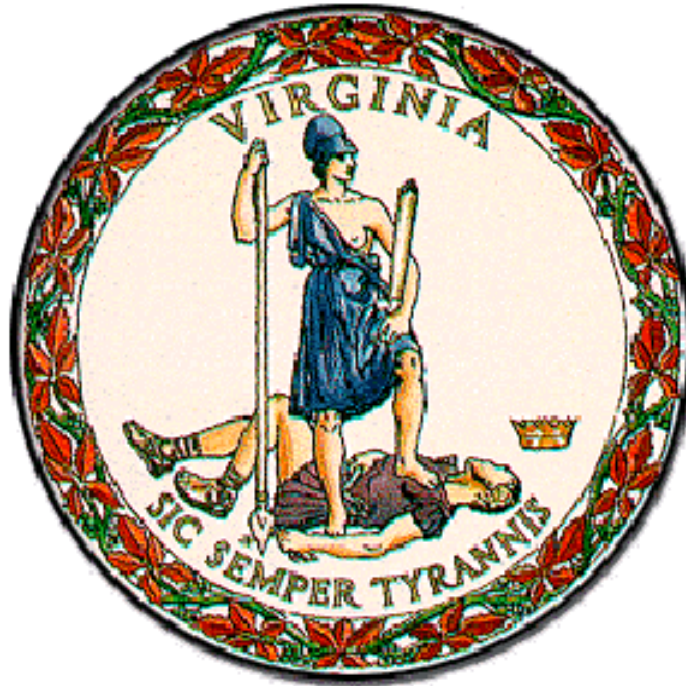# COMMONWEALTH OF VIRGINIA

Medicaid Enterprise System (MES) MMIS Companion Guide

Benefit Enrollment and Maintenance (834)

ASC X12N 834
VERSION 005010X220A1

September 14, 2022
Document Version 2.8

Department of Medical Assistance Services (DMAS)

VERSION CHANGE SUMMARY

VERSION NO.	DESCRIPTION	DATE
Version 1.0 – 1.1	Xerox VAMMIS FA 5010 Original Implementation	08/19/2011
Version 1.2	Updated with Dental Specific Data Elements	09/09/2011
Version 1.3	Updated with Transportation Specific Data Elements	09/26/2011
Version 1.4	Added INS04 in 2000 Loop for Transportation. Removed the PER05 in 2100A Loop for Transportation.	11/04/2011
Version 1.5	Xerox Rebranding	06/04/2012
Version 1.6	Updated for Behavioral Health	02/03/2014
Version 1.7	Updated for All Level of Care (Dental and Behavioral Health)	09/12/2014
Version 1.8	Updated For Release 67/68 SSN	10/16/2014
Version 1.9	Updated to include CCC MMP Information	07/08/2015
Version 2.0	Updated for Release 73 – COB Carrier ID and Behavioral Health Replacement ID Card	9/16/2015
Version 2.1	Conduent Rebranding	05/19/2017
Version 2.2	Updated for Medicare Administrative Contractors for CCC Plus – 2700 Loop; Removed paragraphs in Special Notes	06/05/2018
Version 2.3	Updated Special Notes regarding 834 file generation	06/11/2018
Version 2.4	Updated for Medicaid Expansion – Added 2300 REF XX1 and 2310 NM110 value 72 - Unknown	08/29/2018
Version 2.5	Updated XA and XG description on Page 9 for CCC Plus and Medallion 4 MCOs	12/02/2020
Version 2.6	Updated the Page Numbers, Added Citizenship Status, Case Review Date and Expected Delivery Date, New Change Source Values, Citizenship Status Values. Reference EWO 2020-350-001-M	10/08/2021
Version 2.7	Effective February 14, 2022 in preparation for MMIS Rebranding to MES April 4, 2022 Updated front matter including: Introduction – updated links, Purpose – reworded section, and Special Notes –reworded the section and on page 5 information added – DMAS MES EDI web portal access	01/31/2022
Version 2.8	Updated Change Code Source Value for MSR 2018-345-002-M	09/14/2022

INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N implementation guides. The use of this document is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion document supplements, but does not contradict any requirements in the X12N implementation guide.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at http://aspe.hhs.gov/admnsimp/final/txfin00.htm. The HIPAA Implementation Guides can be accessed at http://store.x12.org/store

PURPOSE

This guide provides assistance in the development and use of electronic transfer of benefit enrollment and maintenance data. Conduent adheres to all HIPAA standards and this guide contains clarifications and requirements that are specific to transactions and data elements contained in various segments.

