

Colorado Medical Assistance Program Department of Health Care Policy and Financing (DHCPF)

**Benefit Enrollment and Maintenance
(834) Transaction
Standard Companion Guide**

**Companion to Benefit Enrollment and
Maintenance
ASC X12N 834 005010X220
Implementation Guide**

July 2018

Disclosure Statement

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Preface

This Companion Guide to the Benefit Enrollment and Maintenance (834) adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with the Colorado DHCPF. Transmissions based on this Companion Guide, used in tandem with the **ASC X12N 834 005010X220 Implementation Guide and the associated addendum 005010X220A1**, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1. INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (DHHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into transaction partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specifications
- Change the meaning or intent of the standards implementation specifications

SCOPE

The Companion Guide is to be used with, and to supplement the requirements in the HIPAA Accredited Standards Committee (ASC) X12 Implementation Guides, without contradicting those requirements. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion Guide is to provide trading partners with a guide to communicate Colorado DHCPF specific information required to successfully exchange transactions.

The Companion Guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claim status request and response transactions to Colorado DHCPF.

OVERVIEW

This section of the Companion Guide will provide guidance for establishing a relationship with Colorado DHCPF for the business purpose of exchanging the Benefit Enrollment and Maintenance (834) transaction.

REFERENCES

This section specifies additional on-line sources of helpful information related to electronic data interchange (EDI) and X12 transactions.

Workgroup for Electronic Data Interchange (WEDI) – <http://www.wedi.org>
United States Department of Health and Human Services (DHHS) – <http://aspe.hhs.gov/>
Centers for Medicare and Medicaid Services (CMS) – <http://www.cms.gov>
Designated Standard Maintenance Organizations (DSMO) – <http://www.hipaa-dsmo.org/>
National Council of Prescription Drug Programs (NCPDP) – <http://www.ncdp.org/>
National Uniform Billing Committee (NUBC) – <http://www.nubc.org/>
Accredited Standards Committee (ASC X12) – <http://www.x12.org/>
Washington Publishing Company (WPC) at <http://wpc-edi.com/>

Affordable Care Act (ACA) Section 1104 information is at the Centers for Medicare & Medicaid Services (CMS) website. For information on ACA Administrative Simplification information follow this link:

<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/index.html>

ADDITIONAL INFORMATION

It is assumed that the trading partner has purchased and is familiar with the ASC X12 Type 3 Technical Report (TR3) being referenced in this Companion Guide. TR3s can be purchased from the ASC X12 store at <http://store.x12.org/store/>.

2. GETTING STARTED

TRADING PARTNER REGISTRATION

Any entity intending to exchange electronic transactions with Colorado DHCPF must agree to the Colorado DHCPF Trading Partner Agreement at the end of the Trading Partner Profile process. A Trading Partner Profile can be completed using the Colorado Medicaid Web Portal link at: <https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider>.

NOTE: *Providers must be enrolled and approved before registering as a Trading Partner.*

The Colorado Medicaid Web Portal will include the ability for file and report retrieval. 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 system using their assigned login and password. For information on the Colorado Medicaid Web Portal, go to: <https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider>.

CERTIFICATION AND TESTING OVERVIEW

All covered entities who submit electronic transactions are required to certify. This includes Clearing houses, Software Vendors, Provider Groups, and Managed Care Organizations (MCOs). If submitting electronic transactions through one of these agencies, the agency will certify on behalf of the covered entity. Otherwise, the covered entity will need to certify. If submitting electronic transactions through an MCO, information should be received from the MCO with certification requirements.

Results of the system's processing of electronic transactions are reviewed and communicated back via email. Once the test files all pass, a production ID and welcome letter will be sent confirming certification.

3. TESTING WITH THE PAYER

This section contains a detailed description of the testing phase.

Before exchanging production transactions with Colorado DHCPF, each trading partner must complete production authorization testing.

Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

Colorado DHCPF recommends that trading partners submit three successful and unique submissions and receive the associated 999 (accepted) acknowledgement in response in order to obtain approval from Colorado DHCPF to promote to Production.

Trading Partner Authorization Testing is detailed in the Trading Partner Profile Testing Packet for ASC X12 transactions available on the Colorado DHCPF Training Portal (<http://lms.xco.dcs-usps.com/>) — click on the SFTP Portal link <https://colorado-fts.xco.dcs-usps.com/> page.

Questions may be directed to the EDI Helpdesk at 1 (844) 235-2387 or via the Contact Us link at the top of the Portal home page at: <https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider>.

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

PASSWORDS

Passwords are provided during initial enrollment and can be reset by contacting Provider Relations – Electronic Claims Submission (ECS) Department at 1 (844) 235-2387. These passwords may not be shared.

