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Arkansas Medicaid Enterprise

MMIS Core System and Services

834_Companion_Guide

834 Benefit Enrollment and Maintenance

Companion Guide

X00510X220A1

Version 1.5

April 10, 2023

Change history

Version #	Date of release	Author	Description of change
0.1	04/DD/YYYY	EDI Technical Team	Initial document
0.2	09/18/2017	Bruce Dunn	CO 9974 – Added comment regarding the Pregnancy Indicator and Aid Category Code
0.3	11/11/2017	Tina Hendricks	Corrections to fields
0.4	08/24/2018	Paul Carr	Loop 2300/HD04 – Added additional values for PASSE.
0.5	10/24/2018	Bruce Dunn	Loop 2300/HD04 – Added values for PASSE Assessment Tier and Assessment Division. Loop 2750/N1 – Added "Update" to the N101 and N102 fields. Loop 2750/REF – Added "Update" to the REF01 and REF02 fields.
0.6	11/15/2018	Bruce Dunn	Loop 2300/HD04 – Assessment Tier, updated the Dual Tier values to remove "D" and add "D2", or "D3".
0.7	01/22/2019	Martha Wolf	Loop 2000/REF01 REF02 – Added Supplemental IDs for MID Linking. Loop 2750/REF01 REF02 – Added Rate Cell.
0.8	01/31/2019	Bruce Dunn	Loop 2000/INS06 – Added values for "Medicare Status Code".
0.9	09/29/2020	Christine Shrawder	Loop 2000 – REF01/REF02 – Added value 'F6' HIC Number Loop 2100A – AMT01/AMT02 – Added value 'D2' Patient Liability Amount Loop 2300 – HD04 – Added Medicare Advantage Indicator along with updated the note section Loop 2750 – N102 – Added Reason Code and Value 'XX Stop/Start Reason Code along with link to spreadsheet that outlines the new Stop/Start Reason Codes Updated 3.1 section for 8-digit sequence to 9-digit sequence
1.0	06/03/2021	Christine Shrawder/ Stacie de Klerk	Loop 2300 – HD04 Loop 2750 – REF02 – outdated link to spreadsheet removed

Version #	Date of release	Author	Description of change
1.1	06/28/2022	Christine Shrawder	Loop 1000A – Updated N102 Carrier Name and N104 to Carrier Tax ID Loop 1000C – Broker Loop 2100A - Member Name and Race/Ethnicity Loop 2300 – Health Coverage
1.2	12/15/2022	Rodney Rapp	Loop 2300 – Health Coverage added: DTP01 Value = 303 FPL Change Effective Date (Update – Only when FPL changes), NOTE: Only ARHOME Managed Care will receive Rate Effective dates for FPL changes. DTP03 – When DTP01 is 303 = Effective date of member's FPL change Loop The following correction was made to include missing information in this guide; this correction is not introduced as part of this release. DTP01 Value = 349 Benefit End (Audit) Loop 2750 – Reporting Category: Reporting Category Effective Date: For Rates (PRE AMT 1, CSR AMT, and TOT RES AMT), this is either MMIS assignment effective date or member's FPL change effective date, whichever is greater. NOTE: Only ARHOME Managed Care will receive Rate Effective dates for FPL changes.
1.3	12/15/2022	Rodney Rapp	Loop 2750 – Reporting Category: Reporting Category Effective Date: For Rates (PRE AMT 1, CSR AMT, and TOT RES AMT), this is either MMIS assignment effective date or member's FPL change effective date, whichever is greater. NOTE: Only ARHOME Managed Care will receive Exemption Indicator.

Version #	Date of release	Author	Description of change
1.4	12/15/2022	Rodney Rapp	Loop 2750 – Reporting Category: Added the following: Exemption Indicator = EXEMPTION IND (Enroll, Update, Audit) Date/Time stamp = REQUEST SUBMIT
1.5	04/10/2023	Mike Swatt	Loop 2300 – HD04 – Assessment Tier Added D4 • Assessment Tier – 2 characters (left justified, Value "01", "02", "03", "D2", "D3" or "D4" {"D*" is to indicate DUAL})

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1   Introduction

1.1   Scope

This document is a companion guide to the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, Benefit Enrollment and Maintenance, ASC X12N 834 (005010X220A1). It is intended for vendors that design software or systems for receiving health care transactions electronically from Arkansas Medicaid. This document supplements, but does not supersede, requirements outlined in the ASC X12N TR3.

