834 Benefit Enrollment and Maintenance Companion Guide
ANSI ASC X12N (Version 4010A1)
State of Washington
Department of Social & Health Services

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Approved By:

CNSI Project Manager		**DSHS Project Manager**
Date		**Date**

Disclaimer

This companion guide for the ANSI ASC X12N 834 transaction has been created for use in conjunction with the standard Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to Medicaid processing for Washington State DSHS. The guide also includes useful information about sending and receiving data to and from the ProviderOne system.

Revision History

Documented revisions are maintained in this document through the use of the Revision History Table shown below. All revisions made to this companion guide after the creation date are noted along with the date, page affected, and reason for the change.

Revision Level	Date	Page	Description	Change Summary
WAMMIS-CG834-00-00-01	01/14/08		Initial Document	
WAMMIS-CG834-00-00-02	03/26/08	All	Template for deliverable	Updated the entire document to use a CNSI standard deliverable document
		i, ii,iv	Cover Page	Changed cover page to match CNSI Formal deliverable
		5	Section 1: Introduction Section 1.1: Document Purpose	Updated Introduction based on DSHS feedback. 834 enrollment file is generated weekly
		7	Section 2.1.2: Testing Process	Updated the testing process section based on DSHS feedback
		9	Section 2.2: Retrieve batches via Web Interface	Updated screenshots based on DSHS feedback
		17	Section 3: Transaction Specifications	Updated table based on updated mapping document
	04/02/08		Re-delivery to DSHS	Revisions made based on DSHS feedback
WAMMIS-CG834-00-00-03	04/18/08		Incorporated DSHS comments, Updated Table of Contents	
WAMMIS-CG834-00-00-04	05/14/08	20	Updated Transaction Specificiations Comments	Updated Comments columns for Element Name Maintenance Reason Code and Employment Status Code.
WAMMIS-CG834-00-00-05	05/26/08		Comments from DSHS	2.3.1, 2.3.2 , 2.4.2
WAMMIS-CG834-00-00-06	06/27/08		Redelivered to DSHS	
WAMMIS-CG-834-01-01	06/28/08		Final Delivery	
WAMMIS-CG-834-01-02	07/16/08		Re-Delivery based on DSHS identification of deficiencies	
WAMMIS-CG-834-01-03	10/01/08		Re-Delivery based on DSHS suggested changes	Trading Partners Testing Procedures verbiage
WAMMIS-CG-834-01-04	10/16/08		Re-Delivery based on DSHS suggested changes	GS05 segment – time value and Comments update

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1 Introduction

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. This requires Washington State Department of Social and Health Services (DSHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions between covered entities (health care providers, health plans, and healthcare clearinghouses.

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were not imposed arbitrarily but were developed by processes that included significant public and private sector input.

1.1 Document Purpose

Companion Guides are used to clarify the exchange of information on HIPAA transactions between the DSHS ProviderOne system and its trading partners. DSHS defines trading partners as covered entities that either submit or retrieve HIPAA batch transactions to and from ProviderOne.

This Companion Guide provides information about the 834 Enrollment file that is specific to DSHS and DSHS trading partners. It will include both the 834 Audit and 834 Update. This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide listed below. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com.

- ASC X12N 834 (004010X095)
- ASC X12N 834 (004010X095A1) (Addenda)

1.1.1 Intended Users

Companion Guides are intended for members of the technical staffs of trading partners who are responsible for electronic transaction/file exchanges.

1.1.2 Relationship to HIPAA Implementation Guides

Companion Guides are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion Guide describes the technical interface environment with DSHS, including connectivity requirements and protocols, and electronic interchange

procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from DSHS.

Companion Guides are intended to supplement rather than replace the standard Implementation Guide for each transaction set. The information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

1.2 Transmission Schedule

834 Audit files will be posted a day after the Medicaid Enrollment Cut Off Date. The 834 Update files will be posted every Friday at 8 AM PST

2 Technical Infrastructure and Procedures

2.1 Technical Environment

2.1.1 Communication Requirements

This section will describe how trading partners will receive 834 Transactions from DSHS using 2 methods:

- Secure File Transfer Protocol (SFTP)
- ProviderOne Web Portal

2.1.2 Testing Process

Completion of the testing process must occur prior to production electronic retrieval from ProviderOne. Testing is conducted to ensure the following for maintaining HIPAA guidelines:

1. Syntactical integrity: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax, and compliance with X12 and NCPDP rules.
2. Syntactical requirements: Testing for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. It will also include testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.

Additional testing may be required in the future to verify any changes made to the ProviderOne system. Changes to the ANSI formats may also require additional testing. Assistance is available throughout the testing process.

Trading Partner Testing Procedures

1. ProviderOne companion guides and trading partner enrollment package are available for download via the web at http://maa.dshs.wa.gov/dshshipaa
2. The Trading Partner completes the Trading Partner Agreement and submits the signed agreement to DSHS.

   Submit to: Provider Enrollment
   PO Box 45562
   Olympia, WA 98504-5562

For Questions call 1-800-562-3022 option 2, then option 5

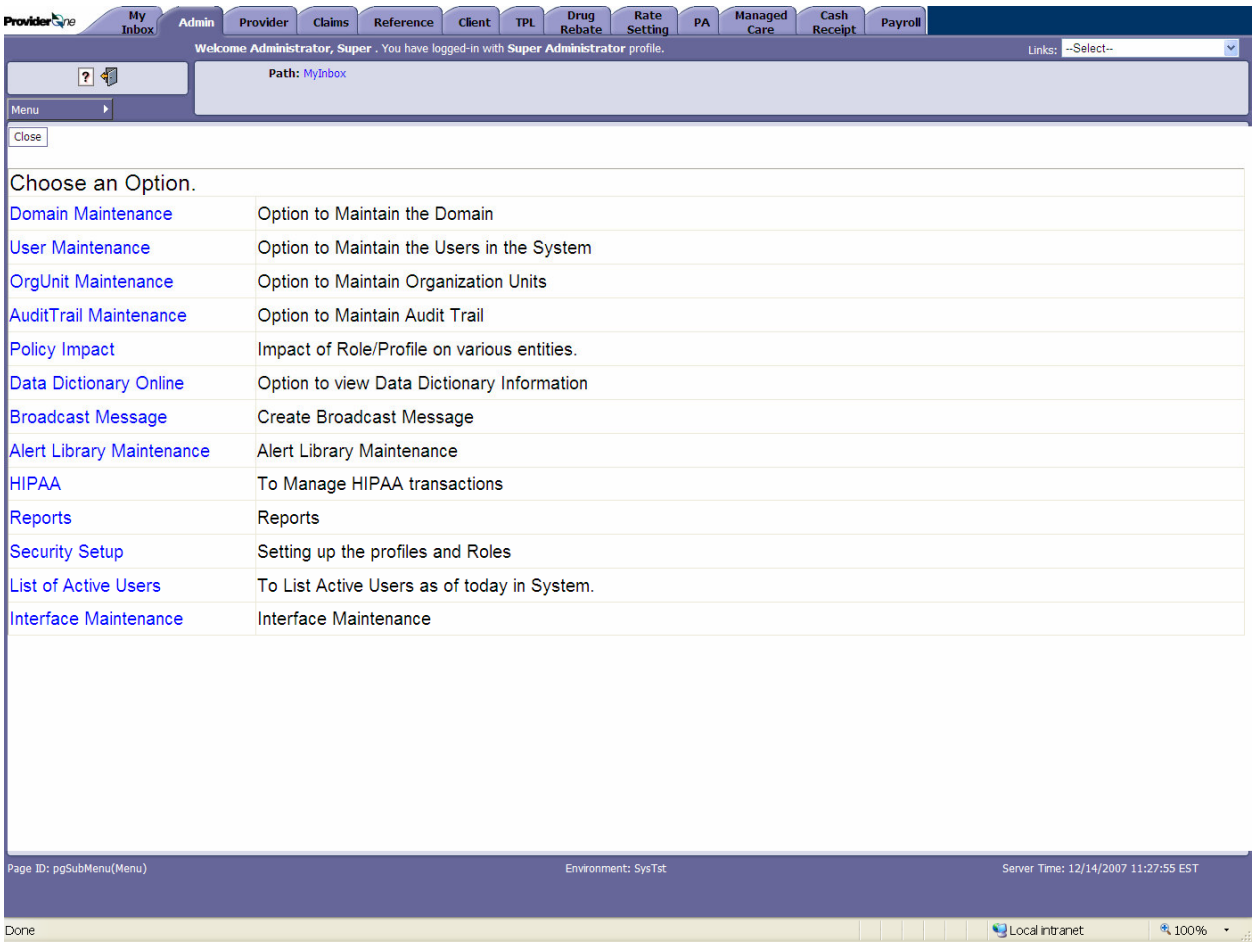
3. The trading partner is assigned a Submitter ID, Domain, Logon User ID and password.
4. ProviderOne system processes and validates all outbound HIPAA test files. It will be available for download via the ProviderOne web portal or Secure File Transfer Protocol (SFTP).
    - Web Portal URL: https://www.waproviderone.org/edi
    - SFTP URL: ftp.waproviderone.org
5. The trading partner downloads the file from the ProviderOne web portal or Secure File Transfer Protocol (SFTP).
6. If the test file download is successful and the trading partner's system accepts the file for processing, the trading partner is approved for transaction download in the ProviderOne production environment.
7. If the test file download is unsuccessful, the trading partner should immediately call 1-800-562-3022 to report the failure. They will continue testing in the testing environment until a successful download is completed.

