

District of Columbia

ANSI ASC X12N 834 (Version 5010A)



Benefit Enrollment and Maintenance Transactions DC MMIS Companion Guide Version 1.02

January 2024



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Configuration of this Document

This document is under full configuration management. See the *Configuration Management Plan* for owner and rules.

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Preface

This Companion Guide to the Version 5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Conduent EDI Solutions. Transmissions based on this companion guide, used in tandem with the Version 5010 ANSI ASC X12N Implementation Guides, are compliant with both 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

Conduent EDI Solutions, a leader in healthcare technology, provides EDI gateway services to providers enrolled in contracted healthcare plans. This guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with Conduent EDI Solutions and supplies specific data clarifications where applicable.

Our electronic transaction services provide the following functionalities:

- · Easily submit all your transactions to one source
- · Submit transactions twenty-four hours a day, seven days a week
- · Receive confirmation of receipt of each file transferred

Healthcare plans that participate with Conduent EDI Solutions are referred to as payers. Transactions are accepted electronically into our data center and are processed through the Conduent State Healthcare Clearinghouse (SHCH).

The Conduent SHCH provides connectivity for the flow of electronic health care transactions between medical providers, billing services, vendors, other clearinghouses, and the District of Columbia MMIS (DC MMIS) system. Additionally, Conduent SHCH provides translation to and from ANSI ASC X12N standard formats.

Our electronic transactions acquisition services provide an array of tools that allow you to receive remittance notification from healthcare plans on a regular basis.

Scope

This companion guide is intended for use by DC Medicaid Trading Partners for the submission of the X12N 834 transactions to the Conduent SHCH through Conduent EDI Solutions for processing. The companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for DC Medicaid. This companion guide is subject to change.

The ANSI ASC X12N 834 transaction, used by employers, as well as unions, government agencies or insurance agencies, to enroll members in a healthcare benefit plan, is submitted to the Conduent SHCH for processing. Conduent SHCH validates submission of ANSI X12N format(s).

Overview

This document provides the following information for DC Medicaid Trading Partners:

- Testing expectations
- · Connectivity methods for transaction transmission and associated security standards
- DC Medicaid data requirements
- · Additional service offerings
- Details on responses/acknowledgements
- X12 transaction data clarifications

References

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Consolidated Guides (TR3), as adopted under HIPAA. These are available at: https://x12.org/products/technical-reports.



Additional Information

The companion guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with Conduent EDI and specifies data clarification where applicable.

Insurance companies and health plans that participate with Conduent EDI are referred to as payers, DC Medicaid being one of the payers. Transactions are accepted electronically into our data center in East Windsor, NJ, and are processed through the Conduent EDI clearinghouse. As a Conduent EDI clearinghouse service, we provide connectivity to various health plans and states where Conduent EDI is the fiscal agent, third-party administrator, or contracted clearinghouse.



2 Getting Started

Working with District of Columbia Medicaid

Any entity sending electronic transmissions to Conduent EDI Solutions for processing where reports and responses will be delivered must complete an EDI enrollment package. This package provides Conduent EDI Solutions the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID, which are required to submit electronic transmissions.

Trading Partner Registration

You may obtain an enrollment package by contacting the Conduent EDI Support Unit or by downloading it from our website at: http://edisolutionsmmis.portal.conduent.com/gcro/

Certification and Testing Overview

Conduent EDI Solutions does not require certification of submitters and their transactions, but we do require some minimal transaction testing.

Completion of the testing process must occur prior to electronic submission of production data to Conduent EDI Solutions. Assistance from Conduent EDI Business Analysts is available throughout this process. Each test transmission is inspected thoroughly to ensure no format errors are present. Testing is conducted to verify the integrity of the format, not the integrity of the data; however, to simulate a production environment, we request that you send real transmission data. The number of test transmissions required depends on the number of format errors on a transmission and the relative severity of these errors. Additional testing may be required in the future to verify any changes made to Conduent's system. Also, changes to the X12N formats may require additional testing.



3 Testing with the Payer

Trading Partner Testing Procedures

- Conduent EDI Solutions provides companion guides and enrollment packages for download via the
 web at: https://edisolutionsmmis.portal.conduent.com/gcro/, then choose the applicable item from the
 menu on the left.
- The Trading Partner completes and submits enrollment package to Conduent EDI Solutions.
- The Trading Partner is assigned Logon Name and Logon User ID.
- The Trading Partner contacts the Conduent EDI Business Analyst department at 1(866) 407-2005 to arrange a testing schedule and complete their EDIFECS enrollment.
- The Trading Partner has access to the EDIFECS website to submit X12N test files for analysis. Each
 test file is analyzed based on the seven levels of testing defined by WEDI SNIP. At this time, the
 submitter is required to address any errors discovered by EDIFECS during the compliance analysis
 prior to moving on to the next stage of testing with Conduent EDI Solutions.
- The Trading Partner executes test cases and data is sent to Conduent EDI Solutions.
- The Business Analyst evaluates flow of test data through the Conduent SHCH.
- If test cases are completed successfully, the Business Analyst contacts the Trading Partner to advise
 Trading Partner that they are approved for placement into the production environment when available.
 If the testing entity is a software vendor, they will be required to provide a list of submitters using the
 approved software package.
- If test cases are unsuccessful, the Business Analyst will contact the Trading Partner. The Trading Partner will remain in the testing environment until test cases are completed successfully.

CommerceDesk Online –Testing Application

CommerceDesk Online is an online HIPAA testing application available to the District of Columbia. CommerceDesk Online offers the following types of testing against the base HIPAA Consolidated guidelines for free.