This guide is used for various Vendors (includes Transportation, Behavioral Health and Dental) and any differences will be noted in the comments section specific to the Vendors.

SPECIAL NOTES

An MCO may request and obtain an NPI. If an NPI is assigned it will be used. MCOs that do not obtain an NPI will be given a new 10-digit DMAS assigned Atypical Provider ID (API). The 834 is generated using the MCO's API or NPI.

Multiple 2300 loops may be written out as necessary to reflect member enrollment segments. These segments are only present for Add (type 021) and Audit (type 030) records and sent out only when additional enrollment information is available on database. These segments can be easily ignored if not needed.

The Patient Pay amount (applies only for MCOs, MMPs and Behavioral Health Service Provider) will be sent in AMT segment with AMT01= 'C1'. The Patient Pay begin and end dates are sent in the DTP segment with qualifiers '348' and '349' in DTP01. These segments can be easily ignored if not needed.

The 834 transaction is used to provide member rosters. The Managed Care subsystem of VAMMIS generates an 834 file mid-month for each MCO after assignment runs. CCCPlusand Medallion 4.0 plans also receive two weekly files containing changes on the 6th and 13th of the month. The month end file contains the prospective capitation payment per member, and the remittance date that payment to the provider will occur in the next month.The Behavioral Health and Dental Service vendors receive a daily 834 benefit enrollment file in addition to a monthly 834 file. The NEMT broker receives a weekly and monthly 834 file.

Conduent uses the MOVEit® DMZ application to transmit batch EDI data into the Virginia Medicaid system. All Service Centers must have applied and been authorized by the Virginia EDI Coordinators office before using MOVEit® DMZ.

EDI Submitters can upload and retrieve batch files via the MOVEit® DMZ application using either of two methods:

a. Point a web browser to http://vammis-filetransfer.com and follow the web interface prompts to perform the desire task

b. Use an SFTP Client application that references the vammis-filetransfer.com domain to perform the desired task

MOVEit® DMZ is a secure file transfer and secure message server. It is a vital component of the MOVEit® family of secure file processing, storage, and transfer products developed by Ipswitch, Inc.

These products provide comprehensive, integrated, standards-based solutions for secure handling of sensitive information, including financial files, medical records, legal documents, and personal data.

More information or additional help regarding MOVEit® DMZ can be located on this webpage: https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-01/VAMMIS_File_Transfer_FAQ.pdf

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The DMAS MES EDI web portal can be accessed from this web page:
https://login.vamedicaid.dmas.virginia.gov/SecureISS/landingpage

For initial EDI Enrollment as a Trading partner, complete the Electronic Trading Partner Agreement online. The initial online enrollment can be accessed from this web page: https://vamedicaid.dmas.virginia.gov/form/edi-enrollment. After completing the enrollment, you will receive your credentials along with a unique Service Center ID assigned by Virginia Medicaid via email from no-reply@va.healthinteractive.net. The Virginia EDI test coordinator at Conduent will reach out with testing instructions after the Trading Partner Agreement is signed and approved.

The MES EDI web portal allows Service Centers or Trading Partners to:

- Enroll to submit healthcare transactions electronically
- Authorize trading partners or service centers to retrieve and/or modify electronic X12 transactions
- Self-service for password updates

Use the following link to access the MES EDI Portal FAQs:

