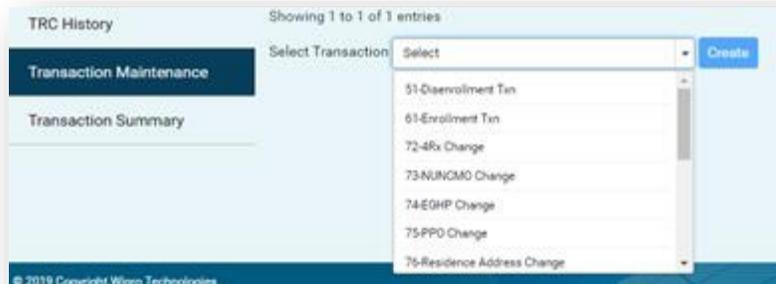


Figure 5.8B: TC 82 Transaction Option

The Transaction screen will open with the beneficiary’s Medicare ID, Last name, First name, Gender and Date of Birth. The user will need to populate all of the other beneficiary elements needed to complete the enrollment cancellation transaction.

TC 82-MMP Enroll Cancellation

Medicare ID  Last Name

First Name  Middle Initial

Gender Code

Date of Birth

Transaction Code

Effective Date

Contract Number

PBP Number

FA-Demo Optout Flag

MCAre Edit Bypass

Trans Tracking Id

Figure 5.8C: Beneficiary Information on a TC 82 Enrollment Cancellation

The following are the required fields that will need to be completed for the TC 82 Transaction:

- Effective Date – MM/DD/YYYY. The effective date must match the effective date of the previously processed TC 61 enrollment transaction.
- Contract Number – Value is the MMP contract that the member belongs to and must match the contract number on the previously processed TC 61 enrollment transaction.
- PBP Number – The original Plan Benefit Package value that was used for the TC 61 transaction must be used.
- FA Demo Opt Out – Optionally, the Demonstration Opt-out flag can either be set to “Y” or “N” for future passive MMP requests.
- Mcare Edit Bypass – Only choose this function if you wish to bypass most of the edits for the transaction. The TC 82 cancellation request will be accepted “as entered” by the user. (Note: some “hard edits” such as the CMS “CCM” (Current Calendar Month) effective date rules will still be applied).
- Trans Tracking ID – Must use the Infocrossing supplied account# (ex: HCF\*\*\*\* where the asterisks represent a unique Infocrossing assigned number) for the 1<sup>st</sup> seven positions. Positions 8 through 15 are optional and free-form. Contact the Infocrossing Help desk if you need help obtaining this value for your organization.

Once all the data elements have been entered, you will need to validate the data by clicking on the validation button to ensure all needed fields were properly entered.

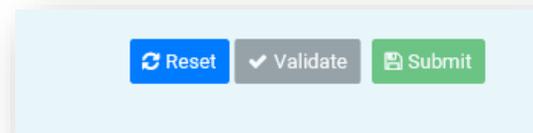


Figure 5.8D: Validate Data

If all the data is correct, you will receive a “Form Validated Successfully” message and you will be able to submit the transaction to CMS.

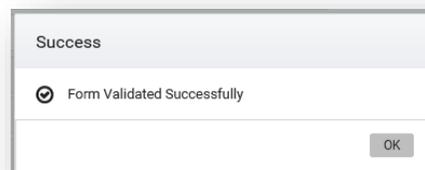


Figure 5.8E: Validated Successfully

Once you stage the transaction to submit to CMS by clicking on the **Submit** button you will receive a “Data Submitted Successfully” message which now completes the TC 82 enrollment cancellation process.

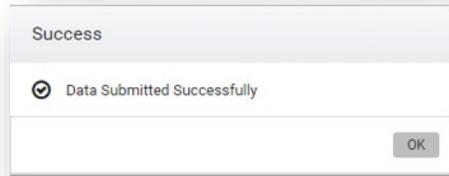


Figure 5.8F: Submitted Successfully

### 5.9 TC 83 Transaction - MMP Opt-Out Update Transaction

Use this transaction to submit a TC 83 record to CMS for a beneficiary that has opted out of passive enrollment into an MMP.