2.1.3 Who to contact for assistance

- Telephone Number: 1-800-562-3022
    - Select option 2
    - Select option 4
    - Select option 2
    - All calls result in the assignment of a Ticket Number for problem tracking
- Hours: 8:00 AM – 5:00 PM Pacific Standard Time, Monday through Friday
- Information required for initial call:
    - Topic of Call (setup, procedures, etc.)
    - Name of caller
    - Submitter ID Number
    - Organization of caller
    - Telephone number of caller
    - Nature of problem (connection, receipt status, etc.)
- Information required for follow up call(s):
    - Assigned Ticket Number

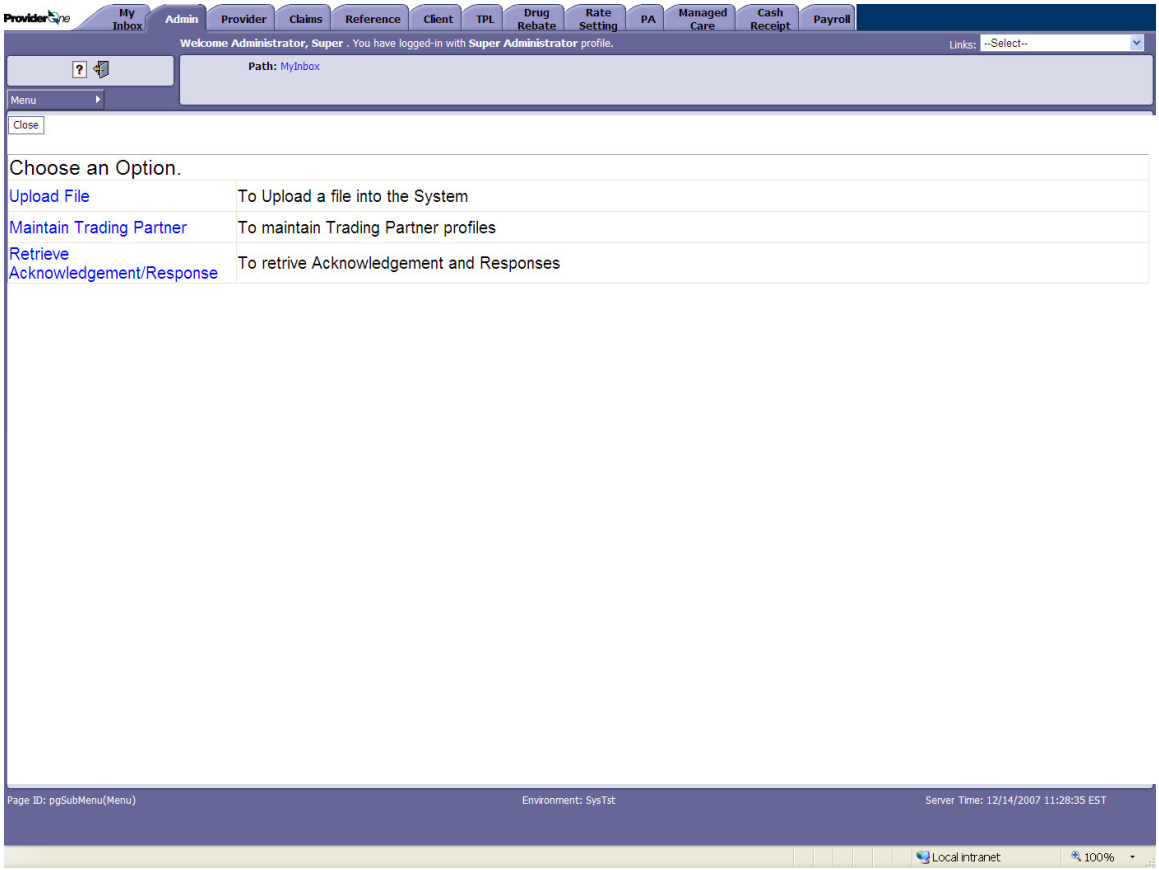
2.2 Retrieve batches via Web Interface

Once logged into the ProviderOne Portal, select the Admin Tab and the following options will be presented to the user:

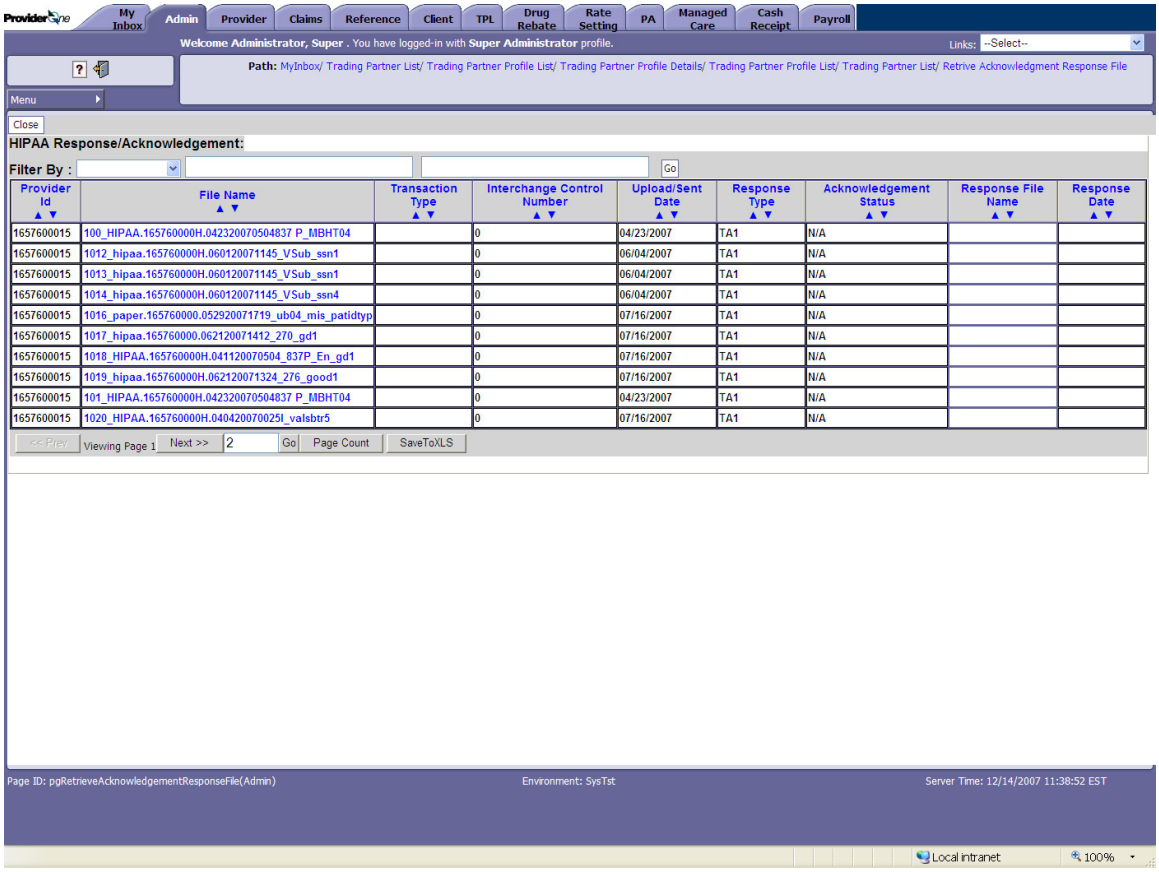


Click on the HIPAA option to manage the HIPAA transactions.

In the HIPAA Transaction Management screen, the user can Upload file and Retrieve Acknowledgement/Response as shown below:



Select Retrieve Acknowledgement/Response option from the HIPAA screen to retrieve Acknowledgements/Responses (TA1, 997, 271, 277, 820, 834, 835, or 277U) as shown below:



Provider Id	File Name	Transaction Type	Interchange Control Number	Upload/Sent Date	Response Type	Acknowledgement Status	Response File Name	Response Date
1657600015	100_HIPAA.165760000H.042320070504837 P_MBHT04		0	04/23/2007	TA1	N/A		
1657600015	1012_hipaa.165760000H.060120071145_VSub_ssn1		0	06/04/2007	TA1	N/A		
1657600015	1013_hipaa.165760000H.060120071145_VSub_ssn1		0	06/04/2007	TA1	N/A		
1657600015	1014_hipaa.165760000H.060120071145_VSub_ssn4		0	06/04/2007	TA1	N/A		
1657600015	1016_paper.165760000.052920071719_ub04_mis_patidtyp		0	07/16/2007	TA1	N/A		
1657600015	1017_hipaa.165760000.062120071412_270_gd1		0	07/16/2007	TA1	N/A		
1657600015	1018_HIPAA.165760000H.041120070504_837P_En_gd1		0	07/16/2007	TA1	N/A		
1657600015	1019_hipaa.165760000H.062120071324_276_good1		0	07/16/2007	TA1	N/A		
1657600015	101_HIPAA.165760000H.042320070504837 P_MBHT04		0	04/23/2007	TA1	N/A		
1657600015	1020_HIPAA.165760000H.040420070025I_valsbtr5		0	07/16/2007	TA1	N/A		

2.3 Set-up, Directory, and File Naming Convention

2.3.1 SFTP Set-up

Trading partners can contact 1-800-562-3022 for information on establishing connections through the FTP server. Upon completion of set-up, they will receive additional instructions on FTP usage.

2.3.2 SFTP Directory Naming Convention

SFTP Batch 834

2.3.3 File Naming Convention

The HIPAA Subsystem Package is responsible for assisting ProviderOne activities related to Electronic Transfer and processing of Health Care and Health Encounter Data, with a few exceptions or limitations.

HIPAA files are named:

For Outbound transactions:

HIPAA.<SubmitterID>.<datetimestamp>.<TxID>.O.<out>

Example of file name: HIPAA.123456700.122620072100.834.O.out

- <SubmitterID> is the Submitter ID
- <datetimestamp> is the Date Timestamp
- <TxID> is the Transaction ID.

2.4 Transaction Standards

2.4.1 General Information

HIPAA standards are specified in the Implementation Guide for each mandated transaction and modified by authorized Addenda. Currently, the 834 Enrollment has one Addendum. This Addendum has been adopted as final and is incorporated into DSHS requirements.

An overview of requirements specific to each transaction can be found in the 834 Implementation Guide. Implementation Guides contain information related to:

- Format and content of interchanges and functional groups
- Format and content of the header, detailer and trailer segments specific to the transaction
- Code sets and values authorized for use in the transaction
- Allowed exceptions to specific transaction requirements

Transmission sizes are limited based on two factors:

- Number of Segments/Records allowed by HIPAA standards
- DSHS file transfer limitations

HIPAA standards for the maximum file size of each transaction set are specified in the 834 Implementation Guide. The 834 Implementation Guide recommends a limit of 10,000 INS Member Level Detail Segments in the 2000 Member Level Detail Loop.

DSHS has no size limitations for postings to its FTP Server.

<u>834 Transactions</u>

The DSHS translator maintains segment counts and will automatically limit 834 Transactions (data between ST and SE Segments) to 10,000 INS Segments. As MCOs and RSNs might have greater than 10,000 members they might receive 834 files with multiple transaction sets within a functional group.

2.4.2 Data Format

Delimiters

The ProviderOne will use the following delimiters on outbound transactions:

- Data element separator, Asterisk, (*)
- Sub-element Separator, Vertical Bar, (:)
- Segment Terminator, Tilde, (~)

Dates

The following rules apply to any dates in the 834 transaction:

- For the 834 transaction, all dates will be formatted according to Year 2000 compliance, CCYYMMDD, except for the ISA09 element where the date format is YYMMDD.
- The only value acceptable for "CC" (century) is 20. The exception to this rule is for any of the Date of Birth values.
- Time is in military time format, 1 to 24 to indicate hours and 00 to 59 to indicate minutes and/or seconds. ISA10 and GS05 elements are formatted HHMM (ie 2115 defines the time of 9:15 p.m). BGN04 element is HHMMSS (ie 211515 defines the time of 9:15:15 p.m.).
- No spaces or character delimiters should be used in presenting dates or times.
- Dates that are logically invalid (e.g. 20071301) are rejected.
- Dates must be valid within the context of the transaction. For example, a Member's Birth Date cannot be after the file effective date or the Member level dates or the Coverage level dates.

