

ANSI ASC X12N V5010 834 BENEFIT ENROLLMENT AND MAINTENANCE
COLORADO MEDICAL ASSISTANCE PROGRAM
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING (DHCPF)
COMPANION GUIDE

October 11, 2012



TABLE OF CONTENTS

CHAPTER 1 INTRODUCTION	
Scope	1
ScopeOverview	
X12N 834 Enrollment Transaction	2
CHAPTER 2 DATA RETRIEVAL METHODS	3
File and Reports Services.	
CHAPTER 3 PAYER SPECIFIC DATA	Δ
EDI Support	
Enrollment Information	4
Tracking Transmission/Production Problems	4
Highlights	4
CHAPTER 4 - X12N 834 BENEFIT ENROLLMENT V5010.A1	6
X12N 834 Enrollment – Outbound	
PEVISION HISTORY	15



Chapter 1 Introduction

Scope

This Companion Guide is intended for Colorado Medical Assistance Program trading partner use in conjunction with the ASC X12N Technical Report Type 3 (TR3) for Benefit Enrollment and Maintenance (834). The TR3s can be accessed at http://www.wpc-edi.com/. This guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with ACS EDI Gateway, Inc. and specifies data clarification where applicable

Overview

ACS EDI Gateway, Inc., a leader in health care technology, provides EDI gateway services to providers enrolled in contracted health care plans. Our electronic transactions acquisition services provide an array of tools that allow you to:

- Easily submit all of your transactions to one source
- Submit transactions twenty-four hours a day, seven days a week
- · Receive confirmation of receipt of each file transferred
- Receive remittance notification from health care plans on a regular basis

Health care plans that participate with ACS EDI Gateway, Inc. are referred to as payers. Transactions are accepted electronically into our data center and processed. As an EDI gateway service, we provide connectivity to various health care plans and states where ACS EDI Gateway, Inc. is the fiscal agent, third-party administrator, or contracted clearinghouse.

12/27/2011



ANSI ASC X12N V5010 834
Benefit Enrollment and Maintenance
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

X12N 834 Enrollment Transaction

The X12N 834 Health Care Enrollment and Maintenance standard transaction is designed so that Colorado Medical Assistance Program will be able to provide enrollment information to health care providers regarding demographic and enrollment information. The data available through this transaction set will be used to verify a client's current enrollment status with that health care provider and provide enrollment status updates for each health care provider. It cannot provide a history of enrollment or benefit use.

The X12N 834 Outbound Benefit Enrollment record is sent from the Colorado Medical Assistance Program System to the clearinghouse for delivery to the Managed Care Plans via the File and Reports Service. The ANSI ASC X12N 834 is used to transmit benefit enrollment maintenance files, new enrollment information, changes to the current range of benefits, and the termination of benefits for a subscriber.

The X12N 834 transaction will be sent to health care providers in two file types:

Health Care Enrollment Full File: This transaction provides each contracted Managed Care Health Care Provider with a full file extract of the clients enrolled with that provider for the current month. This is a monthly snapshot at the time of the enrollments for each provider and will occur with the month end processing in order to obtain an accurate picture of current enrollments. The full file will be delivered to the File and Reports Service for pickup on the morning following the last business day of the month.

Health Care Enrollment File Update: This transaction provides specifically identified changes in a client's enrollment status or demographic information. This file is generated daily and will contain only those client records that are triggered by the identified demographic or enrollment changes. An updated file will be delivered to the File and Reports Service for pickup every morning.

Following is the example for the naming convention of X12N 834:

CO_030826_123456789999_834.001

CO = Colorado Medicaid 030826 = YYMMDD 123456789999 = 12 Byte tracking number 834 = Transaction Type 001 = Sequence Number



Chapter 2 Data Retrieval Methods

File and Reports Services

The File and Reports Service allows all trading partners to retrieve data via asynchronous dialup 24 hours a day, seven days a week. Billing agents and clearinghouses will have the option of retrieving the transaction responses and reports themselves and/or allowing each individual provider the option of retrieval. The trading partner will access the File and Reports Service using the login and password assigned to them. For information on the State's Provider Web Portal, go to the Provider Services Web Portal section of the Department's Web site at

http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542697178.