Begin by entering the beneficiary’s member eligibility information as mentioned in Section 3.1 of the document to auto-populate the beneficiary’s demographic related information transaction for the MMP opt-out transaction.

Medicare ID  Last Name  Date of Birth

Figure 5.9A: TC 83 Transaction – MMP Opt-Out Update Transaction – Eligibility Search Tab

From the Transaction Maintenance tab, start by selecting an 83 Transaction and click on **‘Create’**.

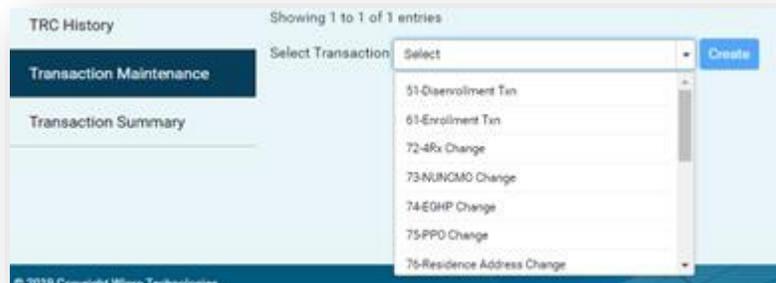


Figure 5.9B: TC 83 Transaction Option

The Transaction screen will open with the beneficiary's Medicare ID, Last name, First name, Gender and Date of Birth. The user will need to populate all of the other beneficiary elements needed to complete the MMP Opt-out update request.

The screenshot shows a web form titled "TC 83-MMP Opt-Out Update". The form contains the following fields and values:

Medicare ID	0Y99YY0AM65	Last Name	CALLAN
First Name	VICKIE	Middle Initial	L
Gender Code	2 - FEMALE	Date of Birth	06/17/1954
Transaction Code	83	Effective Date	MM/DD/YYYY
Contract Number	SELECT	PBP Number	SELECT
MMP Opt Out	NO-CHANGE	MCare Edit Bypass	<input type="checkbox"/> No
Trans Tracking Id			

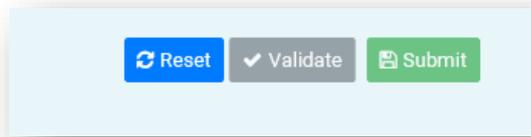
At the bottom of the form are three buttons: "Reset", "Validate", and "Submit".

**Figure 5.9C: Beneficiary Information on a TC 83 MMP Opt Out**

Aside from the required demographic related data for the beneficiary, the following are the required fields that will need to be completed for the TC 83 Transaction:

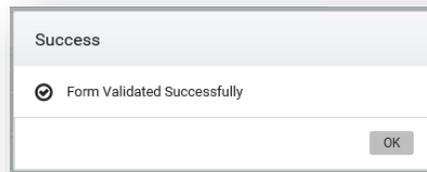
- Effective Date – MM/DD/YYYY. CMS does not have timeliness edits on an MMP 83 Opt out transaction.
- Contract Number – Valid MMP contract must be entered.
- PBP Number – Valid PBP number belonging to the contract must be used.
- MMP Opt-Out – Choose the appropriate value “N” or “Y”. Value of “Y” excludes the beneficiary from passive enrollment into an MMP plan.
- Mcare Edit Bypass – Only choose this function if you wish to bypass most of the edits for the transaction. The TC 83 MMP Opt out request will be accepted “as entered” by the user. (Note: some “hard edits” such as the CMS “CCM” (Current Calendar Month) effective date rules will still be applied).
- Trans Tracking ID – Must use the Infocrossing supplied account# (ex: HCF\*\*\*\* where the asterisks represent a unique Infocrossing assigned number) for the 1<sup>st</sup> seven positions. Positions 8 through 15 are optional and free-form. Contact the Infocrossing Help desk if you need help obtaining this value for your organization

Once all the data elements have been entered, you will need to validate the data by clicking on the validation button to ensure all needed fields were properly entered.