Field Length

HIPAA regulations specify field lengths for all of the data elements of the 834 Benefit Enrollment and Maintenance transaction. For some of these data elements, ProviderOne processes fewer characters than the maximum allowed. The Transaction Specifications in section 5 display the ProviderOne field lengths.

Phone Numbers

Phone numbers are presented as contiguous number strings, without dashes or parenthesis markers. For example, the phone number (800) 555-1212 should be presented as 8005551212. Area codes should always be included.

2.4.3 Data Interchange Conventions

When transmitting 834 Transactions, DSHS follows standards developed by the Accredited Standards Committee (ASC) of the American National Standards Institute (ANSI). These standards involve Interchange (ISA/IEA) and Functional Group (GS/GE) Segments or “outer envelopes”. All 834 Transactions are enclosed in transmission level ISA/IEA envelopes and, within transmissions, functional group level GS/GE envelopes. The segments and data elements used in outer envelopes are documented in Appendix B1 of the 834 Implementation Guide. Specific information on how individual data

elements are populated by DSHS on ISA/IEA and GS/GE envelopes are shown in the table beginning later in this section.

The ISA/IEA Interchange Envelope, unlike most ASC X12 data structures has fixed field length. The entire data length of the data element should be considered and padded with spaces if the data element length is less than the field length.

Example of ISA with the entire data length with padded spaces:

ISA*00* *00* *ZZ*123456789 *ZZ*77045
*040303*1300*U*00401*000001001*1*T*:~

DSHS transmits 834 Transaction files with single ISA/IEA and GS/GE envelopes. 834 Enrollment Transactions, with their limit of 10,000 members per transaction, sometimes have multiple transactions (as defined by ST and SE Segments) within the same GS/GE envelope.

2.4.4 Acknowledgement Procedures

N/A

2.4.5 Rejected Transmissions and Transactions

DSHS will validate all 834 transactions up to HIPAA validation levels 1 and 2. If a receiver rejects any part of a transmission, they must reject the entire transmission. Data on rejected 834 transmissions should not be used to update receiver's databases as DSHS will resend a corrected full-file replacement. DSHS transmits 834 Transactions within a single functional group, even when multiple transactions (ST through SE Segments) are required.

3 Transaction Specifications

Page	Loop	Segment	Data Element	Element Name	Comments
Interchange Control Header					
App. B	Header	ISA	01	Authorization Information Qualifier	This field will be populated with '00' – No Authorization information.
App. B	Header	ISA	02	Authorization Information	This field will be populated with Spaces.
App. B	Header	ISA	03	Security Information Qualifier	This field will be populated with '00' – No Security information.
App. B	Header	ISA	04	Security Information	This field will be populated with Spaces.
App. B	Header	ISA	05	Interchange ID Qualifier	This field will be populated with 'ZZ'.
App. B	Header	ISA	06	Interchange Sender ID	This field will be populated with '77045'- WA State DSHS Sender ID
App. B	Header	ISA	07	Interchange ID Qualifier	This field will be populated with 'ZZ'
App. B	Header	ISA	08	Interchange Receiver ID	This field will be populated with the 9 Digit ProviderOne ID of the receiver.
App. B	Header	ISA	09	Interchange Date	This field will be populated with System Date Format - YYMMDD
App. B	Header	ISA	10	Interchange Time	This field will be populated with System Time Format = HHMM
App. B	Header	ISA	11	Interchange Control Standards Identifier	This field will be populated with 'U'

Page	Loop	Segment	Data Element	Element Name	Comments
App. B	Header	ISA	12	Interchange Control Version Number	This field will be populated with '00401'
App. B	Header	ISA	13	Interchange Control Number	This field will be populated with the Interchange Control Number. Note ISA13 = IEA02
App. B	Header	ISA	14	Acknowledgment Requested	This field will be populated with '0' – no Acknowledgement
App. B	Header	ISA	15	Usage Indicator	This field will be populated with 'P' in Production Mode and 'T' in Test Mode.
App. B	Header	ISA	16	Component Element Separator	This field will be populated with Value = ":"
Functional Group Header					
App. B	Header	GS	01	Functional Identifier Code	This field will be populated with 'BE' – Benefit Enrollment
App. B	Header	GS	02	Application Sender's Code	This field will be populated with '77045' - WA State DSHS Sender ID
App. B	Header	GS	03	Application Receiver's Code	This field will be populated with the 9 Digit ProviderOne ID of the receiver.
App. B	Header	GS	04	Date	This field will be populated with the System Date. CCYYMMDD
App. B	Header	GS	05	Time	This field will be populated with System Time HHMM
App. B	Header	GS	06	Group Control Number	This field will be populated with Group Control Number. Note GS06 = GE02

Page	Loop	Segment	Data Element	Element Name	Comments
App. B	Header	GS	07	Responsible Agency Code	This field will be populated with 'X' for X12.
App. B	Header	GS	08	Version / Release / Industry Identifier Code	This field will be populated with '004010X095A1' X12 version number for the 834 transaction.
Transaction Set Header					
App. B	Header	ST	01	Transaction Set Identifier Code	This Field will be populated with '834'
App. B	Header	ST	02	Transaction Set Control Number	Calculated sequential number
Beginning Segment					
28	Header	BGN	01	Transaction Set Purpose Code	'00' – Original. Copy of the original will be available from archive.
29	Header	BGN	02	Reference Identification	This field will be populated with the Sender's Reference Number
29	Header	BGN	03	Date	The date the file was created
29	Header	BGN	04	Time	The time of day the file was created
29	Header	BGN	05	Time Code	Time Zone Code – Use this code if the sender and receiver are not in the same time zone.
31	Header	BGN	08	Action Code	Values are: '2' = Change (Update) '4' = Verify (Audit)
Transaction Set Policy Number Segment					
32	Header	REF	01	Reference Identification Qualifier	This field will be populated with '38'

Page	Loop	Segment	Data Element	Element Name	Comments
33	Header	REF	02	Reference Identification	Master Policy Number – Health Plan ID Number – 9-digit ProviderOne ID Number (1st 7 digits – numeric, last 2 digits – alpha-numeric) e.g. 1234567AA
File Effective Date					
34	Header	DTP	01	Date/Time Qualifier	007 = Effective
34	Header	DTP	02	Date Time Period Format Qualifier	D8 = Date expressed in format CCYYMMDD
34	Header	DTP	03	Date Time Period	File Effective Date. Format is 'CCYYMMDD'.
Sponsor Name					
35	1000A	N1	01	Plan Sponsor	This field will be populated with ‘P5’
36	1000A	N1	02	Name	This field will be populated with ‘WA State DSHS’
36	1000A	N1	03	Identification Code Qualifier	This field will be populated with ‘FI’.
36	1000A	N1	04	Identification Code	This field will be populated with ‘91-6001088’.
Payer Name					
37	1000B	N1	01	Entity Identifier Code	This field will be populated with ‘IN’ - Insurer.
38	1000B	N1	02	Name	This field will be populated with the Payer Name (i.e. Columbia United Providers; Molina, Regence etc.)

