North Carolina Department of Health and Human Services (NC DHHS)

Division of Medical Assistance (DMA)
Division of Mental Health (DMH)
Division of Public Health (DPH)

Standard Companion Guide Transaction Information Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010X220A1 Benefit Enrollment and Maintenance (834-O), for the Replacement MMIS NCTracks starting July 1, 2013

North Carolina Department of Health and Human Services

OFFICE OF MMIS SERVICES

Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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1. Transaction Instruction (TI) Introduction

1.1 BACKGROUND

1.1.1 Overview of HIPAA Legislation

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 (HHS) 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

1.1.2 Compliance According to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading 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 specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance According to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide

1.2 INTENDED USE

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12’s Fair Use and Copyright statements.

1.3 INTENDED AUDIENCE

This 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 claims submissions to NCTracks. In addition, this information should be communicated to, and coordinated with, the provider's billing office in order to ensure that the required billing information is provided to its billing agent/submitter.

1.4 PURPOSE OF COMPANION GUIDE

The Companion Guide is to be used with, and to supplement the requirements in the HIPAA 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 NCTracks specific information required to successfully exchange transactions.

The primary purpose of this document is to assist the trading partner with the appropriate use of the transactions and is not intended to be a billing or policy guide.

1.5 ACKNOWLEDGEMENTS

For all inbound transactions, a 999 Acknowledgement report will be sent to the trading partner's OUTBOX for retrieval. This report serves as the acknowledgement of the submission of a file. Typically, 999 Acknowledgement reports are available within moments of submission.

1.6 TRADING PARTNER AGREEMENT SETUP

This is a test version – more information will be provided with the final version of the Companion Guide

1.7 TESTING

NC DHHS (DMA, DMH, and DPH) requires testing, or third party certification, prior to approving a trading partner to submit claims in production. Once in production, NC DHHS (DMA, DMH,DPH) reserves the right to require re-testing if it is determined the trading partner is receiving/generating an unacceptable volume of errors.

This is a test version – more information will be provided with the final version of the Companion Guide.

2. Included ASC X12 Implementation Guides

The table below identifies the X12N Implementation Guides for all of the transactions supported by NCTracks. Companion guides are available for each of the transactions.

Section 3 of this document provides information specific to the 834 transaction, as defined in the 005010X220 Benefit Enrollment and Maintenance (834) Technical Report 3 (TR3) dated August 2006, and updated by:

- Errata 005010X220E1 Benefit Enrollment and Maintenance (834) dated January 2009
- Addenda 005010X220A1 Benefit Enrollment and Maintenance (834) dated June 2010

Unique ID	Name
005010X222	Health Care Claim: Professional (837P)
005010X223	Health Care Claim: Institutional (837I)
005010X224	Health Care Claim: Dental (837D)
005010X228	Health Care Claim Pending Status Information (277P)
005010X279	Health Care Eligibility Benefit Inquiry and Response (270/271)
005010X221	Health Care Claim Payment/ Advice (835)
005010X212	Health Care Claim Status Request and Response (276/277)
005010X220	Benefit Enrollment and Maintenance (834)
005010X218	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)
005010X231	Implementation Acknowledgment for Health Care Insurance (999)

3. Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent “segments” in the X12N implementation guide.
NON-SHADED rows represent “data elements” in the X12N implementation guide.

005010X220A1 Benefit Enrollment and Maintenance (834-O)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	"00” is sent.
	ISA03	Security Information Qualifier	00	"00” is sent.
	ISA05	Interchange ID Qualifier	ZZ	"ZZ” is sent.
	ISA06	Interchange Sender ID		NCTRACKSBAT = Batch transaction
	ISA07	Interchange ID Qualifier	ZZ	"ZZ” is sent.
	ISA08	Interchange Receiver ID		Receiver's ETIN is sent.
Header	GS	Functional Group Header		
	GS01	Functional ID Code	BE	Benefit Enrollment and Maintenance (834)
	GS02	Application Sender’s Code		NCTRACKSBAT = Batch transaction
	GS03	Application Receiver’s Code		Receiver's ETIN is sent.
1000A	N1	Sponsor Name		
	N102	Name - Plan Sponsor Name		‘DMA’ is sent.
	N103	Identification Code Qualifier	FI	"FI” is sent.
	N104	Identification Code - Sponsor ID		Federal Taxpayer’s Identification Number is sent.
1000B	N1	Payer		
	N103	Identification Code Qualifier	FI	"FI” is sent.
	N104	Identification Code - Insurer Identification Code		Federal Taxpayer’s Identification Number is sent.
2000	INS	Member Level Detail		
	INS01	Yes/No Condition or Response Code	Y	”Y” is sent.