The Health Insurance Portability and Accountability Act (HIPAA) requires Arkansas Medicaid and other covered entities to comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services. The ASC X12N TR3 and errata were established as the standards of compliance. This companion guide provides the supplemental requirements specific to Arkansas Medicaid, as permitted within the 834 transaction set.

To develop and test a system for Arkansas Medicaid 834 transactions, follow both the 834 TR3 and this companion guide.

1.2   Updates

Changes to this guide are published on the DMS website.

1.3   Contact

See the DMS website for contact information.

1.4   Links

- HIPAA Implementation Guides: www.wpc-edi.com
- Other Arkansas Medicaid companion guides

1.5   Conventions

Most of the companion guide is in table format (see example below). Only loops, elements, or segments with clarifications or comments are listed. For further information, please see the TR3 for the transaction.

Table 1:   Conventions Sample

Loop ID – Loop Name	SEG	Element	Comments	Page
Loop 2100C – Provider Name	NM1	NM103	Length = 5	144
		NM109	Length = 10	145

Table 2:   Conventions Fields

Column Name	Description
Loop ID – Loop Name	Loop, header, or trailer.
SEG	Segment ID.
Element	Element ID. Always incorporates the segment ID.
Comments	Comments or clarifications for Arkansas Medicaid. Values, data length, and repeats are also listed here. Clarifications in field length only indicate what Arkansas Medicaid uses or returns to process the transaction. Arkansas Medicaid still accepts the minimum and maximum field lengths required by the TR3 for each element.
Page	Page of the TR3 on which the loop, segment, or element is listed.

2 Transaction 834 Benefit Enrollment and Maintenance

Table 3: 834 Conventions

Loop ID – Loop Name	SEG	Element	Comments	Page
ISA – Interchange Control Header	ISA	ISA02	Value (format) = 834YYJJJHH (Year, Julian date, Hour)	C.4
		ISA05	Value = 30	C.4
		ISA06	Value = 716007869	C.4
		ISA07	Value = ZZ	C.5
		ISA08	Value = Trading Partner ID	C.5
GS – Functional Group Header	GS	GS02	Value = 716007869	C.7
		GS03	Value = Trading Partner ID	C.7
		GS08	Value = 005010X220A1	C.8
Header	BGN	BGN01	Action Code = 00 (Original)	32
		BGN02	Value = 1	33
		BGN08	Action Code = 2 (Enroll, Cancel, Terminate, Update) Action Code = 4 (Audit)	35
	REF	REF02	Value = 38 (Master Policy Number = Unique identifier for the Subscriber's coverage period)	36
	DTP	DTP01	Date Time Qualifier = 303 (Update) Date Time Qualifier = 382 (Enroll, Audit) Date Time Qualifier = 007 (Cancel, Terminate)	37
		DTP03	Value (format) = YYYYMMDD	37
	QTY	QTY01	Quantity Qualifier = TO	38
		QTY02	Value = 1	38
Loop 1000A – Sponsor Name	N1	N101	Value = P5	39
		N102	Carrier Name	39
		N103	Value = FI	40
		N104	Carrier Tax ID (EIN)	40
Loop 1000B – Payer	N1	N101	Value = IN	41
		N102	Carrier Name	41
		N103	Value = FI	42
		N104	Carrier Tax ID (EIN)	42
Loop 1000C – Broker	N1	N101	Value = BO (Enroll, Update, Term, Cancel, Audit)	43
		N102	Broker Name	43

Loop ID – Loop Name	SEG	Element	Comments	Page
		N103	Value = 94	44
		N104	Broker ID	44
Loop 2000 – Member Level Detail	INS	INS01	Value = Y	48
		INS02	Value = 18 (Self)	48
		INS03	Value = 001 (Update) Value = 021 (Enroll) Value = 024 (Cancel, Terminate) Value = 030 (Audit)	49
		INS04	Value = 25 (Update Name, DOB, SSN, Gender) Value = 43 (Update address only) Value = EC (Enroll) Value = 59 (Cancel, Terminate) Value = XN (Audit)	49 – 51
		INS05	Action Code = A (Active)	51
		INS06	One "Medicare Plan Code" will be provided if available (no other values): Value = A (Medicare Part A) Value = B (Medicare Part B) Value = C (Medicare Part A and B)	51
		INS08	Value = AC (Active)	52
	REF	REF01 – Subscriber Identifier	Value = 0F (Subscriber ID)	55
		REF02 – Reference Identification	Value = Subscriber ID	55
		REF01 – Member Policy Number	Value = 1L (Group or Policy Number) (Cancel, Terminate, Update)	55
		REF02 – Reference Identification	Value = Group or Policy Number	55
		REF01 – Member Supplement ID	Value = 17 Supplemental ID (Enroll, Audit, Update)	55
		REF02 – Reference Identification	Value = Supplement ID	55