- **Test all 7 WEDI/SNIP Types.** CommerceDesk Online provides all 7 Types of WEDI/SNIP Testing for HIPAA, including integrity testing, requirement testing, balancing testing, situational testing, code set testing, product or services testing, and guide-specific testing.
- Test the HIPAA Code Sets. Validate over 40 industry code tables and databases.
- Get your Answers Fast. With CommerceDesk Online, the results of your free compliance testing are
 typically available within seconds for small files and within minutes for files up to 10 megabytes and
 larger.

The Conduent Washington DC Medicaid Community on the CommerceDesk Online application can be accessed at: https://sites.edifecs.com/?conduent. All submitters will contact the Conduent Client Integration Testing Support Unit to enroll. Once enrolled, submitters will test claims submissions through the CommerceDesk Online utility and will receive a file status report. Once these files test with no errors, a submitter may then submit test claims submissions to Conduent SHCH for Client Integration testing.



4 Connectivity with the Payer(s)/Communications

This section describes the process to submit HIPAA X12N 834 transactions along with various submission methods, security requirements, and exception handling procedures.

Transmission Administrative Procedures

This section describes the available transmission modes to Conduent EDI Solutions.

Providers will have an option to select an appropriate transmission mode. Providers may also opt for two different modes of receipt and delivery. This means that the provider may submit transactions in one transmission mode and receive the return transactions via an alternate mode. Please note that some modes of transmission have additional costs that are the responsibility of the external Trading Partner.

Re-Transmission Procedures

Please contact the EDI Solutions Helpdesk regarding re-transmission procedures.

Communication Protocol Specifications

We offer the following transmission methods for Trading Partners:

- EDI Direct
- FTPs or sFTP
- MOVEit DMZ
- WINASAP5010 (*select payers)

Transaction transmission is available twenty-four hours a day, seven days a week. This availability is subject to scheduled and unscheduled maintenance downtime. It is operational policy to schedule preventative maintenance periods on weekends whenever possible.

Data Retrieval

This section describes the available data delivery modes from Conduent EDI Solutions.

Web Portal

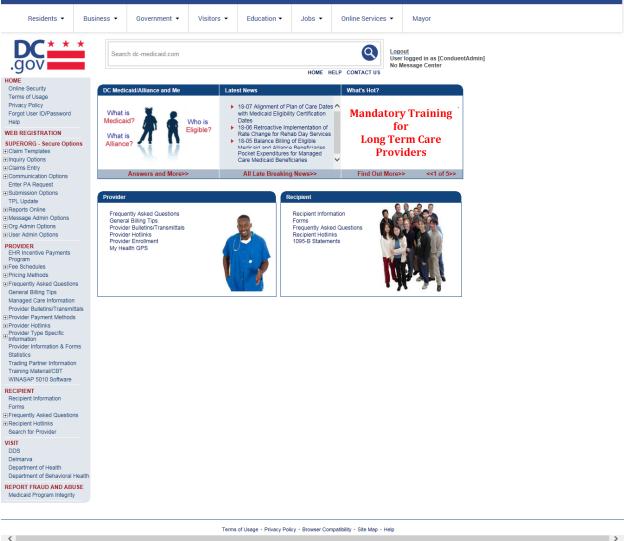
The Web Portal allows all trading partners to retrieve data via the Internet 24 hours a day, seven days a week. Each individual provider has the option of retrieving the transaction responses and reports themselves and/or of allowing billing agents and clearinghouses the option of retrieval on their behalf. The trading partner will access the Web Portal system using the User ID and Password provided during the enrollment process.

Site Access

The web address to access data from Conduent EDI Solutions is https://www.dc-medicaid.com/dcwebportal/home. Click on the Login button to request access to the secure Data Exchange area.



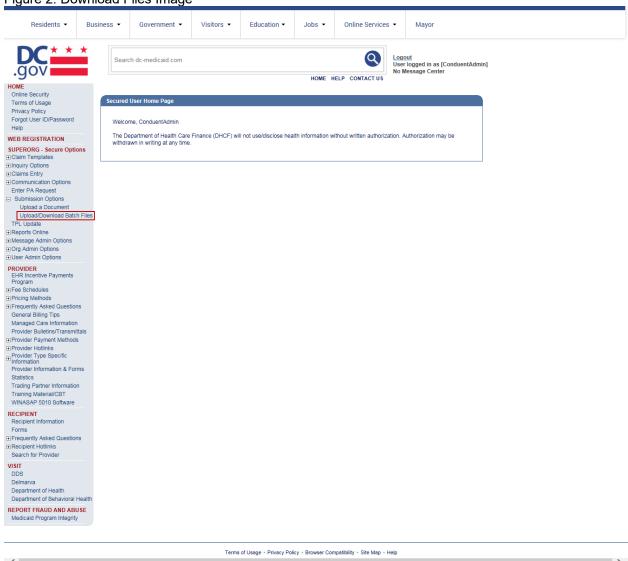




If you enter an invalid user ID or password, an error screen will display, and entry will not be allowed. Enter access information exactly as it is specified, including case and spaces, if any. If the correct user ID and password have been entered and a failure occurs, please contact the Conduent EDI Support Unit at 1 (866) 407-2005.



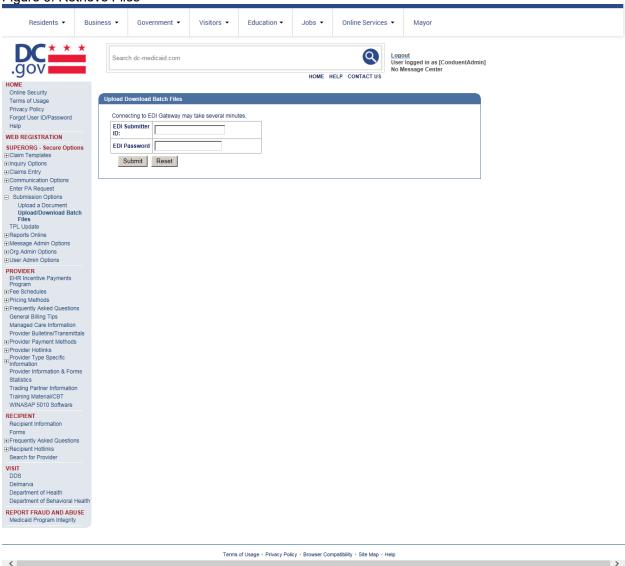
Figure 2: Download Files Image



Select the Upload/Download Files Link to retrieve files from the Conduent SHCH.