https://login.vamedicaid.dmas.virginia.gov/SecureISS/faqLoginPage

DATA ELEMENT DESCRIPTION

Page	Loop	Segment	Data Element	Comments
C.4		ISA	ISA01 - Authorization Information Qualifier	00 – No authorization information present
C.4		ISA	ISA03 - Security Information Qualifier	00 – No security information present
C.4		ISA	ISA05 - Interchange ID Qualifier	ZZ – mutually defined
C.4		ISA	ISA06 - Interchange Sender ID	VAMMIS FA
C.5		ISA	ISA07 - Interchange ID Qualifier	ZZ – Mutually defined
C.5		ISA	ISA08 - Interchange Receiver ID	Medicaid Service Center
C.5		ISA	ISA12 - Interchange Control Version Number	00501 - Version Number
C.6		ISA	ISA14 – Acknowledgment Requested	0 = No Interchange Acknowledgment Requested
C.6		ISA	ISA15 - Usage Indicator	P = Production or T = Test
C.6		ISA	ISA16 - Component Element Separator	'>'
C.7		GS	GS02 - Application Sender's Code	VAMMIS FA
C.7		GS	GS03 - Application Receiver's Code	4 digit Service Center ID assigned by Virginia Medicaid
C.8		GS	GS08 - Version/Release/Industry Identifier Code	005010X220A1
36		REF	REF01- Ref ID Qualifier	38 - Master Policy Number
36		REF	REF02- Reference ID	Provider NPI or DMAS assigned API
37		DTP	DTP01 – Date/Time Qualifier	007 - Effective – File Effective Date
39	1000A	N1	N102 - Plan Sponsor Name (P5)	Department of Medical Assistance Services
40	1000A	N1	N104 - ID Code	DMAS Federal Tax ID 546116277
41	1000B	N1	N102 - Insurer Name (IN)	Provider name
42	1000B	N1	N104 - ID Code	Provider federal tax id
49	2000	INS	INS03 - Maintenance Type Code	**For MCOs and Behavioral Health:** 021 - Add 024 - Cancel 030 - Audit **For Dental, MMPs, and Behavioral Health Daily:** 030 - Audit **For MMPs mid-month and end of month files:** 021 – Add 024 – Cancel 030 – Audit

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Page	Loop	Segment	Data Element	Comments
49 - 51	2000	INS	INS04 – Maintenance Reason Code	**For Transportation Service Provider:** XN – Notification Only
55	2000	REF	REF01 – Ref ID Qualifier	0F – Subscriber number
55	2000	REF	REF02 - Reference ID	Member number
57	2000	REF	REF01 – Ref ID Qualifier	17 – Client reporting category
58	2000	REF	REF02 - Reference ID	Program designation code
57	2000	REF	REF01 – Ref ID Qualifier	3H – Case Number
58	2000	REF	REF02 - Reference ID	Case Number
57	2000	REF	REF01 – Ref ID Qualifier	ZZ – Mutually Defined
58	2000	REF	REF02 – Reference ID	**For Transportation Service Provider:** Capitation Rate **For MCOs, MMPs, Behavioral Health, Transportation Service Provider, and Dental Service Providers:** CZ-X CR-CCYYMMDD ED-CCYYMMDD The following are three values that are sent situationally based on data availability. (Concatenated Field with space between each) For instance: only one value will be sent if the other two are not available. (REF*ZZ*CZ-A) CZ- Citizenship Status CR- Case Review Date ED- Expected Delivery Citizenship Status Values for X: A – Undocumented/Illegal Alien or Legal Alien eligible only for emergency services C – US Citizen D – Undocumented/Illegal Alien or Legal Alien eligible only for dialysis srvcs E – Entrant I – Immigrant Children N – Naturalized US Citizen P – Full-benefit Qualified Alien R – Refugee V – Visitor, Temporary Visa
59-60	2000	DTP	DTP01 – Date/Time Qualifier	**For MCOs, MMPs, Behavioral Health, and Dental Service Providers:** 356 – Eligibility Begin Date 357 – Eligibility End Date **For Transportation Service Provider:** 300 – Enrollment Signature Date – Benefit Plan Date

64	2100A	NM1	NM108 - Identification Code Qualifier	**For Transportation, Behavioral Health, Dental Service Providers:** **"34" Social Security Number**
64	2100A	NM1	NM109 - Identification Code	**Social Security Number**
66	2100A	PER	PER03 – Communication Number Qualifier	**For MCOs and Behavioral Health:** TE – Telephone Number **For Transportation and Dental Service Providers:** HP – Home Phone Number
66	2100A	PER	PER05 – Communication Number Qualifier	**For Dental Service Providers:** WP – Work Phone Number
70	2100A	N4	N405 – Location Qualifier	60 – Area
70	2100A	N4	N406 – Location Identifier	FIPS Code
84	2100A	LUI	LUI01- Identification Code Qualifier	LE - ISO 639 Language Codes
85	2100A	LUI	LUI02- Identification Code	Language Code
142	2300	HD	HD03 – Insurance Line Code	**For MCOs, MMPs, Behavioral Health, and Dental Service Providers:** HMO - Health Maintenance Organization **For Transportation Service Provider:** HLT – Health