<https://www.colorado.gov/hcpf/edi-support>

5. CONTACT INFORMATION

WORKING WITH COLORADO DHCPF

Colorado DHCPF, in an effort to assist the community with their electronic data exchange needs, has the following options available for either contacting a help desk or referencing a website for further assistance:

For general information to go Colorado DHCPF Website: <https://www.colorado.gov/hcpf>

EDI SERVICES

For EDI support, please contact the Provider Services Call Center at: 1-844-235-2387.

Provider Services Call Center Hours of Operation:

7 a.m. – 5 p.m. MT Monday, Tuesday & Thursday

10 a.m. – 5 p.m. MT Wednesday & Friday.

6. CONTROL SEGMENTS/ENVELOPES

ISA-IEA

This section describes the use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters. (See Section 10 below, Transaction Specific Information)

GS-GE

This section describes the use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Colorado DHCPF expects functional groups to be sent and how Colorado DHCPF

will send functional groups. These discussions will describe how similar transaction sets will be packaged and Colorado DHCPF use of functional group control numbers. (See Section 10 below, Transaction Specific Information)

ST-SE

This section describes the use of transaction set control numbers. (See Section 10 below, Transaction Specific Information)

7. PAYER-SPECIFIC BUSINESS RULES AND LIMITATIONS

Payer specific business rule information regarding Colorado DHCPF can be found at the For Our Providers webpage on the Colorado DHCPF website, <http://www.colorado.gov/hcpf/our-providers>

8. ACKNOWLEDGEMENTS AND/OR REPORTS

No acknowledgements are expected for the 834 transactions.

9. TRADING PARTNER AGREEMENTS

An EDI Trading Partner is defined as any Colorado DHCPF customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Colorado DHCPF.

Payers have EDI Trading Partner Agreements (TPA) that accompany the standard Implementation Guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

10. TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Colorado DHCPF has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Colorado DHCPF

In addition to the row for each segment, one or more additional rows are used to describe Colorado DHCPF usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

All Colorado DHCPF clients are considered “subscribers” so they all have individual loops. See the Implementation Guide for additional information.

TPID –This is the number that is assigned to the provider/submitter to uniquely identify their electronic transaction. This may also be referred to as the Electronic Claim Submission (ECS) number or Trading Partner ID.

Order of processing 834 files as follows:

- Full file audit (Monthly)

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- Update file (Daily) produced during the Full file audit cycle
- Subsequent Update files (Daily) produced between loading the Full file audit (Monthly) and the actual end of the month should be processed in order produced.

Termination records are used to communicate both normal termination of enrollment as well as terminations due to setting an enrollment status to Inactive. Managed Care entities need to verify the Inactive indicator (in 2300/HD/04) to validate how to interpret the data for downstream processes.

Benefit Enrollment and Maintenance (834)

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------------|------------|--|---------------------|---|
| HEADER | ISA | Interchange Control Header | | The ISA is a fixed-length record with fixed-length elements. |
| | ISA06 | Interchange Sender ID | COMEDASSIST PROG | |
| | ISA08 | Interchange Receiver ID | | The Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program. |
| | ISA11 | Repetition Separator | ^ | Caret |
| | ISA16 | Component Element Separator | : | Colon |
| | GS | Functional Group Header | | |
| | GS02 | Application Sender's Code | COMEDASSIST PROG | |
| | GS03 | Application Receiver's Code | | The Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program |
| | GS08 | Version/Release/ Industry Identifier Code | 005010X220A1 | Standards Approved for Publication by ASC X12 Procedures Review Board. |
| | ST | Transaction Set Header | | |
| | ST03 | Version, Release, or Industry Identifier | 005010X220A1 | |
| | BGN | Beginning Segment | | |
| | BGN01 | Transaction Set Purpose Code | 00, 15 | Colorado Medical Assistance Program will use one of the following codes: 00 or 15 |
| | BGN06 | Original Transaction Set Reference Number | | First three characters will be a 3-digit mask starting with 101. Example: 101of5 First file of five total files |
| | BGN08 | Action Code | 2, 4 | Colorado Medical Assistance Program will use one of the following codes: 2 or 4 |
| | REF | Transaction Set Policy | | |