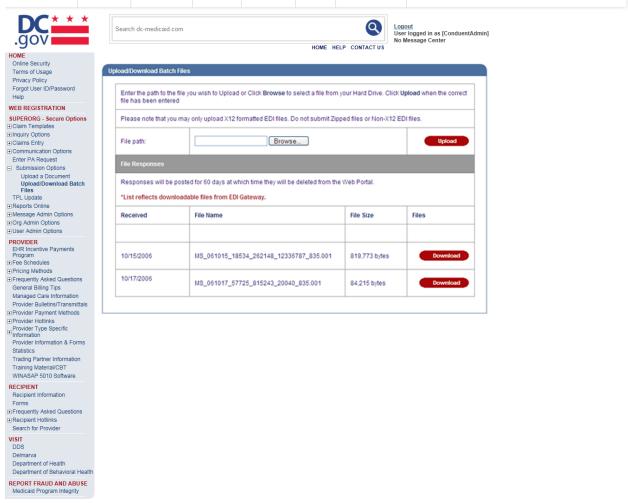
Figure 3: Retrieve Files



Enter the Submitter ID. Then click on the Submit button to view all files that can be viewed or downloaded.







Click on the download button of the file you would like to view. This will open the file in Adobe Acrobat.

Terms of Usage • Privacy Policy • Browser Compatibility • Site Map • Help

Movelt DMZ

MOVEit DMZ is appropriate for submitters of large transaction files. MOVEit DMZ is a software product that transports data via secure FTP across the Internet.

There are two methods for using MOVEit DMZ:

- Uploading files through a secure website: https://moveit.pdc.conduent.com/.
- 2. Sending and receiving files via Secure FTP client. (MOVEit Freely is a free Secure FTP client available for download at https://www.ipswitch.com/moveit).



MOVEit-Compatible FTP Applications

Table 1: MOVEit-Compatible FTP Applications

MOVEit-Compatible FTP Applications SSH2 SFTP and SCP2 Clients

HTTPS (HTTP over SSL) Clients

cURL (downloads only)

• AIX; AmigaOS; BeOS; DOS; DragonFly BSD; FreeBSD; HPUX; Linux; NetBSD; NetWare; OpenBSD; OS/2; OS X; QNX; RISC OS; Solaris; SunOS; Tru64 UNIX; UNIXware; VMS; Windows

Internet Explorer Web Browser

Macintosh, Windows

Firefox Web Browser

any supported OS

MOVEit Central

Windows Vista Business Ed., 2003, XP Professional, 2000 Server

MOVEit Central API Java Class

Windows Vista Business Ed., 2003, XP Professional, 2000 Server

MOVEit Central API Windows COM Component

Windows Vista Business Ed., 2003, XP Professional, 2000 Server

MOVEit DMZ API Java Class

any OS with Java v.1.4 or higher

MOVEit DMZ API Windows COM Component

Windows Vista Business Ed., 2003, XP. 2000. NT 4.0

MOVEit Wizard ActiveX Plugin

Internet Explorer Windows

MOVEit Wizard Java Plugin

Firefox Linux and Windows: Mozilla Linux and Windows; Netscape Linux and Windows; Opera Linux and Windows; Safari OS X

MOVEit Xfer Java

Any OS with Java v.1.4 or higher

MOVEit Xfer Windows

Windows Vista Business Ed., 2003, XP, 2000, ME, 98, NT

Mozilla Web Browser

any supported OS

Netscape Navigator Web Browser

• Linux, Macintosh, Windows

Opera Web Browser

anv supported OS

Safari Web Browser

OS X

AS2 and AS3 (SSL) Clients

Clients that are AS2 or AS3 certified by Drummond will be compatible with MOVEit DMZ, including:

MOVEit Central

Windows Vista Business Ed., 2003, XP Professional, 2000 Server

Cyberduck

OS X v.10.3 or higher

Cyclone Commerce Interchange

Solaris

FileZilla

Windows

F-Secure SSH (including SCP2)

Solaris, UNIX, Windows

Fugu

OS X v.10.3 or higher

IBM Ported Tools (OpenSSH)

z/OS

Ipswitch WS_FTP Pro

Windows

J2SSH

Java

MacSSH

OS X v.10.3 or higher

Magnetk sftpdrive

Windows

MOVEit Central

 Windows Vista Business Ed., 2003, XP Professional, 2000 Server

NET::SFTP (uses Net::SSH::Perl)

Linux

OpenSSH for sftp

MVS; OS X v.10.3 or higher; Solaris; UNIX; Windows; z/OS v.1.4 or higher

Putty PSCAP and **PSFTP**

Windows, Windows NT for Alpha

Rbrowser

OS X v.10.3 or higher

SouthRiver Technologies WebDrive

Windows

SSH FileSystem (SSHFS)

Unix (requires OpenSSH and FUSE)

SSH Secure Shell FTP

Windows

SSH Tectia Client

AIX, HP-UX, Linux, Solaris, Windows

SSH Tectia Connector

Windows

Stairways Interarchy

OS X

Transmit

OS X v.10.3 or higher •

WinSCP (in SFTP mode)