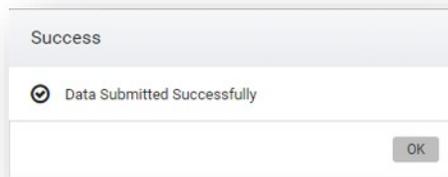
**Figure 5.9D: Validate Data**

If all the data is correct, you will receive a “Form Validated Successfully” message and you will be able to submit the transaction to CMS.



**Figure 5.9E: Validated Successfully**

Once you submit the transaction to CMS by clicking on the Submit button you will receive a “Data Submitted Successfully” message which completes the TC 83 MMP-Opt-Out request.



**Figure 5.9F: Submitted Successfully**

## 5.10TC 90 Transaction - CARA Status

Begin by entering the beneficiary’s member eligibility information as mentioned in Section 3.1 of the document to auto-populate the beneficiary’s demographic related information transaction for the TC 90 CARA Status transaction.

Medicare ID  Last Name  Date of Birth

Figure 5.10A: TC 90 Transaction – CARA Status – Eligibility Search Tab

The screenshot shows a dropdown menu titled "TRC History" with the text "Showing 1 to 1 of 1 entries". The menu is open, displaying a list of transaction options: 51-Disenrollment Tin, 61-Enrollment Tin, 72-4Rx Change, 73-NUNCMO Change, 74-EGHP Change, 75-PPO Change, and 76-Residence Address Change. A "Create" button is visible to the right of the dropdown.

Figure 5.10B: TC 90 Transaction Option

The Transaction screen will open with the beneficiary’s Medicare ID, Last name,

First name, Gender and Date of Birth. The user will need to populate all of the other TC 90 data elements needed to complete the TC 90 CARA Status Change.

The screenshot shows a form for entering beneficiary information. The fields are as follows:

- Medicare ID: 998998997A
- First Name: BETTY
- Gender Code: 2 - FEMALE
- Transaction Code: 90
- Notification Start Date: 08/01/2019
- Add/Update/Delete Flag: A-ADD
- POS Edit Code: PS1
- Prescriber Limitation Status: SELECT
- Implementation Start Date: MM/DD/YYYY
- MCare Edit Bypass: No
- Last Name: SMITH
- Middle Initial: (empty)
- Date of Birth: 02/03/1950
- Contract Number: H9995
- Notification End Date: 08/01/2019
- POS Edit Status: Y-YES
- Drug Class: SELECT
- Pharmacy Limitation Status: SELECT
- Implementation End Date: MM/DD/YYYY
- Trans Tracking Id: (empty)

Buttons at the bottom:

Figure 5.10C: Beneficiary Information on a TC 90 CARA Status

The following are the required fields that will need to be completed for the 90 Transaction:

- Contract Number – Valid MMP contract must be entered.
- Notification Start Date – The date entered cannot be later than CCM (Current Calendar Month) +1.
- Notification End Date – If an end date is specified, it must be within 60 days after the Notification Start Date.
- Add/Update/Delete Flag – The valid values are “A” Add, “U” Update or “D” Delete.
- POS Edit Status – Valid values are “Y” Yes, “N” NO and blank. “Y” indicates that a Notification of a POS edit has been sent or that a POS edit has been implemented. “N” indicates no POS edit.
- POS Edit Code – PSI, means no FADs within the class are covered. PS2, means limited FADs within the drug class are covered. The POS Edit Code value is required when the POS Edit Status is set to “Y”.
- Drug Class – Valid values are: OP1-Opioids, BNZ-Benzodiazepine
- Prescriber Limitation Status – Valid values are ‘Y’ Yes, “N” No, and blank. “Y” indicates that a notification of a prescriber limitation has been sent or that a prescriber limitation has been implemented. “N” indicates No Prescriber Limitation. Blank value (spaces) indicates no change to the Prescriber Limitation.
- Pharmacy Limitation Status – Valid values are “Y” Yes, “N” No and blank. “Y” indicates that a pharmacy limitation has been sent or that a pharmacy limitation has been implemented. “N” indicates no Pharmacy limitation. Blank value (spaces) indicates no change to the pharmacy limitation.
- Implementation Start Date – date must be within 60 days after the notification Start Date and not later than one day after a notification end date.
- Implementation End Date – Value is optional. If provided, (first time) must be after and within 1 year of the implementation Start Date.
- Mcare Edit Bypass – Only choose this function if you wish to bypass most of the edits for the transaction. The TC 90 transaction request will be accepted “as entered” by the user. (Note: some “hard edits” such as the CMS “CCM” (Current Calendar Month) effective date rules will still be applied).
- Trans Tracking ID – Must use the Infocrossing supplied account# (ex: HCF\*\*\*\* where the asterisks represent a unique Infocrossing assigned number) for the 1<sup>st</sup> seven positions. Positions 8 through 15 are optional and free-form. Contact the Infocrossing Help desk if you need help obtaining this value for your organization

Once all the data elements have been entered, you will need to validate the data by clicking on the validation button to ensure all needed fields were properly entered.

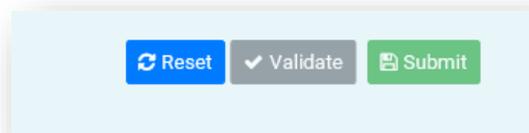
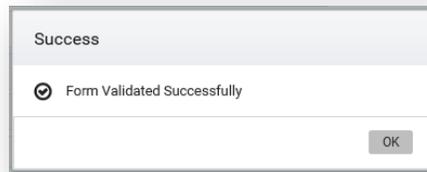


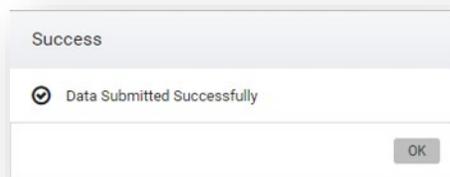
Figure 5.10D: Validate Data

If all the data is correct you will receive a “validation successfully” message and you will be able to submit the transaction to CMS.



**Figure 5.10E: Validated Successfully**

Once you submit the transaction to CMS by clicking on the Submit button you will receive a “Submitted Successfully” message which now completes the TC 90 CARA status Update request.



**Figure 5.10F: Submitted Successfully**

## 6.0 Error Messages

There are several transaction sections within the MMP user guide. During the course of entering and validating data elements for any one of the transaction types in E&E360, the application will apply all the relevant CMS edits for the given transaction and will display the error on the screen for the related data field. Please note that the list of errors below applies to all Medicare Advantage plans not just MMP processing.

Item	Transaction type	ERROR Message	Error description and Plan action
1	76	Address change update flag must be U or D	If Address Upd/Del Flag in TC 76 form is not equal to "U" or "D", system will generate error.
2	76	Address change End date must be CCYYMMDD	If End Date field in TC 76 form is not numeric
3	76	Address change End date must be CCYYMMDD	If End Date field in TC 76 form is not the last day of the month. Check the date to ensure it is the last day of the month and that it is in the correct format.
4	76	Addr/City/St/Zip Required on 76 Update	If Address Upd/Del flag field is "U", following fields are mandatory. If the below mentioned fields are empty or null, <ul style="list-style-type: none"> <li>• Add Residence Add1</li> <li>• Residence City</li> <li>• Residence State</li> <li>• Residence Zip Code</li> </ul> Make sure none of the above fields are missing such as line 1, city/state and zip code.
5	61	AEP Application date must be 10/15 thru 12/07	If Election type is "A": <ul style="list-style-type: none"> <li>• And application is not in the range of October 15 to December 7.</li> </ul> If the date within the range of 10/15 and 12/7 if the election type is equal to 'A' of the current year.
6	61	Invalid ICEP/IEP Application Date	The ICEP initial coverage period is three months prior to eligibility to Part A and Part B date on an ICEP "I" election type. IEP "E" election's initial enrollment period is 3 months prior and 3 months after the 65 <sup>th</sup> birthday.
7	61	Invalid ICEP/IEP application date	If Part A Entitlement date and/or Part B Entitlement date is not found.