Page	Loop	Segment	Data Element	Comments
142	2300	HD	HD04 – Plan Coverage Description	**For MCOs, MMPs Behavioral Health, and Dental Service Providers:** Benefit plan package code **For Transportation Service Provider:** Benefit plan package code (Concatenated field with a short name at the end)
147	2300	AMT	AMT01 – Amount Qualifier Code	**For MCOs and MMPs:** P3 – Premium amount
147	2300	AMT	AMT02 - Monetary Amount	**For MCOs and MMPs:** Capitation amount - Payments only appear with the end of the month processing.
148	2300	REF	REF01 – Ref ID Qualifier	**For MCOs, MMPs, Behavioral Health, and Dental Service Providers:** 17 – Client reporting category (Indicates Managed Care Benefit) **For Transportation Service Provider:** ZZ –Mutually Defined
149	2300	REF	REF02 – Reference ID	**For MCOs, MMPs, Behavioral Health, and Dental Service Providers:** AID Category **For Transportation Service Provider:** M –Medicaid , O- Other
			The following IDC Segment Occurs for the Replacement ID Card if applicable	
150	2300	IDC	IDC01 – Plan Coverage Description	0 – Indicating no Additional Information
150	2300	IDC	IDC02 – Identification Card Type Code	H – Indicating Health Insurance
151	2300	IDC	IDC04 – Action code	RX – Indicating Replacement
154	2310	NM1	NM101 – Entity Identifier Code	P3 – Primary Care Provider Code
154	2310	NM1	NM102 – Entity Type Qualifier	2 – Non person Entity
154	2310	NM1	NM103 – Provider Last or Organization Name	Full name of the Provider
160	2310	PER	PER03 – Communication Number Qualifier	**For Transportation Service Provider:** TE – Telephone
160	2310	PER	PER04 – Communication Number	**For Transportation Service Provider:** Provider's Telephone Number
			The following loop can occur 5 times and provides information to a Third Party Administrator	
164	2320	COB	COB01 - Payer Responsibility Sequence Number Code	**For MCOs, MMPs, Behavioral Health, and Transportation Service Provider:** 'P' for PRIMARY 'S' for Secondary **For Dental Service Provider:**

Page	Loop	Segment	Data Element	Comments
				'U' for Unknown
164	2320	COB	COB02 - Reference ID	TPL policy number
164	2320	COB	COB03 - COB Code	1 – Coordination of benefits
164	2320	COB	COB04 – Service Type Code	**For MCOs, MMPs, and Transportation Service Provider:** 1 - Medical Care 35 - Dental Care 48 - Hospital Inpatient 89 - Free Standing Prescription Drug A4 - Psychiatric AG - Skilled Nursing Care AL - Vision (Optometry) **For Transportation Service Provider:** 50 - Hospital Outpatient 54 - Long Term Care Outpatient **For Dental Service Provider:** 1 - Medical Care 35 - Dental Care **For Behavioral Health Service Provider:** 1 - Medical Care 48 - Hospital Inpatient A4 - Psychiatric
166	2320	REF	REF01 - Reference ID Qualifier	60 - Account Suffix Code
167	2320	REF	REF02 - Reference ID	TPL coverage type
166	2320	REF	REF01 - Reference ID Qualifier	ZZ- Mutually Defined
167	2320	REF	REF02 - Reference ID	TPL Carrier ID
168	2320	DTP	DTP01 - Date/Time Qualifier	344 – COB Begin Date
168	2320	DTP	DTP03 - Date Time Period	TPL Begin Date
168	2320	DTP	DTP01 - Date/Time Qualifier	345 – COB End Date
168	2320	DTP	DTP03 - Date Time Period	TPL End Date
The following loop can occur 3 times and provides information to a Third Party Administrator				
169	2330	NM1	NM101 - Entity ID Code	IN – Insurer
170	2330	NM1	NM103 – Name Last or Organization Name	TPL carrier name
171	2330	N3	N301 – Address Information	TPL Carrier Address Line 1
172	2330	N4	N401 – City Name	TPL Carrier City Name
173	2330	N4	N402 – State or Province Code	TPL Carrier State
173	2330	N4	N403 – Postal Code	TPL Carrier Zipcode