Windows



MOVEit-Compatible FTP Applications

FTPS (FTP over SSL) Clients

bTrade TDAccess

 AIX, AS/400, HP-UX, Linux, MVS, Solaris, Windows

C-Kermit FTP

AIX, QNX, UNIX, VMS

Cleo LexiCom

• AS/400, Linux, UNIX, Windows **cURL**

 AIX; AmigaOS; BeOS; DOS; DragonFly BSD; FreeBSD; HPUX; Linux; NetBSD; NetWare; OpenBSD; OS/2; OS X; QNX; RISC OS; Solaris; SunOS; Tru64 UNIX; UNIXware; VMS; Windows

FileZilla

Windows

GlobalSCAPE CuteFTP Pro

Windows

GLUB Secure FTP

Java

IBM z/OS Secure Sockets FTP

z/OS

IniCom FlashFXP (GUI v.3.0 or higher)

Windows

Ipswitch WS FTP Pro (GUI v.7.0 or higher)

Windows

LFTP

AIX, MVS, Solaris, UNIX

MOVEit Buddy

 Windows Vista Business Ed., 2003, XP, 2000, ME, 98, NT

MOVEit Central

 Windows Vista Business Ed., 2003, XP Professional, 2000 Server

MOVEit Freely

 Windows Vista Business Ed., 2003, XP, 2000, ME, 98, NT

Netkit

Linux, Solaris, UNIX

FTPS (FTP over SSL) Clients, Cont.

Rhino Voyager FTP

Windows

Seagull Secure FTP Pro

Windows

SmartFTP

Windows

SouthRiver Technologies WebDrive

Windows

Stairways Interarchy

OS X

Sterling Commerce Connect:Direct Enterprise Command Line Client

• UNIX, Windows

Surge SSLFTP

FreeBSD; Linux; Macintosh; Solaris; Windows

TrailBlazer ZMOD

OS/400

Tumbleweed SecureTransport Clients

UNIX, Windows

/n software IP*Works SSL

Windows

Passwords

Trading partners are assigned a "Logon Name" and "Logon User ID" during the enrollment process with DC Medicaid.

Password General Standards

Login User IDs (passwords) are nine characters



5 Contact Information

EDI Customer Service/Technical Assistance

The Conduent EDI Support Unit assists users with questions about electronic submission. The Conduent EDI Support Unit is available to all District of Columbia Medicaid Providers Monday through Friday from 8:00 a.m. to 5:00 p.m. EST at 1 (866) 407-2005. The Conduent EDI Support Unit:

- Provides information on available services;
- · Enrolls users for electronic submission;
- · Verifies receipt of electronic transmissions; and
- · Provides technical assistance to users who are experiencing transmission difficulties.

Transmission Telephone Number

Conduent EDI Solutions provides availability for transmission 24 hours a day, 7 days a week. There are no restrictions on the number or frequency of transmissions. The transmission telephone number is 1 (800) 334-2832 or 1 (800) 334-4650.

Tracking Transmission/Production Problems

Please have the following information available when calling the Conduent 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 Conduent EDI Support Unit.

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

Provider Service Number

Conduent EDI is the clearinghouse that will manage the receipt and delivery of the DC Medicaid files. EDI will not be able to answer billing questions or provide an explanation of claim denials.

Trading partners may contact **1** (866) 407-2005, Option 3, to receive assistance with provider service-related questions.

Applicable Websites

http://edisolutionsmmis.portal.conduent.com/gcro/



6 Control Segments/Envelopes

ISA-IEA

Conduent EDI Solutions will read the Interchange Control Segments to validate the Interchange Envelope of each ASC X12 file received for processing. If the InterchangeEnvelope is invalid, the trading partner will receive a TA1 Interchange Acknowledgement. In the event a TA1 is generated, the TA1 will be delivered to the Trading Partner Mailbox. The ISA table provides sender and receiver codes, authorization and delimiter information.

Table 2: ISA-IEA Segment

TR3 Page	Loop	Segment	Data Element	Industry Name	Comments
		Interch	nange Contro	l Header (ISA)	
C.3	Envelope	ISA	01	Authorization Information Qualifier	Refer to the X12 TR3 Guide
C.4	Envelope	ISA	06	Interchange Sender ID	Trading Partner ID assigned by DC Medicaid/Conduent EDI
C.5	Envelope	ISA	08	Interchange Receiver ID	100000
C.6	Envelope	ISA	16	Component Element Separator	Refer to the X12 TR3 Guide

GS-GE

Conduent EDI Solutions permits Trading Partners to submit single or multiple functional groups within an X12 file. If the X12 file contains multiple functional groups, Conduent EDI will split a file containing multiple functional groups in several files for processing. As a result, the Trading Partner will receive multiple X12C 999 Implementation Acknowledgments.

Table 3: GS-GE Segment

TR3 Page	Loop	Segment	Data Element	Industry Name	Comments			
	Functional Group Header (GS)							
C.7	Envelope	GS	02	Application Sender's Code	Trading Partner ID assigned by DC Medicaid/ Conduent EDI			
C.7	Envelope	GS	03	Application Receiver's Code	77033			



ST-SE

Conduent EDI Solutions will require a unique Transaction Set Control Number in the ST02. The ST02 value should match the SE02 value. Should a file contain multiple ST to SE Transaction Sets, each transaction set control number may not be duplicated withinthe same interchange (ISA to IEA).

Table 4: ST-SE Segment

TR3 Page	Loop	Segment	Data Element	Industry Name	Comments		
	Transaction Set Header (ST to SE)						
70	Functional Group	ST	02	Transaction Set Control Number	Refer to the X12 TR3Guide		
Transaction Set Trailer (SE)							
499	Functional Group	SE	02	Transaction Set Control Number	Refer to the X12 TR3Guide		



7 Payer-Specific Business Rules and Limitations

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

- Each user is assigned a six-digit Trading Partner ID.
- If you are a current submitter you will continue to use your current five-digit submitter ID.
- Login 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 data.
- District of Columbia Medicaid Recipient IDs are eight digits long.
- The Receiver ID and Payer ID for District of Columbia Medicaid is **77033**. Transmissions without this value in the appropriate fields will not be processed.