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| Loop ID | Reference | Name | Codes | Notes/Comments |
|--------------|------------|---------------------------------------|-------------------|--|
| | | Number | | |
| | REF02 | Master Policy Number | | Pay to Provider ID |
| 1000A | N1 | Sponsor Name | | |
| | N102 | Plan Sponsor Name | CO Medicaid, CHP+ | Colorado Medical Assistance Program will use one of the following codes: "CO Medicaid" for Medicaid clients "CHP+" for CHP+ clients |
| | N104 | Sponsor Identifier | 81-1725341 | Colorado Medical Assistance Program Tax ID |
| 1000B | N1 | Payer | | |
| | N104 | Insurer Identification Code | | Pay to Provider Tax ID |
| 2000 | REF | Member Supplemental Identifier | | <p>This segment will be repeated to report as many program aid codes as the member has active at the time the record is being reported.</p> <p>One iteration of this segment may also be used to identify the HIC number when the client is enrolled with Medicare. Effective starting on October 4, 2018 for the CMS Transition Period, if a member is enrolled with Medicare and their active Medicare ID is a HIC number, then the HIC number will continue to be sent qualified as F6. If a member is enrolled with Medicare and their active Medicare ID is a MBI, then the MBI will be sent qualified as ZZ.</p> |
| | DTP | Member Level Dates | | |
| | DTP03 | Status Information Effective Date | | <p>Dates that are qualified as 473 & 474 are specific to the program aid code eligibility span. If an end date is not specified it should be assumed that it is open ended (12/31/2299).</p> <p>If Medicare is indicated in 2000/INS/06-1 the respective dates will be reported in this segment. If a member has both Medicare Part A and</p> |

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| Loop ID | Reference | Name | Codes | Notes/Comments |
|--------------|------------|---------------------------|-------|--|
| | | | | Medicare Part B, the associated dates will be presented respectively. |
| 2100A | NM1 | Member Name | | |
| | NM109 | Member Identifier | | In the case where no SSN is available, receive 000000000. |
| 2100A | LUI | Member Language | | If the Written or Spoken language changes, it will not be reflected until the next Full file audit. If the language changed from English to another language, the segment will be displayed in the next Full file audit. If the language changed from another language to English, the segment will not be displayed in the next Full file audit. |
| 2100G | NM1 | Responsible Person | | |
| | NM101 | Entity Identifier Code | QD | |
| 2300 | HD | Health Coverage | | |
| | HD04 | Plan Coverage Description | | <ul style="list-style-type: none"> - Generic Poverty Level Code (2 bytes) - ACC Weight Value (6 bytes) - Pregnancy End Date (8 bytes in CCYYMMDD format) - Level of Care Code (2 bytes) - POI Indicator (1 byte) - Parent Indicator (1 byte) - Pregnant Indicator (1 byte) - Postpartum Indicator (1 byte) - ACP Indicator (1 byte) - Immigration Verification Indicator (1 byte) - Disability Indicator (1 byte) - Rate Cell Name (5 bytes) - MCD ID (10 bytes) - Inactive Indicator (1 byte) <p>Changes to any of the above data elements (except Rate Cell Name) will trigger a Change record. Updates to the Rate Cell Name will be reported in the next Full file</p> |

| Loop ID | Reference | Name | Codes | Notes/Comments |
|-------------|------------|---------------------------------|-------|--|
| | | | | audit transaction. |
| 2300 | DTP | Health Coverage Dates | | |
| | DTP03 | Coverage Period | | The dates reported in this segment are specific to the actual managed care enrollment span. These could also include retroactive or future dated enrollment regardless of timeframe. Enrollments that are generated or terminated will be reported in the next scheduled file regardless of the enrollment dates. |
| | AMT | Health Coverage Policy | | In the Full file audit transaction and when reporting adds or reinstatement records in the Update transaction, the calculated Co-Pay maximum for the month will be reported. If the household meets the Co-Pay maximum at any point in the given month, a change record in the Update transaction will be generated indicating the Co-Pay maximum has been reset to zero for the remainder of that month. |
| 2320 | COB | Coordination of Benefits | | If a client has >5 TPL spans, only the 5 most current spans will be used. |

APPENDIX 1: Change Summary

| Date | Change | Responsible Party |
|------------|--|-------------------|
| March 2017 | Original Document | EDI Department |
| 3/31/2017 | Added New EDI Service Telephone Number. | EDI Helpdesk |
| 8/1/2017 | Rebranding to DXC Technology | DXC, formerly HPE |
| 4/2/2018 | Updated the notes/comments for: 2000/REF, 2000/DTP/03, 2100A/LUI, 2300/HD/04, 2300/DTP/03, 2300/AMT; links in the various sections; and verbiage in the Certification and Testing Overview & Transaction Specific Information sections. Added notes/comments for new data element BGN06. | EDI Department |
| 7/25/2018 | Updated the notes/comments for 2000/REF to add guidance on the CMS Transition Period. | EDI Department |