Loop ID	Reference	Name	Codes	Notes/Comments
	INS02	Individual Relationship Code	18	Self
	INS04	Maintenance Reason Code	20, 22	“20” or “22” is sent.
	INS08	Employment Status Code	AC	“AC” is sent.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	“1L”	
	REF02	Reference Identification Qualifier		Provider ID / NPI will be sent in this segment
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	3H, 6O	"3H” or :6O” when sent.
2000	DTP	Member Level Dates		First Occurrence
	DTP01	Date/Time Qualifier	473	
	DTP03	Date Time Period - Status Information Effective Date		Medicaid enrollment begin date is sent.
2000	DTP	Member Level Dates		Second Occurrence
	DTP01	Date/Time Qualifier	474	
	DTP03	Date Time Period - Status Information Effective Date		Medicaid enrollment end date is sent.
2000	DTP	Member Level Dates		Third Occurrence
	DTP01	Date/Time Qualifier	338	
	DTP03	Date Time Period - Status Information Effective Date		Medicare Part-A begin date, when sent
2000	DTP	Member Level Dates		Fourth Occurrence
	DTP01	Date/Time Qualifier	339	
	DTP03	Date Time Period - Status Information Effective Date		Medicare Part-A end date, when sent
2000	DTP	Member Level Dates		Fifth Occurrence
	DTP01	Date/Time Qualifier	338	
	DTP03	Date Time Period - Status Information Effective Date		Medicare Part-B begin date, when sent
2000	DTP	Member Level Dates		Sixth Occurrence
	DTP01	Date/Time Qualifier	339	
	DTP03	Date Time Period - Status Information Effective Date		Medicare Part-B end date, when sent
2100A	NM1	Member Name		
	NM101	Entity Identifier Code	IL	Insured or Subscriber
	NM108	Identification Code Qualifier	34	"34” is sent

Loop ID	Reference	Name	Codes	Notes/Comments
	NM109	Identification Code - Subscriber Identifier		When available, Social Security Number is sent.
2100A	PER	Member Communications Numbers		
	PER03	Communication Number Qualifier	HP	"HP" when sent
	PER04	Communication Number		Recipient home phone number is sent.
	PER05	Communication Number Qualifier	AP	"AP" when sent
	PER06	Communication Number		Recipient alternate phone number is sent.
	PER07	Communication Number Qualifier	CP	"CP" when sent
	PER08	Communication Number		Recipient cell phone number is sent.
2100A	N4	Member Residence City, State, Zip Code		
	N405	Location Qualifier	CY	"CY" is sent.
	N406	Location Identifier		County Code is sent.
2100A	DMG	Member Demographics		
	DMG05-1	Race or Ethnicity Code		NCTracks returns up to 10 occurrences
2100A	LUI	Member Language		
	LUI01	Identification Code Qualifier	LD	"LD" is sent.
2100B	NM1	Incorrect Member Name		
	NM101	Entity Identifier Code	70	"70" is sent
	NM102	Entity Type Qualifier	1	"1" is sent
	NM103	Name Last or Organization Name - Prior Incorrect Member Last Name		Value is sent
	NM104	Name First - Prior Incorrect Member First Name		Value maybe sent per TR3 guidelines.
	NM105	Name Middle - Prior Incorrect Member Middle Name		Value may be sent per TR3 guidelines
	NM107	Name Suffix - Prior Incorrect Member Name Suffix		Value may be sent per TR3 guidelines
	NM108	Identification Code Qualifier	34	"34" is sent, if NM109 is sent.
	NM109	Identification Code - Prior Incorrect Insured Identifier		Value may be sent per TR3 guidelines
2200	DSB	Disability Information		