Your Trading Partner Agreement determines where reports and response will be delivered.



8 Acknowledgements and/or Reports

HIPAA not only gave the healthcare community the ability to standardize transactions, but also the ability to standardize front-end edits and the acceptance/rejection reports associated with the edits. The acceptance/rejection reports pertain to precision within EDI transaction format syntax and transaction Consolidated Guide compliance. When a report is generated, the type of report returned is dependent on the edit level that is invalid. However, acknowledgement/rejection report guidance is not specific to the ANSI ASC X12N 834 transaction and, therefore, not included in this guide.

Report Inventory

Please review the other transaction-specific companion guides for applicable report inventories. Acknowledgement/rejection reports are not specific to the ANSI ASC X12N 834 transaction.



9 Trading Partner Agreements

Conduent EDI Solutions requires trading partner enrollment, which includes a trading partner agreement, for testing and submission of X12N 834 transactions through our processing gateway. Your trading partner agreement also determines where reports and responses will be delivered.

Trading Partners

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



10 Transaction-Specific Information (Version 5010)

The EDI 834 transaction set represents a Benefit Enrollment and Maintenance document. It is used by employers, as well as unions, government agencies or insurance agencies, to enroll members in a healthcare benefit plan. The 834 has been specified by HIPAA 5010 standards for the electronic exchange of member enrollment information, including benefits, plan subscription and employee demographic information. The 834 transaction may be used for any of the following functions relative to health plans:

- · New enrollments
- · Changes in a member's enrollment
- · Reinstatement of a member's enrollment
- · Disenrollment of members (i.e., termination of plan membership)

The information is submitted, typically by the employer, to healthcare payer organizations who are responsible for payment of health claims and administering insurance and/or benefits. This may include insurance companies, healthcare professional organizations such as HMOs or PPOs, government agencies such as Medicare and Medicaid. A typical 834 document may include the following information:

- · Subscriber name and identification
- · Plan network identification
- · Subscriber eligibility and/or benefit information
- Product/service identification

Special Characters

Please note that the name and address fields have been purged of any special characters that are protected or used by the X12N formatting. Those characters are:

- ~ Tilde
- ` Apostrophe
- * Asterisk
- : Colon

Data Clarifications

This section contains data clarifications. The clarifications include:

- Identifiers used when a national standard has not been adopted (and),
- Parameters in the implementation guide that provide options

834 Benefit Enrollment and Maintenance

Table 5: 834 Benefit Enrollment and Maintenance

Loop	Segment	Data Element	DC Specific Comments			
	Transaction Set Header					
Transaction set Header	ST	01	Transaction Set Identifier Code. This field is populated with '834'.			
Set Header			This held is populated with 60+.			



Loop	Segment	Data Element	DC Specific Comments
Transaction set Header	ST	02	Transaction Set Control Number. Calculated sequential number. Start with 00000001 - Increment by 1 when multiple transactions set. Starts back at 1 with each transmission.
			Beginning Segment
Header	BGN	01	Transaction Set Purpose Code. This field is populated with '00' – Original. If a transmission fails, send '15' – Re-submission. If another copy is needed, send '22' – Information Copy.
Header	BGN	02	Reference Identification. This field is populated with Medicaid Provider Number.
Header	BGN	03	This is the Current date.
Header	BGN	04	This is the Current time.
Header	BGN	08	This field is populated with '2' or '4'. Values are: • 2 = Change • 4 = Verify (Ongoing Roster)
		Trai	nsaction Set Policy Number
Header	REF	01	This field is populated with '38'.
Header	REF	02	Master Policy Number. This field is populated with Medicaid MCO Provider Number.
Header	DTP	01	Date/Time Qualifier. This field is populated with '382'.
Header	DTP	02	Date/Time Format Qualifier. This field is populated with 'D8'.
Header	DTP	03	Cycle Date
			Submitter Name (Loop 1000A)
1000A	N1	01	Plan Sponsor. This field is populated with 'P5'.
1000A	N1	02	This field is populated with 'DC MEDICAID'.
1000A	N1	03	This field is populated with 'FI'.
1000A	N1	04	This field is populated with '536001131'.
			Payer
4000D	NI4	04	(Loop 1000B)
1000B	N1	01	Insurer. This is the Managed Care Organization (MCO) This field is populated with 'IN'.
1000B	N1	02	Retrieve Medicaid Provider Name using the Provider Number in the Recipient MCO span.
1000B	N1	03	This field is populated with 'FI'.
1000B	N1	04	Identification Code. MCO's FTIN from Medicaid Provider File.
		1	TPA/Broker Name (Loop 1000C)
			This loop will not be present when the MCO provider is HSCSN, Inc. Also, if the enrollments are not to be done by the enrollment broker, these fields will be spaces. The enrollments are done by MAA (the Sponsor).