Item	Transaction type	ERROR Message	Error description and Plan action
8	61	Invalid ICEP/IEP application date	If Election type is "F": <ul style="list-style-type: none"> <li>If application date is not in the range of 3 months before the beneficiary's birth month and 3 months after.</li> </ul>
9	61	MA OEP invalid. Election must be inside of the MA-OEP calendar period and be within 3 month of Part A and Part B Entitlements	If Election type is "M": The enrollment transaction was submitted with an application date that is outside the regular MA-OEP (application is not within January 1 – March 31), and within the beneficiary's first three months of entitlement to Part A and Part B.
10	61	Election type "J" not allowed during the last quarter of the calendar year	If Election type is "J": <ul style="list-style-type: none"> <li>If Application date is in the last quarter of the Calendar</li> </ul>
11	51, 61, 72, 73, 74, 76, 77, 78, 79, 80, 81, 90, and 91	Birthdate not numeric or invalid	If the Birthdate is not numeric or if any value has been entered, just as '?' You will need to remove the value and enter a numeric value.
12	51, 61, 72, 73, 74, 76, 77, 78, 79, 80, 81, 90, and 91	Birthdate MBD database mismatch	If the Birthdate does not match MBD
13	51, 61, 72, 73, 74, 76, 77, 78, 79, 80, 81, 90, and 91	Plan number invalid	If the Plan ID entered does not start with 'S', 'H', 'R', 'F', 'E', the system will generate an error. <ul style="list-style-type: none"> <li>Hxxxx=identifies MAs and MA-PDs</li> <li>Rxxxx=identifies MAs and MA-PDs</li> <li>Sxxxx=identifies PDPs</li> <li>Fxxxx=identifies fallback plans</li> <li>Exxxx=EGHP plans</li> </ul>
14	61	County does not match with MBD	If the country code does not match with what is on MBD, please check and re-enter
15	61, 73	Invalid creditable coverage flag	If the creditable coverage flag is neither "Y" nor "N". If the value is Y or blank, the number of uncovered months will be zero, but if the value is greater than 0, the Creditable Coverage Flag would be 'N'. <ul style="list-style-type: none"> <li>93-Involuntary disenrollment for loss of SNP eligibility Blank Valid only on Transaction 51</li> </ul> If Disenrollment reason code is not present in this list, system will generate an error.