Chapter 3 Payer Specific Data

EDI Support

ACS has an Electronic Data Interchange (EDI) Support Unit to assist providers and trading partners with their questions and concerns about EDI. The following is a list of services that are provided by the EDI Support Unit:

- Assistance with enrollment
- Explanation of the various EDI submission methods
- Assistance with EDI transmission problems
- Assistance with approved software vendor verification

The EDI Support Unit is available to all Colorado Medical Assistance Program clients and providers Monday through Friday from 8:00 a.m. to 5:00 p.m. MT at 1-800-237-0757.

Enrollment Information

Any entity wishing to receive the Benefit Enrollment and Maintenance transaction through ACS EDI Gateway must complete a Provider Enrollment package or Submitter Enrollment package. This package provides ACS EDI Gateway the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID. You may obtain an enrollment package by contacting ACS State Healthcare at 303-534-0146 or 1-800-237-0757 or by downloading it from the Provider Services Enrollment section of the Department's Web site at

http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696393

Acrobat Reader supports this form. It must be printed, completed and mailed or faxed to the appropriate address /fax number listed on the form.

Tracking Transmission/Production Problems

Please have the following information available when calling the EDI Support Unit regarding transmission and production issues.

Trading Partner ID: Your Trading Partner ID is our key to accessing your trading partner information. Please have this number available each time you contact the EDI Support Unit.

Logon Name and Logon User ID: These allow asynchronous trading partners access to the host system for claims submission. The EDI Support Unit uses this information to reference your submitted data.

Highlights

To promote efficient, accurate electronic claims processing, please note:

- Each user is assigned an ACS EDI Trading Partner ID.
- Logon User IDs (passwords) are nine characters.



- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- The same phone number will be used for transmitting test and production.
- Colorado Medical Assistance Program Provider IDs are eight characters long.
- The EDI Gateway assigned Payer ID for Colorado Medical Assistance Program is 77016.

Chapter 4 - X12N 834 Benefit Enrollment V5010.A1

*Note the page numbers listed below in each of the tables represent the corresponding page number in the ASC X12N TR3 for this transaction. This section must be used in conjunction with the ASC X12N 834 TR3.

*The below mentioned Loops, Segments and Data Elements are for Colorado Medicaid specifically. For additional information regarding the X12 5010 format, please refer to the TR3 implementation guide.

X12N 834 Enrollment – Outbound

These are the transaction clarifications for the X12N 834 Enrollment outbound transactions.

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
		TRANSA	CTION SET HE	EADER
C.4	Interchange Control Header	ISA	01	Receive '00'
C.4	Interchange Control Header	ISA	02	Authorization Information
C.4	Interchange Control Header	ISA	03	Receive '00'
C.4	Interchange Control Header	ISA	04	Security Information Qualifier
C.4	Interchange Control Header	ISA	05	Receive 'ZZ'
C.4	Interchange Control Header	ISA	06	Receive '100000'
C.5	Interchange Control Header	ISA	07	Receive 'ZZ'

12/27/2011



ANSI ASC X12N V5010 834 Benefit Enrollment and Maintenance Colorado Medical Assistance Program Department of Health Care Policy and Financing (DHCPF) Companion Guide

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
C.5	Interchange Control Header	ISA	08	Receive Trading Partner ID
C.5	Interchange Control Header	ISA	11	Receive 'A'
C.6	Interchange Control Header	ISA	14	Receive '0'
C.6	Interchange Control Header	ISA	16	Receive ':'
C.7	Functional Group Header	GS	02	Receive '77016'
C.7	Functional Group Header	GS	03	Receive ACS EDI Trading Partner ID
32	Header	BGN	01	Colorado Medical Assistance Program will use one of the following codes: 00 15
33-34	Header	BGN	05	Receive 'ES'
				Note: The time should be in eastern standard time unless you are in a different time zone.
35	Header	BGN	06	Colorado Medical Assistance Program will use one of the following codes: 00 15
35	Header	BGN	08	Colorado Medical Assistance Program will use one of the following codes: 2 4