Loop	Segment	Data Element	DC Specific Comments
1000C	N1	01	MCO Enrollment Broker. This field is populated with 'BO'.
1000C	N1	02	Name. This field is populated with 'POLICY-STUDIES, INC.'.
1000C	N1	03	Code assigned by Organization. This field is populated with '94'.
1000C	N1	04	Code that identifies the MCO Broker. This field is populated with 'POLICY-STUDIES, INC.'
		l	Member Level Detail (Loop 2000)
2000	INS	01	This field is populated with 'Y - Subscriber' when INS02 is '18'. This field is populated with 'N – Not Subscriber' when INS02 is '19'.
2000	INS	02	This field is populated with '19 - Child' when the member is less than 18 years of age and is not designated as head of the household, otherwise the value is '18 – Self'.
2000	INS	03	Maintenance Type Code. Code Values used: • 021 - Additions • 024 - Terminations • 025 - Reinstatement • 030 - Audit (Corresponds to Monthly Ongoing Roster)
2000	INS	04	Maintenance Reason Code. Code values used: • 03 -Death • 07 - Termination of Benefits • 22 - Plan Change • 28 - Initial Enrollment • 41 - Re-enrollment • XN - Notification Only (Corresponds to Monthly Ongoing Roster)
2000	INS	05	Benefit Status Code. This field is populated with 'A'.
2000	INS	06	Medicare Plan Code. This field is populated with 'A', 'B', 'C', or 'E' depending on the Medicare spans maintained in DC Medicaid.
2000	INS	08	Employment Status Code. Value "FT" – Full time.
2000	INS	10	Handicap Indicator. This field is populated with 'Y' when Recipient Program Code is identified as "blind" or "disabled", otherwise set to 'N' or blank.
2000	INS	11	Recipient Date of Death Qualifier. This field is populated with 'D8' if the Recipient Date of Death is populated, otherwise blanks.
2000	INS	12	Recipient Date of Death in the CCYYMMDD format when not zeros, otherwise blanks.
2000	REF	01	This field is populated with '0F'.
2000	REF	02	Subscriber ID. This field is populated with Medicaid Current Recipient ID.



Loop	Segment	Data	DC Specific Comments
2000	REF	Element 01	Group or Policy Number.
			This field is populated with '1L'.
2000	REF	02	Policy Number. Populated with Medicaid Current Recipient ID.
2000	REF	01	Recipient ID Qualifier. This field is populated with '3H'
2000	REF	02	This field is populated with Medicaid Current Case Number. If the case number is missing, populated with zeroes.
2000	REF	01	Recipient ID Qualifier. This field is populated with 'DX'.
2000	REF	02	Populated with this phrase: 'PGM=CCCCDISEN=DDCAT=RRAGE=AAA', where CCCC = Medicaid Recipient Program Code, DD = Medicaid HMO Disenrollment Reason, RR = Medicaid HMO Reason Category, and AAA = Medicaid Recipient Age. HH2= Y or N (Transportation Broker Only)
2000	REF	01	Recipient ID Qualifier. This field is populated with 'F6'. Only populated when Medicare ID Number (HIC Number) is present and segment INS06 is not 'E'.
2000	REF	02	This field is populated with Medicare ID Number (HIC Number) when present and segment INS06 is not 'E'.
2000	REF	01	Recipient ID Qualifier. This field is populated with 'Q4'. Only populated when Medicaid Original Recipient ID is different from Medicaid Current Recipient ID.
2000	REF	02	This field is populated with Medicaid Original Recipient ID when different from Medicaid Current Recipient ID.
2000	DTP	01	Maintenance Effective date qualifier code. This field is populated with '303'.
2000	DTP	02	Maintenance Effective date qualifier. This field is populated with 'D8'.
2000	DTP	03	This field is populated with Medicaid Recipient Recertification Month in the CCYYMMDD format, where the DD will be 01. If the recert date is missing, populated with spaces.
2000	DTP	01	Effective Date Qualifier code. This field is populated with '356'.
2000	DTP	02	Effective date qualifier. This field is populated with 'D8'.
2000	DTP	03	This field is populated with Medicaid Recipient HMO Begin Date in the CCYYMMDD format.
2000	DTP	01	Effective Date Qualifier. This field is populated with '357'.
2000	DTP	02	Effective date qualifier. This field is populated with 'D8'.
2000	DTP	03	This field is populated with Medicaid Recipient HMO End Date in the CCYYMMDD format.
2000	DTP	01	Effective Date Qualifier Code. This field is populated with '473'.
2000	DTP	02	Effective date qualifier. This field is populated with 'D8'.



Loop	Segment	Data Element	DC Specific Comments
2000	DTP	03	This field is populated with Medicaid Recipient Eligibility Begin Date in the CCYYMMDD format.
2000	DTP	01	Effective Date Qualifier Code. This field is populated with '474'. If the Eligibility End Date is "open-ended" (i.e. 99999999), this code is not populated.
2000	DTP	02	Effective date qualifier. This field is populated with 'D8'.
2000	DTP	03	This field is populated with Medicaid Recipient Eligibility End Date in the CCYYMMDD format. If the Eligibility End Date is "open-ended" (i.e. 99999999), this date is not populated.
			Member Name (Loop 2100A)
2100A	NM1	01	Insured or Subscriber. This field is populated with 'IL'.
2100A	NM1	02	Entity Type Qualifier. This field is populated with '1'.
2100A	NM1	03	This field is populated with Medicaid Recipient Last Name.
2100A	NM1	04	This field is populated with Medicaid Recipient First Name.
2100A	NM1	05	This field is populated with Medicaid Recipient Middle Initial.
2100A	NM1	08	Recipient ID Qualifier. This field is populated with '34' when the SSN is available. If the SSN for the Recipient is missing this field is populated with 'ZZ'. (Note: Effective 6/6/2014, SSN will no longer be transmitted, so this field will always be populated with 'ZZ'.)
2100A	NM1	09	This field is populated with Medicaid Recipient Social Security Number. If the Recipient SSN is not available, this field is populated with the Medicaid Recipient ID. (Note: Effective 6/6/2014, SSN will no longer be transmitted, so this field will always be populated with the Medicaid Recipient ID.)
2100A	PER	01	Insured Party. This field is populated with 'IP'.
2100A	PER	03	Telephone. This field is populated with 'TE'.
2100A	PER	04	This field is populated with Medicaid Recipient Phone Number.
2100A	N3	01	Subscriber Address Line 1. Includes: Medicaid Recipient House Number, Recipient Street and Suffix. May also include Recipient Apt Number.
2100A	N3	02	Subscriber Address Line 2. Includes: Medicaid Recipient Addr Line 2, if second address line exists. (Apt Number may appear here as well)
2100A	N4	01	Populated with Medicaid Recipient City.
2100A 2100A	N4 N4	01	Populated with Medicaid Recipient City. Populated with Medicaid Recipient State.
2100A 2100A	N4 N4	02	Populated with Medicaid Recipient Zip Code.
2100A 2100A	N4 N4	05	Location Identifier. This field is populated with '60'.
			<u> </u>
2100A	N4	06	This field is populated with Recipient Quadrant (2 bytes) and Recipient Ward (2 bytes) formatted as QQWW.
2100A	DMG	01	Date of Birth format qualifier. This field is populated with 'D8'.