Loop ID – Loop Name	SEG	Element	Comments	Page
		REF01	Value = Q4 Prior ID (Audit, Cancel, Enroll, Term, Update)	55
		REF02	Value Prior ID	55
		REF01	Value = F6 Health Insurance Claim (HIC) Number	55
		REF02	Value = HIC Number	55
	DTP – Member Level Detail	DTP01 – Date/Time Qualifier	Value = 050 (Received) (Enroll, Audit) Value = 303 (Maintenance Effective) (Update) Value = 357 (Eligibility Begin) (Cancel, Terminate) Value = 338 (Medicare Begin) Value = 339 (Medicare End)	59 – 60
		DTP03 – Date Time Period	(Status Information Effective Date) Effective Date (format) = YYYYMMDD Enroll, Audit, Update = run date Cancel = Plan assignment start date Terminate = Plan assignment end date	61
Loop 2100A – Member Name	NM1	NM101	Value = IL (Update address, Enroll, Cancel, Terminate, Audit) Value = 74 (Update Name, SSN, DOB, Gender)	62 – 63
		NM102	Value = 1	63
		NM103	Member's Last Name	63
		NM104	Member First Name	63
		NM105	Member Middle Initial	63
		NM108	Value = 34	64
		NM109	SSN - If SSN is not on file, 000000000 will be provided	64
	PER	PER01	Value = IP	66
		PER03	Value = TE or EM	66
		PER04	Member Ten Digit Telephone Number if present	66
		PER05	Value = EM	66

Loop ID – Loop Name	SEG	Element	Comments	Page
		PER06	Will contain the email address when the email address is present If the email address is not present, do not send the field. Email address will be added to the Enroll, Update, Cancel, Termination and Audit transactions	67
	N3	N301	Member Address (Residential Address)	68
		N302	Additional Address (if available)	68
	N4	N401	City	69
		N402	State	69
		N403	Zip	70
		N405	Value = CY	70
		N406	FIPS County Code (The county code value is aligned to the FIPS County Code format/list. FIPS County Codes are available at https://www.census.gov/geo/reference/codes/cou.html.)	70
	DMG	DMG01	Value = D8	71
		DMG02	Birth Date	71
		DMG03	M = Male F = Female U = Unknown	72
		DMG05-1	Federal Race Code C Caucasian B Black I American Indian or Alaskan Native A Asian or Pacific Islander H Hispanic P Pacific Islander Z Mutually Defined 7 Not Provided	74
	AMT – Member Policy Amount	AMT01	Value = D2 (Deductible Amount)	81
		AMT02	Patient Liability Amount	81
Loop 2100B – Incorrect Member Name	NM1	NM101	Value = 70 (Prior Incorrect Insured)	87
		NM103	Prior Incorrect Member Last Name (Update)	87
		NM104	Prior Incorrect Member First Name (Update)	87

Loop ID – Loop Name	SEG	Element	Comments	Page
		NM105	Prior Incorrect Member Middle Name (Update)	87
		NM108	Value = 34	87
		NM109	Value = SSN (Update)	88
	DMG	DMG01	Value = D8 (Update)	89
		DMG02	Prior Incorrect Birth Date (Update)	90
		DMG03	M = Male (Update) F = Female (Update) U = Unknown (Update)	90
Loop 2300 – Health Coverage	HD	HD01	Value = 021 (Enroll) Value = 001 (Update) Value = 024 (Cancel/Termination) Value = 030 (Audit)	140-141
		HD03	Value = HLT (Health)	141

Loop ID – Loop Name	SEG	Element	Comments	Page
		HD04	This field is situational. • Pregnancy Indicator – 1 character (Value = "Y" for Pregnant or "N" for Not Pregnant), • Aid Category Code – 5 characters (left justified) • Assessment Number – 10 characters (left justified) • Assessment Date – 8 characters (Format = CCYYMMDD) • Assessment Tier – 2 characters (left justified, Value "01", "02", "03", "D2", "D3" or "D4" {"D*" is to indicate DUAL}) • Assessment Division – 4 characters (left justified, Value = "DBHS", "DDS", or "DUAL") • Medicare Advantage Indicator (Y or N) – 1 character • Aid Category Code 2 – 5 characters (left justified) • Aid Category Code 3 – 5 characters (left justified) • Aid Category Code 4 – 5 characters (left justified) NOTE: Dental Managed Care will only include the Pregnancy Indicator, Aid Category Code, and Medicare Advantage Indicator. PASSE will include all the values.	141
		HD05	Value = IND (Individual)	142
	DTP	DTP01	Value = 348 Benefit Begin (Enroll, Audit) Value = 303 FPL Change Effective Date (Update – Only when FPL changes) Value = 349 Benefit End (Audit) NOTE: Only ARHOME Managed Care will receive 303.	143
		DTP02	Value = D8	144
		DTP03	When DTP01 is 348 = Date of Benefit Begin When DTP01 is 303 = Effective date of member's FPL change When DTP01 is 349 = Date of Benefit End	144