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*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS		
36	Header	REF	02	8-digit Colorado Medical Assistance Program Managed Care Organization Provider ID		
37	Header	DTP	01	Colorado Medical Assistance Program will use one of the following codes: 007 303		
38	Header	QTY	01	Receive Quantity qualifier code TO		
		SP	ONSOR NAME			
39	1000A	N1	02	Receive "CO Medicaid"		
				Receive "CHP+" for CHP+ client only		
39	1000A	N1	04	'840644739' will be used.		
			PAYER			
42	1000B	N1	03	'FI' will be used.		
42	1000B	N1	04	'840644739' will be used.		
	MEMBER LEVEL DETAIL					
47	2000	INS		Since the 834 transaction has a limit of 10,000 INS segments per transaction, multiple 834 transactions will be used if a provider has > 10, 000 enrollment records.		
48-49	2000	INS	01	'Y' will be used.		
48-49	2000	INS	02	'18' will be used.		
49	2000	INS	03	For the daily transaction, code '001' will be sent.		
				For Monthly transaction, code '030' will be sent.		



ANSI ASC X12N V5010 834 Benefit Enrollment and Maintenance Colorado Medical Assistance Program Department of Health Care Policy and Financing (DHCPF) Companion Guide

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
49 - 50	2000	INS	04	Code identifying the reason for the maintenance change.
				Receive '20' for daily update transaction
				For monthly transaction:
				EDI will default to code = "XN"
51	2000	INS	05	'A' will be used
51	2000	INS	06-01	Receive Medicare plan code
				A- B- C- E-
52-53	2000	INS	08	'FT' will be used.
55	2000	REF(subscriber identifier)	02	Receive Colorado Medical Assistance Program Client ID
56	2000	REF(Member Policy Number)	02	Receive Colorado Medical Assistance Program Client ID
57 – 58	2000	REF(Member Supplemental Identifier)	01	'3H' will be used.
58	2000	REF (Member Supplemental Identifier)	02	The client's Medical Assistance Program assigned case number will be used.
59-60	2000	DTP	01	Two iterations of this segment will always be sent as follows:
				First iteration: Code '473' will be used.
				Second iteration: Code '474' will be used.
62	2100A	NM1	01	For the daily transaction file, code '74' will be used when there has been a demographic change for the member.
				Otherwise, code 'IL' will be used.
				For the monthly transaction, ' IL ' will be used.
63	2100A	NM1	02	Receive Code '1'
64	2100A	NM1	08	'34' will be used.



ANSI ASC X12N V5010 834
Benefit Enrollment and Maintenance
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
64	2100A	NM1	09	Receive in the case where no SSN is available, '000000000'
70	2100A	N4	05	'CY' will be used.
81	2100A	AMT	01	Receive 'D2'
				Sent for CHP+ clients only
81	2100A	AMT	02	Receive '0.00' until changes to back end systems are completed.
				Sent for CHP+ clients only. '
88	2100B	NM1	09	Prior Incorrect Insured SSN
123-124	2100G	NM1	01	'QD' will be used.
				Sent for CHP+ Clients only
124	2100G	NM1	02	'1' will be used.
				Sent for CHP+ Clients only
124	2100G	NM1	03	Responsible Party Last Name
				Sent for CHP+ Clients only
124	2100G	NM1	04	Responsible Party First Name
				Sent for CHP+ Clients only
124	2100G	NM1	05	Responsible Party Middle Name
				Sent for CHP+ Clients only
125	2100G	NM1	08	'34' will be sent.
				Sent for CHP+ Clients only
125	2100G	NM1	09	'00000000' will be sent as a place holder. Changes to back end systems are required in order to provide the actual value.
				Sent for CHP+ Clients only