Page	Loop	Segment	Data Element	Element Name	Comments
38	1000B	N1	03	Identification Code Qualifier	This field will be populated with 'FI'.
38	1000B	N1	04	Identification Code	This field will be populated with the Payer Tax-ID/Employer Identification Number
Member Level Detail					
44	2000	INS	01	Yes/No Condition Response Code	This field is populated with 'Y' (insured is always the subscriber).
44-45	2000	INS	02	Individual Relationship Code	This field is populated with '18' for Self/Subscriber.
45	2000	INS	03	Maintenance Type Code	Code Values used: • 001 – Change • 021 – Additions • 024 – Terminations • 025 – Reinstatement • 030 – Audit
46-47	2000	INS	04	Maintenance Reason Code	Code values used: • 03 – Death • 07 –Termination of Benefits • 14 – Voluntary Withdrawal • 21 – Disability • 22 – Plan Change • 25 – Change in Identifying Data Elements • 28 – Initial Enrollment • 33 – Personnel Data • 41 – Re-enrollment • 43 – Change of Location • XN – Notification Only • AI – No Reason Given

Page	Loop	Segment	Data Element	Element Name	Comments
47	2000	INS	05	Benefit Status Code	Populated with 'A' Active.
48	2000	INS	06	Medicare Plan Code	This field will always be populated with 'E'.
49	2000	INS	08	Employment Status Code	This will be 'FT' on Audit and Update file except in the case of terminations where the value will be 'TE'
49	2000	INS	10	Handicap Indicator	This field is populated with 'Y' or 'N'
50	2000	INS	11	Date Time Period Format Qualifier	'D8' Send when required by X12 syntax
50	2000	INS	12	Date Time Period	Client Date of Death in the CCYYMMDD format.
50	2000	INS	17	Birth Sequence Number	Required if reporting family members with the same birth date, when needed for proper reporting, tracking or response to benefits. E.g. '1' For twin #1 and '2' for twin #2
Subscriber Number					
51	2000	REF	01	Reference Identification Qualifier	This field is populated with '0F' Subscriber Number.
52	2000	REF	02	Reference Identification	This field is populated with Medicaid ProviderOne Client Identification Number in the following format. 9-digit numeric and 2-digit alpha. e.g. 123456789WA

Member Policy Number					
55	2000	REF	01	Reference Identification Qualifier	'1L' – Group or policy number
56	2000	REF	02	Reference Identification Number	9 chr AN format (1st 7 digits - numeric, last 2 digits - alpha-numeric) "1234567AA"
Member Identification Number					
55	2000	REF	01	Reference Identification Qualifier	Recipient Identification Qualifier 'DX' – CSOR '23' – ACES ID '3H' – AUID 'Q4' – Prior ProviderOne ID '17' – HCA MBMS ID 'ZZ' – Transaction Set ID (link to 820)
56	2000 & Addenda Pg 10	REF	02	Reference Identification Number	When REF01 = 'DX', this field will be the 'CSOR'. When REF01 = '23', this field will be the ACES ID. When REF01 = '3H', this field will AUID. When REF01 = 'Q4', this field will be the client's Prior ProviderOne ID. When REF01 = '17', this field will be the HCA MBMS ID. When REF01 = 'ZZ', this field will be the Transaction Set ID link to the 820.

Member Level Dates					
59	2000	DTP	01	Date/Time Qualifier	This field is populated with: '473' for Medicaid Eligibility Begin Date '474' for Medicaid Eligibility End Date '357' for Terminations/Eligibility End '356' for Initial Eligibility Begin Date '303' for Maintenance Effective
60	2000	DTP	02	Date Time Period Format Qualifier	This field is populated with 'D8'
60	2000	DTP	03	Date Time Period	This field is populated with Status Information Effective Date in CCYYMMDD format.
Member Name					
62	2100A	NM1	01	Entity Identifier Code	This field is populated with 'IL' (Insured or Subscriber) or '74' (Corrected Insured).
62	2100A	NM1	02	Entity Type Code	This field is populated with '1' (Person).
62	2100A	NM1	03	Name Last or Organization Name	This field is populated with Medicaid Client's Last Name.
62	2100A	NM1	04	Name First	This field is populated with Medicaid Client's First Name.
62	2100A	NM1	05	Name Middle	This field is populated with Medicaid Client's Middle Initial.
62	2100A	NM1	06	Name Prefix	Send if supplied by subscriber
62	2100A	NM1	07	Name Suffix	Send if supplied by subscriber

63	2100A	NM1	08	Identification Code Qualifier	Client ID Qualifier This field is populated with '34'.
63	2100A	NM1	09	Identification Code	This field is populated with Medicaid Client's Social Security Number.
Member Communication Numbers					
65	2100A	PER	01	Contact Function Code	Insured Party This field is populated with 'IP'.
65	2100A	PER	03	Communication Number Qualifier	'TE' - Phone Number
65	2100A	PER	04	Communication Number	This field is populated with Medicaid Client's Phone Number.
65	2100A	PER	05	Communication Number Qualifier	'TE' - Phone Number
66	2100A	PER	06	Communication Number	This field is populated with the Medicaid Client's Other Phone Number.
Member Residence Street Address					
67	2100A	N3	01	Address Information	Address Information Line 1. Note: This is the client's residence address.
67	2100A	N3	02	Address Information	Address Information Line 2 – Populated if second address line exists. Note: This is the client's residence address.
Member Residence City, State, Zip Code					
68	2100A	N4	01	City Name	City Name Note: This is the client's residence address.

68	2100A	N4	02	State or Province Code	State or Province Code Note: This is the client's residence address.
69	2100A	N4	03	Postal Code	Postal Code Medical Residential Zip Code. Note: This is the client's residence address
69	2100A	N4	05	Location Qualifier	Populated with '60'
69	2100A	N4	06	Location Identifier	Populated with the Rate Region Code
Member Demographics					
71 & Addenda Pg 13	2100A	DMG	01	Date Time Qualifier	This field is populated with 'D8'
71 & Addenda Pg 13	2100A	DMG	02	Date Time Period	Recipient Birth Date Populated with Medicaid Client's Date of Birth in the CCYYMMDD format.
71 & Addenda Pg 13	2100A	DMG	03	Gender Code	'M' – Male 'F' – Female 'U' – Unknown

72 & Addenda Pg 14	2100A	DMG	05	Race or Ethnicity Code	7 – Not Provided 8 – Not Applicable A – Asian or Pacific Islander B – Black C – Caucasian D – Subcontinent Asian American E – Other Race or Ethnicity F – Asian Pacific American G – Native American H – Hispanic I – American Indian or Alaskan Native J – Native Hawaiian N – Black (Non-Hispanic) O – White (Non-Hispanic) P – Pacific Islander Z – Mutually Defined
72 & Addenda Pg 14	2100A	DMG	06	Citizenship Status Code	Citizen Status '1' – US citizen '3' – Resident Alien (to be corrected from the '5')
Member Language					
79	2100A	LUI	01	Identification Code Qualifier	Populated with 'LE'.
79	2100A	LUI	02	Identification Code	Populated with Language Code
Incorrect Member Name					
81	2100B	NM1	01	Entity Identifier Coder	When the Incorrect Member loop 2100B is used and NM101 = 70, the entity identifier in loop 2100A must be NM101 = 74.
81	2100B	NM1	02	Entity Type Qualifier	'1' Person
81	2100B	NM1	03	Name Last or Organizational Name.	Prior incorrect insured last name.