Loop	Segment	Data Element	DC Specific Comments			
2100A	DMG	02	Recipient Birth Date. Populated with Medicaid Recipient Date of Birth in the CCYYMMDD format.			
2100A	DMG	03	Gender Code. Populated with Medicaid Recipient Sex Code.			
2100A	DMG	05	Race or Ethnicity Code. Populated with Medicaid Recipient Race Code translated to HIPAA values. This element is not sent when INS01 = "N". Code values: 'A' Asian or Pacific Islander 'B' Black 'C' Caucasian 'E' Other race or ethnicity 'G' Native American 'H' Hispanic 'J' Native Hawaiian '7' Not provided			
04004	1111	0.4				
2100A	LUI	01	Indicates ISO language code set. This field is populated with 'LE'.			
2100A	LUI	02	ISO language code. Populated with Medicaid recipient language spoken code.			
2100A	LUI	04	Language use indicator. This field is populated with '7' (language speaking).			
		l	Custodial Parent (Loop 2100F)			
			This loop is only required when a recipient < 18 has another recipient within the case defined as a Head-of-Household. When Custodial Parent data is populated, the recipient will be coded with an "N" in INS01 and "19" in INS02.			
2100F	NM1	01	Custodial Parent. This field is populated with 'S3'.			
2100F	NM1	02	Entity Type Qualifier = Person. This field is populated with '1'.			
2100F	NM1	03	This field is populated with Medicaid Custodial Parent Last Name.			
2100F	NM1	04	This field is populated with Medicaid Custodial Parent First Name.			
2100F	NM1	05	This field is populated with Medicaid Custodial Parent Middle Initial.			
2100F	NM1	08	Identification Code Qualifier = Social Security Number. This field is populated with '34' when the SSN is available. If the SSN for the Custodial Parent is missing this field is populated with 'ZZ'. (Note: Effective 6/6/2014, SSN will no longer be transmitted, so this field will always be populated with 'ZZ' if this loop is required.)			
2100F	NM1	09	This field is populated with Medicaid Custodial Parent Social Security Number. If the Custodial Parent SSN is not available, this field is populated with the Medicaid Custodial Parent Recipient ID. (Note: Effective 6/6/2014, SSN will no longer be transmitted so this field will always be populated with Medicaid Custodial Parent Recipient ID if this loop is required).			



Loop	Segment	Data Element	DC Specific Comments	
			This segment is only needed when the custodial parent has a telephone number	
2100F	PER	01	Contact Function Code = Parent or Guardian. This field is populated with 'PQ'.	
2100F	PER	03	Communication Number Qualifier = Telephone. This field is populated with 'TE'.	
2100F	PER	04	Communications Number. Medicaid Custodial Parent Phone Number.	
			This loop is only required when a recipient < 18 has another recipient within the case defined as a Head-of-Household.	
2100F	NM3	01	Custodial Parent Address Line. Includes: Medicaid Custodial Parent House Number, Custodial Parent Street and Suffix. May also include Custodial Parent Apt Number.	
2100F	NM3	02	Custodial Parent Address Line. Medicaid Custodial Parent Addr Line 2, when not spaces, followed by Custodial Parent Quadrant (2 bytes) and Custo Parent Ward (2 bytes) formatted as QQWW.	
			This loop is only required when a recipient < 18 has another recipient within the case defined as a Head-of-Household.	
2100F	N4	01	Custodial Parent City Name. Medicaid Custodial Parent City.	
2100F	N4	02	Custodial Parent State Code. Medicaid Custodial Parent State.	
2100F	N4	03	Custodial Parent Postal Code. Medicaid Custodial Parent Zip Code.	
	·		Health Coverage (Loop 2300)	
2300	HD	01	Maintenance Type Code. Populated with: '021' – Addition '024' – Cancellation or Termination '025' – Reinstatement '030' – Audit or Verify Depending on value populated in INS03 of Loop 2000.	
2300	HD	03	Insurance Line Code. This field is populated with 'HMO'.	
2300	HD	04	Plan Coverage Description. This is populated with spaces.	
2300	HD	05	Coverage Level Code. This field is populated with 'IND' when INS01 = 'Y', otherwise blank.	
2300	DTP	01	Occurs 1 of this field is populated with '303'.	
2300	DTP	02	Occurs 1 Health Coverage Date format qualifier. This field is populated with 'D8', but only when the Maintenance Type Coc (HD01) equals '030'.	