Loop ID	Reference	Name	Codes	Notes/Comments
	DSB07	Product/Service ID Qualifier	DX	"DX" is sent.
2300	HD	Health Coverage		
	HD03	Insurance Line Code	HMO	"HMO" is sent.
	HD04	Plan Coverage Description		Benefit Plan is sent.
	HD05	Coverage Level Code	IND	"IND" is sent.
2300	DTP	Health Coverage Dates		First of three repeats
	DTP01	Date/Time Qualifier	348	"348" is sent
2300	DTP	Health Coverage Dates		Second of three repeats
	DTP01	Date/Time Qualifier	349	"349" is sent
2300	DTP	Health Coverage Dates		Third of three repeats
	DTP01	Date/Time Qualifier	695	"695" is sent
	DTP02	Date /Time Period Format Qualifier	RD8	
2300	AMT	Health Coverage Policy		
	AMT01	Amount Qualifier Code	P3	"P3" is sent
	AMT02	Monetary Amount - Contract Amount		Premium Payment amount is sent
2300	REF	Health Coverage Policy Number		First of four repeats
	REF01	Reference Identification Number	X9	"X9" - the Control Number for the associated capitation payment is sent
2300	REF	Health Coverage Policy Number		Second of four repeats
	REF01	Reference Identification Number	17	"17" - the recipient's Program Category is sent
2300	REF	Health Coverage Policy Number		Third of four repeats
	REF01	Reference Identification Number	RB	"RB" - the Cohort ID is sent
2300	REF	Health Coverage Policy Number		Fourth of four repeats. Segment not used
2320	COB	Coordination of Benefits		NCTRACS will send COB in the follow order of the 2320 loop. • Medicare Part C, • Medicare Part D, • Other Insurance
	COB01	Payer Responsibility Sequence Number Code	U	"U" is sent
	COB02	Reference Identification - Member Group or Policy Number		Medicare Part C or Medicare Part D contract number, or other insurance) Policy Number is sent

Loop ID	Reference	Name	Codes	Notes/Comments
	COB03	Coordination of Benefits Code	1	"1" is sent.
	COB04	Coordination of Benefits Code	01, 35, 48,50,54 89, or AL will be used.	"01" is sent for Medicare Part C, 89 is sent for Medicare Part D
2320	REF	Additional Coordination of Benefits		
	REF01	Reference Identification Number	6P	"6P" is sent
	REF02	Reference Identification - Member Group or Policy Number		Medicare C or D Plan number will be sent. For other insurance the Group number will be sent.
2330	NM1	Coordination of Benefits Related Entity		
	NM101	Entity Identifier Code	IN	"IN" is sent
	NM103	Name Last or Organization Name - Coordination of Benefits Insurer Name		Medicare C plan name or Medicare D ORG name or other insurance carrier name will be sent. (For other insurance carrier, the first 6 positions of NM103 will contain the carrier code followed by the carrier name).
	NM108	Identification Code Qualifier	XV	If Medicare Part C or D "XV" will be sent.
	NM109	Identification Code - Coordination of Benefits Insurer Identification Code		Medicare C or D plan number will be sent.
2330	PER	Administrative Communications Contact		
	PER01	Contact Function Code	CN	"CN" is sent
	PER01	Communication Number Qualifier	TE	"TE" is sent
2700	LS	Additional Reporting Categories		
	LS01	Loop Identifier Code	2700	"2700" is sent
2710	LX	Member Reporting Categories		
	LX01			Assigned Number - Use this sequential number for LX Loops for this member's additional reporting categories.
2750	N1	Reporting Category		
	N101	Entity Identifier Code	75	"75" is sent
	N102	Name - Member Reporting Category Name		Medicare C Plan Name or Medicare D Plan Name or Carrier Name will be sent.

4. TI Additional Information

4.1 BUSINESS SCENARIOS

The 834 Outbound transaction is used to provide enrollment information concerning recipients enrolled in Medicaid HMO plans under PIHP. Payment information is also included to support what is reported on the 820, Payroll Deducted and Other Group Premium Payment for Insurance Products.

4.2 PAYER-SPECIFIC BUSINESS RULES AND LIMITATIONS

An 834 Outbound will be generated once a month. The enrollment information is provided for each member. Retroactive activity since the last month is reported.

4.3 SCHEDULED MAINTENANCE

This is a test version – more information will be provided with the final version of the Companion Guide.

4.4 FREQUENTLY ASKED QUESTIONS

This section will contain a compilation of questions and answers as they are identified. ***This is a test version – more information will be provided with the final version of the Companion Guide.***

4.5 OTHER RESOURCES

- **Washington Publishing Company**

  The Implementation Guides for X12N and all other HIPAA standard transactions are available electronically at www.wpc-edi.com

- **ASC X12 Organization**

  http://www.x12.org/

- **United States Department of Health and Human Services (HHS)**

  This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA.

  www.aspe.hhs.gov/admnsimp

- **Workgroup for Electronic Data Interchange (WEDI)**

  A workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative simplification provisions of HIPAA.

  www.wedi.org

- **North Carolina Department of Health and Human Services**

  www.ncdhhs.gov

- **North Carolina Division of Medical Assistance**

  http://www.ncdhhs.gov/dma/

- **North Carolina Division of Mental Health/Development Disabilities/Substances Abuse Services**

  http://www.ncdhhs.gov/mhddsas/

- **North Carolina Division of Public Health**

  http://publichealth.nc.gov/

5. Change Summary

Date	Change	Responsible Party
November 16, 2012	Initial trading partner test version	CSC under the direction of NC DHHS