81	2100B	NM1	04	Name First	Prior incorrect insured first name
81	2100B	NM1	05	Name Middle	Prior incorrect insured middle name
81	2100B	NM1	06	Name Prefix	Prior incorrect insured name prefix. Send if supplied by the subscriber
81	2100B	NM1	07	Name Suffix	Prior incorrect insured name suffix. Send if supplied by the subscriber
82	2100B	NM1	08	Identification Code Qualifier	Populated with '34' Prior incorrect insured Social Security Number
82	2100B	NM1	09	Identification Code	Prior incorrect insured Social Security Number.
Incorrect Member Demographics					
83	2100B	DMG	01	Date Time Period Format Qualifier	This field will be populated with 'D8'
84	2100B	DMG	02	Date Time Period	This field will be populated with the Prior incorrect insured birth date.
84	2100B	DMG	03	Gender Code	This field will be populated with the Prior incorrect insured gender code. 'F' – Female 'M' – Male 'U' – Unknown
Member Mailing Address					
85	2100C	NM1	01	Entity Identifier Code	This is '31'
86	2100C	NM1	02	Entity Type Qualifier	This is '1'

Member Mailing Street Address					
87	2100C	N3	01	Address Information	Address Information Line 1 Note: This is the mailing address in ProviderOne if populated. If mailing address is not populated this will be the Residence address.
87	2100C	N3	02	Address Information	Address Information Line 2 - Populated if second address line exists. Note: This is the mailing address in ProviderOne if populated. If mailing address is not populated this will be the Residence address.
Member Mail City, State, Zip					
88	2100C	N4	01	City Name	City Name Note: This is the mailing address in ProviderOne if populated. If mailing address is not populated this will be the Residence address.
88	2100C	N4	02	State or Province Code	State or Province Code Note: This is the mailing address in ProviderOne if populated. If mailing address is not populated this will be the Residence address.

88	2100C	N4	03	Postal Code	Medicaid Client Zip Code Note: This is the mailing address in ProviderOne if populated. If mailing address is not populated this will be the Residence address.
Custodial Parent					
Note: Use of Loop 2100F to identify custodial parent: 2100F Custodial Parent will be used to retain the name of a newborn's mother.					
107	2100F	NM1	01	Entity Identifier Coder	'S3' for Custodial Parent
107	2100F	NM1	02	Entity Type Qualifier	'1' Person
107	2100F	NM1	03	Name Last or Organizational Name.	Mother's last name.
107	2100F	NM1	04	Name First	Mother's first name
107	2100F	NM1	05	Name Middle	Mother's middle name
107	2100F	NM1	06	Name Prefix	Mother's name prefix. Send if supplied by the subscriber
81	2100F	NM1	07	Name Suffix	Mother's name suffix. Send if supplied by the subscriber
82	2100F	NM1	08	Identification Code Qualifier	Populated with '34' Mother's Social Security Number
82	2100F	NM1	09	Identification Code	Mother's Social Security Number.
Custodial Parent Communication Number					
110	2100F	PER	01	Contact Function Code	Parent or Guardian This field is populated with 'PQ'.
110	2100F	PER	02	Communication Number Qualifier	'TE' - Phone Number
110	2100F	PER	04	Communication Number	This field is populated with Mother's Phone Number.

110	2100F	PER	05	Communication Number Qualifier	'TE' - Phone Number
111	2100F	PER	06	Communication Number	The Mother's Other Phone Number will be provided here.
Custodial Parent Street Address					
112	2100F	N3	01	Address Information	Address Information Line 1.
112	2100F	N3	02	Address Information	Address Information Line 2 – populated if second address line exists.
Custodial Parent City, State, Zip					
113	2100F	N4	01	City Name	City Name
113	2100F	N4	02	State or Province Code	State or Province Code
114	2100F	N4	03	Postal Code	Postal Code
Responsible Person					
Note: Use of Loop 2100G to identify Responsible Party: 2100G Responsible Party Loop will be used to pass the Head of Household Information					
115	2100G	NM1	01	Entity Identifier Coder	'QD' for Responsible Party
116	2100G	NM1	02	Entity Type Qualifier	'1' Person
116	2100G	NM1	03	Name Last or Organizational Name.	Head of Household's last name.
116	2100G	NM1	04	Name First	Head of Household's first name
116	2100G	NM1	05	Name Middle	Head of Household's middle name
116	2100G	NM1	06	Name Prefix	Head of Household's name prefix. Send if supplied by the subscriber
116	2100G	NM1	07	Name Suffix	Head of Household's name suffix. Send if supplied by the subscriber

117	2100G	NM1	08	Identification Code Qualifier	Populated with '34' Head of Household's Social Security Number
117	2100G	NM1	09	Identification Code	Head of Household's Social Security Number.
Responsible Person Communication Numbers					
119	2100G	PER	01	Contact Function Code	Head of Household This field is populated with 'RP'.
119	2100G	PER	03	Communication Number Qualifier	'TE' - Phone Number
119	2100G	PER	04	Communication Number	This field is populated with the Head of Household's Phone Number.
119	2100G	PER	05	Communication Number Qualifier	'TE' - Phone Number
120	2100G	PER	06	Communication Number	This field is populated with the Head of Household's Other Phone Number
Responsible Person Street Address					
121	2100G	N3	01	Address Information	Address Information Line 1.
121	2100G	N3	02	Address Information	Address Information Line 2 – populated if second address line exists.
Responsible Person City, State, Zip					
122	2100G	N4	01	City Name	City Name
122	2100G	N4	02	State or Province Code	State or Province Code
123	2100G	N4	03	Postal Code	Postal Code

Health Coverage					
128 -129	2300	HD	01	Maintenance Type Code	Populated with: '001' - Change '021' – Addition '024' – Cancellation or Termination '025' – Reinstatement '030' – Audit
129-130	2300	HD	03	Insurance Line Code	This field is populated with 'HMO' or 'PRA'.
130	2300	HD	04	Plan Coverage Description	This field has 49 characters and is coded as follows: Rate Cohort Combination (5 N) Premium Determinant RAC (4 AN) Medicare Status (2 AN) Pregnancy Due Date (8 - MMDDYYYY) Self Assessment (1 AN) Special Needs Indicator (1 AN) Surgery Date (8 - MMDDYYYY) Recertification Date (8 - MMDDYYYY) PRR Indicator (1 AN) Client Exception Indicator (1 AN) Expected Delivery Date (8 - MMDDYYYY) Transaction Reason (2 AN)

Health Coverage Dates					
132-133	2300	DTP	01	Date/Time Qualifier	'303' = Audit file effective date of plan coverage (No change from previous months) '348' = Health Plan coverage Begin Date (used in Update file for all "new adds") '349' = Health Plan coverage End Date (used in Update file when plan coverage is terminated but Medicaid eligibility continues)
133	2300	DTP	02	Date Time Period Format Qualifier	This field is populated with 'D8'
133	2300	DTP	03	Date Time Period	CCYYMMDD Date Plan Coverage Begins/Ends in Update file or first day of the Month (for which premium info is being sent) in the Audit file.
Health Coverage Policy					
134	2300	AMT	01	Amount Qualifier Code	'P3'-Premium Amount
134	2300	AMT	02	Monetary Amount	Amount of Premium to be paid
Provider Information					
139	2310	LX	01	Assigned Number	Use this sequential number for LX loops for this insured person.