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	HEALTH COVERAGE				
140-141	2300	HD	01	MEDICAID	
				For the daily update transaction, the codes to be sent will correspond with the current enrollment reporting activity as follows:	
				001 = This code will be used in the daily update transaction to identify changes and corrections that are currently reported on the R0310report.	
				021= This code will be used in the daily update transaction to identify additional information that is currently reported on the R0325/M0325 report	
				024= This code will be used in the daily update transaction to identify cancellation/termination information that is currently reported on the R0305/M0305 report	
				030 = will be used for the monthly transaction.	
				CHP+	
				Initially, all CHP+ clients will default to value 021'. Once it is determined how the back-end systems will be modified to report enrollment span information, these values will be established to identify Changes and Cancellations as well.	



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141	2300	HD	03	MEDICAI)
				Ве	ll be used for havioral Health Organization ⊣O).
					ll be used for HMO and PACE rollments.
					II be used for PCP and Lock-In rollments.
				CHP+	
				eni	l be used for Medical rollment spans other than the ate Network.
					l be used for Dental enrollment ans.
					l be used for Prenatal rollment spans.
					l be used for State Network rollment spans.
141	2300	HD	04	MEDICAI)
				Eligibility T	Type Code (3)
				CHP+	
				Tax ID (9)	
				Income Ra	ating Code (2)
				Baby Due	Date (8)
				DBA Nam	e (31)
				Data will b delimiters.	e in fixed positions without
142	2300	HD	05	Code 'IND	' will be used.



ANSI ASC X12N V5010 834 Benefit Enrollment and Maintenance Colorado Medical Assistance Program Department of Health Care Policy and Financing (DHCPF) Companion Guide

143	2300	DTP	01	For the daily transaction, the codes to be sent will correspond with the current enrollment reporting activity as follows: 303 = This code will be used in the daily update transaction to identify change information that is currently reported on the R0310 report. 348 = This code will be used in the daily update transaction to identify additional information that is currently reported on the M0325/R0325 report. 349 = This code will be used in the daily update transaction to identify cancellation/termination information that is currently reported on the R0305 report. For the monthly transaction, '303' () will be used.
153-154	2310	NM1	01	One of the following codes will be used: 'P3' ('Y2')
155	2310	NM1	08	'SV' will be used.
155	2310	NM1	09	Receive Medical Assistance Program Provider ID
155	2310	NM1	10	For the daily transaction, the codes to be sent will correspond with the current enrollment reporting activity as follows: 25– This code will be used in the daily update transaction to identify updated
				records that are currently reported on the M0305/R0305 and R0310 reports.
				26 – This code will be used in the daily update transaction to identify additional information that is currently reported on the M0325/R0325 report.
				For the monthly transaction, '72' will be used.
162	2310	PLA	01	Receive action code '2'.
162	2310	PLA	02	Receive Entity identifier code '1P'



ANSI ASC X12N V5010 834 Benefit Enrollment and Maintenance Colorado Medical Assistance Program Department of Health Care Policy and Financing (DHCPF) Companion Guide

163	2310	PLA	05	Receive code identifying the reason for the maintenance change. If none of the specific Maintenance Reasons, then receive 'AI'.
164	2320	СОВ		If client has > 5 TPL spans, only the 5 most current spans will be used. This segment will only be populated when data is available.
164	2320	COB	01	'U' will be used.
164	2320	СОВ	02	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
164-165	2320	СОВ	03	'1' will be used.
166	2320	REF	01	'6P' will be used.
168	2320	DTP	01	Two iterations of this segment will always be sent as follows:
				First iteration: Code '344' will be used.
				Second Iteration: Code '345' will be used.
169	2330	NM1	01	Receive 'IN'
170	2330	NM1	02	Receive Entity type Qualifier '2'



Revision History

VERSION	DATE	DESCRIPTION/LOCATION OF CHANGE