Page	Loop	Segment	Data Element	Comments
**This additional 2300 loop will carry additional benefit segments; it can occur up to 40 times.**
140	2300	HD	HD01 – Maintenance type code	**For Behavioral Health and the Dental Vendor:** 021 - Adds 024 - Cancel 030 - Audits **For Transportation Service Provider:** 021 for Adds 030 for Audits
141	2300	HD	HD03 – Insurance Line Code	**For MCOs, Behavioral Health and the Dental Vendor:** HMO - Health Maintenance Organization **For Transportation Service Provider:** HLT – Health
141	2300	HD	HD04 – Plan Coverage Description	Benefit plan package code (**does not apply to the Behavioral Health and the Dental Vendor.**)
143	2300	DTP	DTP01 - Date/Time Qualifier	348 for Enrollment begin date
144	2300	DTP	DTP03 - Date Time Period	Enrollment begin date
143	2300	DTP	DTP01 – Date/Time Qualifier	349 for Enrollment end date
144	2300	DTP	DTP03 – Date/Time Period	Enrollment end date
146	2300	REF	REF01 – Reference ID Qualifier	1L for Group or Policy Number
147	2300	REF	REF02 – Reference ID	First two characters of Benefit Plan **For MCOs and Transportation Vendor:** (Default to 00) **For Behavioral Health and the Dental Vendor:** (Default to 01)
The following segment applies to CCC Plus and Medallion 4.0 MCOs for the Medically Complex benefit:
146	2300	REF	REF01 – Reference ID Qualifier	XX1 for Special Program Code
147	2300	REF	REF02 – Reference ID	'Change Source' value: 'X' - Indicates a screening has been completed, and is not required for this member. (Loop 2310, NM109 identifies the MCO ID that supplied the most recent screening.) 'XP' – Indicates a screening is required for this member. (Member attestation to DSS.) 'XA' – Indicates screening was 'auto-assigned' 'XG' – Indicates member is former GAP '86' – Ventilator '89' – Medically Complex '92' - Rehabilitation
153	2310	NM1	NM101 – Entity Identifier Code	P3 – Primary Care Provider Code (Only occurs
154	2310	NM1	NM102 – Entity Type Qualifier	2 – Non person Entity

Page	Loop	Segment	Data Element	Comments
155	2310	NM1	NM108 – Identification Code Qualifier	SV – Service Provider Number
155	2310	NM1	NM109 – Identification Code	Provider ID associated with the benefit in the 2300 loop
155	2310	NM1	NM110 – Entity Relationship Code	25 – Established Patient – default value for benefits (Managed Care, Waivers, EI, etc.); 72 – Unknown – value for Medically Complex benefit (HD04 is '01010100X')
The following loop will be populated for CCC Plus NPIs to identify a Member's Medicare Administrative Contract ID when available				
176	2700	LS	LS01 – Loop Identifier Code	2700 – Loop Header
177	2710	LX	LX01 – Assigned Number	A sequential number beginning with 1. If you are only expecting one, this will always be 1.
178	2750	N1	N101 – Entity Identifier Code	75 – Participant
178	2750	N1	N102 – Name	Member Reporting Category Name. For example, Member Associated DSNP
179	2750	REF	REF01 – Reference ID Qualifier	ZZ – Mutually Defined
180	2750	REF	REF02 – Reference ID	Alphanumeric MAC ID (DE 9064)
181	2750	DTP	DTP01 – Date/Time Qualifier	007 – Effective Date
181	2750	DTP	DTP02 – Date/Time Period Qualifier Format	D8 – CCYYMMDD format
182	2750	DTP	DTP03 – Date/Time Period	Effective date of the month – For example, if we are running in October for November, date would be "20171101"
183	2700	LE	LE01 – Loop Identifier Code	2700 – Loop Trailer