Provider Name					
141	2310	NM1	01	Entity Identifier Coder	'P3' – Primary Care Provider '3D' – Obstetrics & Gynecology 'Y2' – Managed Care Organization
141	2310	NM1	02	Entity Type Qualifier	'1' – Person '2' – Non-Person Entity
141	2310	NM1	03	Name Last or Organizational Name.	Provider Last or Organizational Name – The name will only be shown when the sponsor is not able to provide the National Provider Identification Number (NPI) in NM109.
141	2310	NM1	04	Name First	Provider First Name The name will only be shown when the sponsor is not able to provide the Provider NPI in NM109.
141	2310	NM1	05	Name Middle	Provider middle name The name will only be shown when the sponsor is not able to provide the Provider NPI in NM109.
142	2310	NM1	08	Identification Code Qualifier	This field will be populated with 'XX' for the NPI when available.
142	2310	NM1	09	Identification Code	This field will be populated with the provider NPI. If the NPI is not available, the Provider name will be populated in NM103, NM104, NM105.

142	2310	NM1	10	Entity Relationship Code	'25' – Established Patient '26' – Non-Established Patient '72' - Unknown
Provider City, State, Zip Code					
143	2310	N4	01	City Name	Provider City Name
143	2310	N4	02	State or Province Code	Provider State Code
144	2310	N4	03	Postal Code	Provider Postal Zone or Zip Code
144	2310	N4	04	County Code	Required only if country is not U.S.
144	2310	N4	05	Location Qualifier	'60' – Area - The area code indicates that N406 will contain an out-of-area indicator for this member. 'CY' – County/Parish 'RJ' – Region – use for region or group of the PCP.
144	2310	N4	06	Location Identifier	This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber.
Provider Communication Numbers					
146	2310	PER	01	Contact Function Code	This field is populated with 'IC' – for information contact.
146	2310	PER	03	Communication Number Qualifier	'TE' – Phone Number

146	2310	PER	04	Communication Number	This field is populated with Provider's Phone Number.
146	2310	PER	05	Communication Number Qualifier	'TE' - Phone Number
146	2310	PER	06	Communication Number	This field is populated with the Provider's email address when available.
Coordination of Benefits					
150	2320	COB	01	Payer Responsibility Sequence Number Code	'P' – for Primary 'S' – for Secondary 'T' – for Tertiary 'U' – for Unknown
151	2320	COB	02	Reference Identification	Insured group or policy number. Always supply the policy number when available.
151	2320	COB	03	Coordination of Benefits Code	'1' – Coordination of Benefits '5' – Unknown '6' – No coordination of benefits. Use this code to verify that it was determined that there is no COB
Additional Coordination of Benefits Identifiers					
152	2320	REF	01	Reference Identification Qualifier	This field will be populated with '6P' – for Group Number.
153	2320	REF	02	Reference Identification	This will be the insured Group or Policy Number.
Other Insurance Company Name					
154	2320	N1	01	Entity Identifier Code	This field will be populated with 'IN'.
154	2320	N1	02	Name	This field will be populated with the Insurer Name.

155	2320	N1	03	Identification Code Qualifier	This field will be populated with 'FI' – Federal Taxpayer's Identification Number
155	2320	N1	04	Identification Code	This field will be populated with the Federal Taxpayer's Identification Number of the COB Payer.
Coordination of Benefits Eligibility Dates					
156	2320	DTP	01	Date/Time Qualifier	This field will be populated with: '344' – Coordination of Benefits Begin '345' – Coordination of Benefits End
156	2320	DTP	02	Date/Time Period Format Qualifier	This field will be populated with 'D8'
157	2320	DTP	03	Date Time Period	This field will be populated with the Coordination of Benefits date.
Transaction Set Trailer					
158	Trailer	SE	01	Number of Included Segments	This field will be populated with the number of included segments.
158	Trailer	SE	02	Transaction Set Control Number	This field will be populated with the Transaction Set Control Number.
Functional Group Trailer					
App. B	Trailer	GE	01	Number of Transaction Sets Included	This field will be populated with the Number of Included Transaction Sets.
App. B	Trailer	GE	02	Group Control Number	This field will be populated with the Group Control Number. Note GE02 = GS06

Interchange Control Trailer					
App. B	Trailer	IEA	01	Number of Included Functional Groups	This field will be populated with the number of included Functional Groups.
App. B	Trailer	IEA	02	Interchange Control Number	This field will be populated with the Interchange Control Number. Note IEA02 = ISA13.

Appendix A - Maintenance Reason Codes

Transaction Type	Transaction Reason Code	Transaction Reason Code Description	Comments	HIPAA Maintenance Type Code	HIPAA Maintenance Reason Code	HIPAA Maintenance Reason Code Description
Enrollment	23	EDD not > 60 from EED	Future Enrollment: Expected Delivery Date not greater than 60 days from Enrollment Effective Date	021	28	Initial Enrollment
	AA	Auto Assignment		021	28	Initial Enrollment
	AC	Assignment Confirmed		021	28	Initial Enrollment
	BE	BHP+ Enrollment		021	28	Initial Enrollment
	BM	BHP+ Mismatch	Historic reason code	021	28	Initial Enrollment
	CC	Client Choice		021	28	Initial Enrollment
	CS	County Status Change		021	28	Initial Enrollment
	EF	External File		021	28	Initial Enrollment
	ER	Enrollment Reconnect		021	28	Initial Enrollment
	IP	Internal Process/Audit		021	28	Initial Enrollment
	MP	Mom in different plan		021	28	Initial Enrollment
	MU	Multiplan		021	28	Initial Enrollment
	NE	Newborn Enrollment		021	28	Initial Enrollment
	NP	New Program		021	28	Initial Enrollment
	OC	Plan Ownership Change		021	28	Initial Enrollment

Transaction Type	Transaction Reason Code	Transaction Reason Code Description	Comments	HIPAA Maintenance Type Code	HIPAA Maintenance Reason Code	HIPAA Maintenance Reason Code Description
	OE	Open Enrollment		021	28	Initial Enrollment
	PC	Program Change		021	28	Initial Enrollment
	PM	Program Manager		021	28	Initial Enrollment
	PT	Plan Termination		021	28	Initial Enrollment
	RT	Re-enrollment		021	41	Re-enrollment
	SA	Service Area Change		021	28	Initial Enrollment
	ST	System Transfer		021	28	Initial Enrollment
	WP	Wrong Plan		021	28	Initial Enrollment
Disenrollment	1	AI/AN	American Indian/ Alaskan Native	024	14	Voluntary Withdrawal
	2	Homeless		024	07	Termination of Benefits
	3	Voluntary County		024	14	Voluntary Withdrawal
	4A	Foster Care		024	07	Termination of Benefits
	4B	Foster Care Relative		024	07	Termination of Benefits
	5	CSHCN	Children with Special Healthcare Needs	024	07	Termination of Benefits
	6	Inpatient Drug Treatment Facility		024	07	Termination of Benefits
	7A	Out of Service Area - Plan	Plan Request	024	07	Termination of Benefits
	7B	Out of Service Area - Client	Client Request	024	14	Voluntary Withdrawal