Item	Transaction type	ERROR Message	Error description and Plan action
16	51, 61, 72, 73, 74, 76, 77, 78, 79, 80, 81, 90, and 91	Effective date should be the first date of the month	If the effective date is not the first date of the month, the system will generate an error.
17	61	For Election type AEP, Effective date should 1 <sup>st</sup> of January of the following year	If the election type is "A", if the effective date is not the first day of the first month of the following year, the system will generate an error.
18	51, 61, 72, 73, 74, 76, 77, 78, 79, 80, 81, 90, and 91	Effective date should be in the range of CCM-1 to CCM+3	For any election types (other than A) and for EGHP equal to "N", the effective date should be in the range of CCM-1 to CCM+3 or the system will generate an error
19	51, 61, 72, 73, 74, 76, 77, 78, 79, 80, 81, 90, and 91	Effective date should be in the range of CCM-3 to CCM+3	For any election types (other than A) and for EGHP equal to "Y", the effective date should be in the range of CCM-3 to CCM+3 or the system will generate an error.
20	51, 61, 72, 73, 74, 76, 77, 78, 79, 80, 81, 90, and 91	Application date must be no later than 60 days before the effective date	If the enrollment source code is "J" and if the effective date is from February to December, the application should not be before 60 days to the effective date.
21	51, 61, 72, 73, 74, 75, 76, 77, 78, 79, and 80	Effective date invalid	If the effective is not numeric
22	61, 74	Invalid EGHP Flag	The EGHP value should be Y or N. This is to identify an Employer Group Health Plan. Report Y if it is an EGHP, for either 61 or 74 transaction, but leave blank if there is no change.
23	51, 61	Invalid Election type	The valid Election types are: <ul style="list-style-type: none"> <li>• A-AEP</li> <li>• C-Plan-submitted Rollover SEP</li> <li>• E-IEP</li> <li>• F-IEP2</li> <li>• I-ICEP</li> <li>• S-Other SEP</li> <li>• T-OEPI</li> <li>• U-Dual/LIS SEP</li> <li>• V-Permanent Change in Residence SEP</li> <li>• W-SEP EGHP</li> </ul>

Item	Transaction type	ERROR Message	Error description and Plan action
23 (continued)	51, 61	Invalid Election type	<ul style="list-style-type: none"> <li>• X-Administrative Action SEP</li> <li>• Y-CMS/Case Work SEP</li> <li>• Z-MA Auto-Enrollment Period</li> <li>• R-SEP enrollment into a 5-Star rated Plan</li> <li>• J-Default Enrollment</li> <li>• L-LIS SEP</li> <li>• M-MA-OEP</li> </ul> <p>If the election type entered is not present in the list, system will generate an error</p>
24	51, 61	Pace plans-election type must be "S"	If the plan designation is pace and if election type is not "S", the system will generate an error
25	61	Employer subsidy flag must Y/Blank	Employer subsidy Enrollment Override field must be 'Y' or ' '. If not the system will generate an error. Or if the field is NULL. This if for a MA-PD and PDP if the beneficiary has Employer subsidy status. Otherwise this should be blank.
26	61	ESRD Override/Aged indicator invalid	ESRD field should contain values from 0-9.
27	61	ESRD/aged indicator is required	<p>If the member is ESRD status in the MBS is 'Y' and if the Plan <b>designation</b> is one of the following:</p> <ul style="list-style-type: none"> <li>• MA</li> <li>• MAPD</li> <li>• CO</li> <li>• COPD</li> <li>• HCCP</li> </ul> <p>Then ESRD field is mandatory.</p>
28	82	FA DEMO OPT-OUT flag value must be 'Y' OR 'N' or Blank	FA DEMO Opt-Out flag should 'Y' or 'N' or blank
29	51, 61, 72, 73, 74, 76, 77, 78, 79, 80, 81, 90, and 91	First name invalid	If the first name is blank, or the length is greater than 7 characters, the system will generate an error
30	51, 61, 72, 73, 74, 76, 77, 78, 79, 80, 81, 90, and 91	First name MBD database mismatch	If the first name entered does not match with what is currently in the MBD. You will need to re-enter the first name.
31	91	IC Model benefit status code invalid	If ICM type indicator is "1", ICM benefit status code should be '1' or '2' or the ICM benefit status code should be blank
32	91	IC model end date invalid	If the ICM End date is blank