Loop	Segment	Data Element	DC Specific Comments	
2300	DTP	03	Occurs 1 of this field is populated with the current date in the CCYYMMDD format. The 303 qualifier code and date are only populated when the Maintenance Type Code (HD01) equals '030'.	
2300	DTP	01	This field is populated with '348'.	
2300	DTP	02	Occurs 2 Health Coverage Date format qualifier. This field is populated with 'D8', but only when the Maintenance Type Code (HD01) equals '021' or '025'.	
2300	DTP	03	Populated with Medicaid HMO Begin Date in the CCYYMMDD format. The 348 qualifier code and date are only populated when the Maintenance Type Code (HD01) equals '021' or '025'.	
2300	DTP	01	This field is populated with '349'.	
2300	DTP	02	Occurs 2 Health Coverage Date format qualifier. This field is populated with 'D8', but only when the Maintenance Type Code (HD01) equals '021' or '025' and the 357 code (2000 DTP01) is not populated.	
2300	DTP	03	Populated with Medicaid HMO End Date in the CCYYMMDD format. The 349 qualifier code and date are only populated when the Maintenance Type Code (HD01) equals '021' or '025 and the 357 code (2000 DTP01) is not populated.	
2300	REF	01	Group or Policy Number This field is populated with spaces since the policy number was included in 2000-REF02.	
2300	REF	02	Insured Group or Policy Number. This field is populated with spaces since the policy number was included in 2000-REF02.	
			Provider Information (Loop 2310)	
2310	LX	01	Assigned Number. This field is populated with '1'.	
2310	NM1	01	Entity Identifier Code. This field is populated with 'Y2'.	
2310	NM1	02	Entity type qualifier. This field is populated with '2'.	
2310	NM	03	Organization Name. Medicaid MCO Provider Name.	
2310	NM1	08	This field is populated with 'FI'.	
2310	NM1	09	Identification Code. Medicaid Employer ID Number.	
2310	NM1	10	Entity Relationship Code. This field is populated with '72'.	
2310	N4	01	City Name. Medicaid Provider City.	
2310	N4	02	State Code. Medicaid Provider State.	
2310	N4	03	Postal Code. Medicaid Provider Zip Code.	



Loop	Segment	Data Element	DC Specific Comments		
2310	PER	01	Information Contact. This field is populated with 'IC'. (Since Communications Number is not populated, this field is spaces.)		
2310	PER	03	Telephone. This field is populated with 'TE'. (Since Communications Number is not populated, this field is spaces.)		
2310	PER	04	Communications Number. (This field is not populated.) Medicaid Provider Telephone Number.		
	-	•	Coordination of Benefits (Loop 2320)		
			This loop occurs up to 5 times depending on number policies for the recipient and whether the coverage dates of the policy are current		
2320	СОВ	01	Payer Responsibility Sequence Number Code. This field is populated with 'P'.		
2320	СОВ	02	Insured Group or Policy Number. Medicaid TPL Policy Number is populated only when TPL Policy Number is present.		
2320	СОВ	03	Coordination of Benefits. This field is populated with '1'.		
			This loop occurs up to 5 times depending on number of policies for the recipient and whether the coverage dates of the policy are current. This Segment will also occur up to 2 times for each policy for the recipient depending on the presence of each identifier.		
2320	REF	01	This field is populated with '6P' – Group Number.		
2320	REF	02	Insured Group or Policy Number. Populated only when Medicaid TPL Group Number is present.		
2320	REF	01	This field is populated with 'SY' - Social Security Number only when Medicaid Policy Holder SSN is present. (Note: Effective 6/6/2014 this field will no longer be populated.)		
2320	REF	02	Insured Group or Policy Number. Populated only when Medicaid Policy Holder SSN is present. (Note: Effective 6/6/2014 this field will no longer be populated.)		
2320	DTP	01	Coordination of Benefits Begin Qualifier. This field is populated with '344'.		
2320	DTP	03	Populated with Medicaid TPL Policy Begin Date in the CCYYMMDD format.		
2320	DTP	01	Coordination of Benefits Begin Qualifier. This field is populated with '345'.		
2320	DTP	03	Populated with Medicaid TPL Policy End Date in the CCYYMMDD format. If the TPL Policy End Date is "openended" (i.e. 99999999), the 345 qualifier in DTP01 and the date in this field are not populated.		



Loop	Segment	Data Element	DC Specific Comments		
	Coordination of Benefits Related Entity (Loop 2330)				
			This loop occurs up to 3 times depending on number of policies for the recipient and whether the coverage dates of the policy are current.		
2330	NM1	01	This field is populated with 'IN' - Insurer		
2330	NM1	02	This field is populated with '2' - Non-Person Entity		
2330	NM1	03	Coordination of Benefits Insurer Name		
2330	N3	01	Address information - populated with 'UNKNOWN'.		
2330	N3	02	Address information - populated with DC MMIS Carrier ID		
2330	N4	01	City Name - populated with 'WASHINGTON'		
2330	N4	02	State Code populated with 'DC'		
2330	N4	03	Zip Code - populated with '200024242'		
Transaction Set Trailer					
Transaction Set Trailer	SE	01	Total number of segments included in a transaction set including ST and SE segments.		
Transaction Set Trailer	SE	02	Start with 0001 - Increment by 1 when multiple transactions sets. Starts back at 1 with each transmission.		



11 Appendices

Implementation Checklist

Conduent EDI offers a high-level onboarding checklist on request.

Business Scenarios

Please contact the EDI Solutions Helpdesk to discuss your specific business needs.

Transmission Examples

Please contact the <u>EDI Solutions Helpdesk</u> for transmission examples beyond the samples already provided in this guide.

Frequently Asked Questions

Frequently asked questions are posted on the Conduent EDI GCRO website here. Also, your Conduent EDI Business Analyst(s) have EDI and X12 expertise in order to field all related inquiries. Please direct your questions to EDI Solutions Helpdesk.



Change Summary

Companion Guide Documentation Change Control

Documentation change control is maintained in this document using the Change Control Table shown below. All changes made to this companion guide after the creation dates are noted along with the author, date, and reason for the change.

Table 6: Change Control Table

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Author of Change	Page	Change	Reason	Date				
Misty Provo	All	Version 1.0	Creation of Document	February 9, 2018				
Misty Provo	All	Version 1.01	2300 – HD - 01 Update	August 20, 2020				
Heather Fowler			Updated URLs, branding, and format/content order to align with the CAQH CORE Master Companion Guide Template and Conduent standard	January 11, 2024				