Transaction Type	Transaction Reason Code	Transaction Reason Code Description	Comments	HIPAA Maintenance Type Code	HIPAA Maintenance Reason Code	HIPAA Maintenance Reason Code Description
	8A	Medical Determinatio n		024	14	Voluntary Withdrawal
	8B	Medical Provider Not Available		024	14	Voluntary Withdrawal
	8C	Pharmaceutic al Concern		024	14	Voluntary Withdrawal
	8D	Access to Care Concern		024	14	Voluntary Withdrawal
	8E	Svc & Qual of Care Concern	Service and Quality of Care Concern	024	14	Voluntary Withdrawal
	8F	Medical Provider Available		024	14	Voluntary Withdrawal
	8G	Non-medical Service Concern		024	14	Voluntary Withdrawal
	8H	Nursing Home Provider Not Available		024	14	Voluntary Withdrawal
	8I	Nursing Home LTC		024	14	Voluntary Withdrawal
	8J	Home Birth		024	07	Termination of Benefits
	8K	Birthing Center		024	07	Termination of Benefits
	8L	Provider Concern		024	07	Termination of Benefits
	9	Program Manager		024	07	Termination of Benefits
	10	SSI/SDX		024	07	Termination of Benefits
	11	TPL	Third Party Liability	024	07	Termination of Benefits
	12	TPL-State Paid Premiums	Third Party Liability-State Paid Premiums	024	07	Termination of Benefits

Transaction Type	Transaction Reason Code	Transaction Reason Code Description	Comments	HIPAA Maintenance Type Code	HIPAA Maintenance Reason Code	HIPAA Maintenance Reason Code Description
	13	High Risk Pregnancy - 1st	High Risk Pregnancy and OB Provider not in Plan (1st Trimester)	024	14	Voluntary Withdrawal
	14	High Risk Pregnancy - 2nd	High Risk Pregnancy and OB Provider not in Plan (2nd Trimester)	024	14	Voluntary Withdrawal
	15	High Risk Pregnancy - 3rd	High Risk Pregnancy and OB Provider not in Plan (3rdt Trimester)	024	14	Voluntary Withdrawal
	16	Current Treatment Plan	Current Treatment Plan Maintenance	024	14	Voluntary Withdrawal
	17	Limited English		024	14	Voluntary Withdrawal
	18	Prefers FFS	Client Prefers Fee-For-Service in Voluntary County	024	14	Voluntary Withdrawal
	19	Voluntary Program		024	14	Voluntary Withdrawal
	20	Involuntary Disenrollment	Involuntary Disenrollment per Plan	024	07	Termination of Benefits
	21	Plan Termination		024	07	Termination of Benefits
	22	Hospice		024	07	Termination of Benefits
	24	Loss of Eligibility		024	07	Termination of Benefits
	25	Exception to Policy		024	07	Termination of Benefits
	26	LTC K01 Program		024	07	Termination of Benefits
	27	Purdy Child		024	07	Termination of Benefits
	28	Other		024	AI	No Reason

Transaction Type	Transaction Reason Code	Transaction Reason Code Description	Comments	HIPAA Maintenance Type Code	HIPAA Maintenance Reason Code	HIPAA Maintenance Reason Code Description
						Given
	AE	Assignment Error		024	07	Termination of Benefits
	AL	Alien		024	07	Termination of Benefits
	AR	Assignment Retracted		024	07	Termination of Benefits
	BE	BHP+ Enrollment		024	07	Termination of Benefits
	BM	BHP+ Mismatch	Historic reason code	024	07	Termination of Benefits
	BP	BHP Pregnant		024	07	Termination of Benefits
	CC	Client Choice		024	14	Voluntary Withdrawal
	CD	Client Deceased		024	03	Death
	CS	County Status Change		024	07	Termination of Benefits
	EE	Enrollment Error		024	07	Termination of Benefits
	EF	External File		024	07	Termination of Benefits
	IP	Internal Process/Audit		024	07	Termination of Benefits
	MM	Mom not in Managed Care		024	07	Termination of Benefits
	MP	Mom in different plan		024	22	Plan Change
	NP	New Program		024	07	Termination of Benefits
	OC	Plan Ownership Change		024	07	Termination of Benefits
	OE	Open Enrollment		024	14	Voluntary Withdrawal
	PC	Program Change		024	07	Termination of Benefits

Transaction Type	Transaction Reason Code	Transaction Reason Code Description	Comments	HIPAA Maintenance Type Code	HIPAA Maintenance Reason Code	HIPAA Maintenance Reason Code Description
	PM	Program Manager		024	07	Termination of Benefits
	PT	Plan Termination		024	07	Termination of Benefits
	RE	RAC Excluded	RAC is excluded from eligibility for the program	024	07	Termination of Benefits
	SA	Service Area Change		024	07	Termination of Benefits
	ST	System Transfer		024	22	Plan Change
	WP	Wrong Plan		024	22	Plan Change
Transfer	BE	BHP+ Enrollment				
	CC	Client Choice				
	CS	County Status Change				
	EF	External File				
	IP	Internal Process/Audit				
	MP	Mom in different plan				
	NP	New Program				
	OC	Plan Ownership Change				
	OE	Open Enrollment				
	PC	Program Change				
	PM	Program Manager				
	PT	Plan Termination				
	SA	Service Area Change				
	ST	System Transfer				

Transaction Type	Transaction Reason Code	Transaction Reason Code Description	Comments	HIPAA Maintenance Type Code	HIPAA Maintenance Reason Code	HIPAA Maintenance Reason Code Description
	WP	Wrong Plan				
Exemption	1	AI/AN	American Indian/ Alaskan Native			
	2	Homeless				
	3	Voluntary County				
	4A	Foster Care				
	4B	Foster Care Relative				
	5	CSHCN	Children with Special Healthcare Needs			
	6	Inpatient Drug Treatment Facility				
	8A	Medical Determinatio n				
	8B	Medical Provider Not Available				
	8C	Pharmaceutic al Concern				
	8D	Access to Care Concern				
	8E	Svc & Qual of Care Concern	Service and Quality of Care Concern			
	8F	Medical Provider Available				
	8G	Non-medical Service Concern				

Transaction Type	Transaction Reason Code	Transaction Reason Code Description	Comments	HIPAA Maintenance Type Code	HIPAA Maintenance Reason Code	HIPAA Maintenance Reason Code Description
	8H	Nursing Home Provider Not Available				
	8I	Nursing Home LTC				
	8J	Home Birth				
	8K	Birthing Center				
	8L	Provider Concern				
	9	Program Manager				
	11	TPL	Third Party Liability			
	12	TPL-State Paid Premiums	Third Party Liability-State Paid Premiums			
	13	High Risk Pregnancy - 1st	High Risk Pregnancy and OB Provider not in Plan (1st Trimester)			
	14	High Risk Pregnancy - 2nd	High Risk Pregnancy and OB Provider not in Plan (2nd Trimester)			
	15	High Risk Pregnancy - 3rd	High Risk Pregnancy and OB Provider not in Plan (3rdt Trimester)			
	16	Current Treatment Plan	Current Treatment Plan Maintenance			
	17	Limited English				
	18	Prefers FFS	Client Prefers Fee-For-Service in Voluntary County			

Transaction Type	Transaction Reason Code	Transaction Reason Code Description	Comments	HIPAA Maintenance Type Code	HIPAA Maintenance Reason Code	HIPAA Maintenance Reason Code Description
	19	Voluntary Program				
	22	Hospice				
	23	EDD not > 60 from EED	Expected Delivery Date not greater than 60 days from Enrollment Effective Date			
	25	Exception to Policy				
	26	LTC K01 Program				
	27	Purdy Child				
	28	Other				
	BP	BHP Pregnant				
Other	XX	Change in client identifiers	Name, SSN, DOB, Gender, etc.	001	25	Change in Identifying Data Elements
	YY	Client address change	address change that does not affect enrollment status	001	43	Change of Location
	ZZ	Other client change	TPL, PCP, etc.	001	33	Personnel Data