Item	Transaction type	ERROR Message	Error description and Plan action
33	91	IC model end date reason code invalid	If ICM end date is populated and if ICM end date reason code is blank. Reason code should be '1', '2', '3' or '4'.
34	91	IC model start date invalid or blank	If ICM start date is blank or invalid
35	91	IC model type indicator blank or invalid 'd'	If ICM type indicator is not '1' or '2'. Either 'U' or 'D'.
36	51, 61, 72, 73, 74, 76, 77, 78, 79, 80, 81, 90, and 91	Last name invalid	If the last name is empty or invalid
37	51, 61, 72, 73, 74, 76, 77, 78, 79, 80, 81, 90, and 91	Last name MBD database mismatch	If the last name entered does not match the name on the MBD
38	51, 61, 72, 73, 74, 76, 77, 78, 79, 80, 81, 90, and 91	Beneficiary is deceased and effective date is on or after death date	If the living status of the beneficiary is 'D' (deceased)
39	90	Beneficiary is deceased and notification start date is on or after death date	If the notification start date is on or after the death date, the system will generate an error.
40	90	Notification end date prior to notification start date	If the notification end date is before the notification start date
41	90	Implementation end date without an implementation state date	If the implementation start date is null and the implementation end is not null, the system will generate an error
42	90	Implementation end date prior to implementation start date	If the implantation end date is before the implementation start date
43	90	Implementation start date cannot be after notification end date	If the implementation start date is after the notification end date, the system will generate an error
44	90	Notification end date must be 60 days after the notification start date	If the difference between the notification start date and notification end date is equal or less than 60, the system will generate an error.

Item	Transaction type	ERROR Message	Error description and Plan action
45	61, 78	Invalid Part C premium amount	If the plan designation is PDP and Part C premium amount is not equal to Null, the system will generate an error
46	51, 61, 79	Part D Opt-Out Flag must be N/Y/Blank	If the Part D Opt-out flag is not equal to Y/N or Blank, the system will generate an error.
47	61	Rx-ID is blank or invalid	If the length of RxID is not less than or equal to 20 and Part D RxID is not alphanumeric, the system will generate an error or if it is equal to null.
48	61	RXID info is applicable for drug plans only	If the plan designation is not equal to PDP or MAPD and the part D RxID is not equal to blank, the system will generate an error
49	51, 61, 72, 73, 74, 76, 77, 78, 79, 80, 81, 90, and 91	PBP# required. Value must be Numeric	If the PBP number is not numeric the system will generate an error Y/N/Blank
50	90	Prescriber Limitation or pharmacy limitation status field is invalid are 'Y' yes "N" no or blank	If the pharmacy limitation status is not equal to Y/N/Blank the system will generate an error
51	90	Valid drug class value is required	Drug class should be equal to OPI or BNZ
52	90	One or more of the following errors occurred: <ul style="list-style-type: none"> <li>• POS edit status is blank or N and POS edit code field is populated</li> <li>• POS edit status is Y but the POS edit code is blank</li> <li>• POS edit is not 'Y' yes 'N' no or blank (Space)</li> </ul>	If the POS edit status is equal to Y and POS edit code is not equal to PS1 or PS2 the system will generate an error
53	90	Valid drug class value is required	If the POS edit status is equal to N/I/T/Blank
54	61, 75	Invalid premium withhold status	The PPO MUST BE equal to D/S/R/O/N <ul style="list-style-type: none"> <li>• D=Direct pay</li> <li>• S=SSA benefits</li> <li>• R=RRB</li> <li>• O=OPM</li> <li>• N=No premium</li> </ul> The option applies to both Part C and D premiums

Item	Transaction type	ERROR Message	Error description and Plan action
55	61, 77	Segment ID must be numeric	The segment ID must be numeric. For Example '000'.
56	61, 77	Segment ID must be a 3 digit numeric value	The segment ID must be a length that is equal to 3. Example '003'.
57	51, 61, 72, 73, 74, 76, 77, 78, 79, 80, 81, 90, and 91	Gender MBD database mismatch	The gender code must match what is currently in the MBD database



Infocrossing  
601 Monroe St.  
Jefferson City, MO 65101

Customer Service: Helpdesk 877-833-3499