Loop ID – Loop Name	SEG	Element	Comments	Page
	REF	REF01	Value = 1L (Enroll, Update, Cancel, Terminate, Audit) Value = CE [Class of Contract Code] (Enroll, Update, Cancel, Terminate, Audit)	146 – 147
		REF02	Value = Member Plan ID when REF01 = "1L" Value = HIOS - FPL Band when REF01 = "CE"	147
Loop 2700 – Additional Reporting Categories	LS	LS01	Value = 2700 (Enroll, Audit, Terminate, Cancel)	176
Loop 2710 – Member Reporting Categories	LX	LX01	Sequential number for reporting categories	177
Loop 2750 – Reporting Category	N1	N101	Value = 75 (Enroll, Audit, Update, Terminate, Cancel)	178
		N102	Premium Amt = PRE AMT 1 (Enroll, Audit, Update) Cost Share Amt = CSR AMT (Enroll, Audit, Update) Total Amt = TOT RES AMT (Enroll, Audit, Update) Rating Area = RATING AREA (Enroll, Audit, Update) Additional Maint Reason = ADDL MAINT REASON (Terminate, Cancel) AR RSN CDE (Enroll, Update, Terminate, Cancel) Exemption Indicator = EXEMPTION IND (Enroll, Update, Audit) Date/Time stamp = REQUEST SUBMIT TIMESTAMP (Update) Populated when a member has more than 1 transaction on the file.	178
	REF	REF01	Value – 9V (Enroll, Audit, Update) Value = 9X (Enroll, Audit, Update) Value = 17 (Terminate, Cancel)	179

Loop ID – Loop Name	SEG	Element	Comments	Page
		REF02	Value = Rating Region for N102 = RATING AREA Value = Rate Cell for N102 = RATE CELL Value = Premium/CAP Amount for N102 = *AMT* (Enroll, Audit, Update) Value = Cancel (Cancel) Value = Term (Terminate) Value = 'XX" For TERM/CANCEL - STOP reason code and ENROLL/AUDIT - START reason code The Start/Stop Reason Code spreadsheet is available online with Other Vendor Resources. Value = XXX for EXEMPTION IND. Position 1 – 'Y' or 'N' for Exemption Indicator. Positions 2-3 – Reason code associated with passed Exemption Indicator. The Exemption Reason Code spreadsheet is available online with Other Vendor Resources. Value = CCYYMMDDHHMISSF for REQUEST SUBMIT TIMESTAMP CCYY – Year MM – Month DD – Day HH – Hour MI – Minute SS – Second F – Fractional Second	180
	DTP	DTP01	Value = 007 (Effective)	181
		DTP02	Value = D8 (Date expressed in Format CCYYMMDD)	182

Loop ID – Loop Name	SEG	Element	Comments	Page
		DTP03	Reporting Category Effective Date For Rates (PRE AMT 1, CSR AMT, and TOT RES AMT), this is either MMIS assignment effective date or member's FPL change effective date, whichever is greater. NOTE: Only ARHOME Managed Care will receive Rate Effective dates for FPL changes. For Exemption Indicator, EXEMPTION IND, represents the effective date of the indicator being populated.	

3 Appendix

3.1 File Naming Conventions

Files sent out to the carriers will use the following naming conventions:

[TPID]_AYYYYJJJ_(9 digit sequence).834 ← audit

[TPID]_EYYYYJJJ_(9 digit sequence).834 ← enroll

[TPID]_UYYYYJJJ_(9 digit sequence).834 ← update

[TPID]_TYYYYJJJ_(9 digit sequence).834 ← term

[TPID]_CYYYYJJJ_(9 digit sequence).834 ← cancel

*Where YYYYJJJ is the 4-digit year and 3-digit Julian day.

Example: TP000163_U2017040_000001