Nevada MMIS 834 Transaction Companion Guide

Benefit Enrollment and Maintenance

HIPAA Version 5010

Nevada Medicaid Management Information System (MMIS)

Department of Health and Human Services (DHHS)

Division of Health Care Financing and Policy (DHCFP)

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Change history

The following Change History log contains a record of changes made to this document:

Published / revised	Section / Nature of change
02/03/2012	Initial version
10/14/2012	Changed all Magellan/MMA references to HP Enterprise Services (HPES) and updated all contact information. Changed pagination from chapter-based to sequential. Other updates/corrections to sections 2, 3.3, 5.1, 5.3, 5.5 and 6.1.

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1. Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services.

The X12N Health Care Implementation Guides have been established as the standards of compliance and are online at: http://store.x12.org/store/healthcare-5010-consolidated-guides.

Additional information is on the Department of Health and Human Services website at: http://aspe.hhs.gov/admnsimp.

1.1. Purpose

The intended purpose of this document is to provide information such as registration, testing, support and specific transaction requirements to EDI trading partners that exchange X12 information with the Nevada Medicaid Agency.

An EDI trading partner is defined by Nevada Medicaid as anybody such as a provider, software vendor and clearinghouse that exchanges transactions adopted under HIPAA.

DXC Technology, the fiscal agent for Nevada Medicaid, has prepared this companion guide and website, http://www.medicaid.nv.gov, to support Nevada Medicaid and Nevada Check Up billing. Hereafter, DXC Technology is referred to as Nevada Medicaid; Nevada Medicaid and Nevada Check Up are referred to as Medicaid unless otherwise specified.

This companion guide provides specific requirements for receiving enrollment roster data from Nevada Medicaid to Managed Care Organizations (MCOs) using the EDI 834 transaction.

1.2. Intended use

The following information is intended to serve only as a companion guide to the HIPAA American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3) document. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the ASC X12 TR3 document. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

2. Working together

2.1. Trading partner registration

An EDI trading partner is any entity (provider, billing service, clearinghouse, software vendor, etc.) that transmits electronic data to and receives electronic data from another entity. Nevada Medicaid requires all trading partners to complete EDI registration regardless of the trading partner type as defined below. Contact the EDI Helpdesk to register.

- Trading partner is an entity engaged in the exchange or transmission of electronic transactions.
- Vendor is an entity that provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor or clearinghouse.
- Software vendor is an entity that creates software used by billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions.
- Billing service is a third party that prepares and/or submits claims for a provider.
- Clearinghouse is a third party that submits and/or exchanges electronic transactions on behalf of a provider.

The Trading Partner agreement forms are located at:
http://www.medicaid.nv.gov/providers/edi.aspx

- FA-35 must be completed to enroll as a Trading Partner.
- FA-36 must be completed to enroll as a Trading Partner.
- FA-37 must be completed by the provider in order to link the provider to the Trading Partner.
- FA-39 is used for providers who will be billing using the Payerpath software.

2.2. Trading partner testing and certification

Nevada Medicaid requires that all newly registered trading partners complete basic transaction submission testing. Successful transaction submission and receipt of both valid responses and error responses is an indication that all systems involved can properly submit and receive transactions.

2.2.1. Trading partner ID

Once registration is completed, a 4-digit Trading Partner ID will be assigned.

2.2.2. Secure SFTP download – file retention

All electronic files that have been made available for download will remain available online for download as follows:

- 7 Days 999, TA1, 271
- 30 Days 277U
- 90 Days 835

After the allotted time frame has passed, the files will be removed from the list and will no longer be available for download. This applies to testing and production.

2.2.3. Testing transactions

The following transaction types are available for testing:

- 270 Eligibility Request/271 Eligibility Response
- 837D Dental Claim
- 837P Professional (CMS-1500) Claim
- 837I Institutional (UB-04) Claim

Testing data such as provider IDs and recipient IDs will not be provided. Users should submit recipient information and provider information as done for production as the test environment is continually updated with production information.

There is no limit to the number of files that may be submitted. Users will be allowed to move to production once a successfully compliant transaction is received and the appropriate responses returned.

2.3. Payer specific documentation

For additional information in regards to business processes related to eligibility, prior authorization and claims processing, please review the provider manual located on the Nevada Medicaid website:
http://www.medicaid.nv.gov

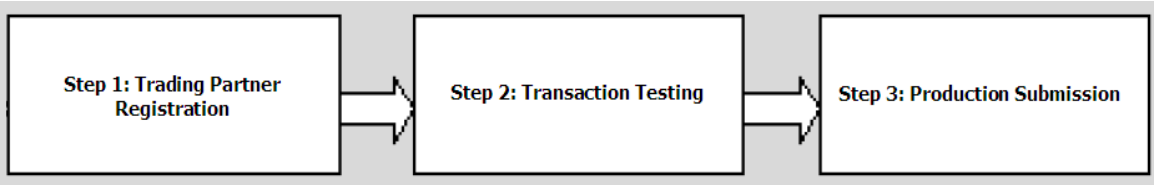
For further information on specific payer prior authorization information please see the Nevada Medicaid website:
http://www.medicaid.nv.gov

2.4. Testing contact information

All correspondence for assistance with testing should be submitted to the following email address:
NVMMIS.EDIsupport@dxc.com

3. Connectivity/communications

3.1. Process flows



3.2. Transmission procedures

Availability

24 hours/7 days a week

Downtime notification

Nevada Medicaid will notify the trading partners in the case of any planned downtime or unexpected downtime using email distribution.

Re-Transmission procedures

Trading partners may call Nevada Medicaid for assistance in researching problems with submitted transactions. Nevada Medicaid will not edit trading partner data and/or resubmit transactions for processing on behalf of a trading partner. The trading partner must correct any errors found and resubmit.

3.3. Communication and security protocols

Trading partners may find information regarding communication protocols in the Service Center User Manual:
https://www.medicaid.nv.gov/downloads/provider/MMIS_Service_center_user_manual.pdf

4. Contact information

4.1. EDI customer service/technical assistance

EDI Helpdesk

Monday – Friday
8:00 a.m. – 5:00 p.m. PT

Technical, enrollment or setup questions:
Email: NVMMIS.EDIsupport@dxc.com

Telephone: 1 (877) 638-3472 options 2 then 4
Fax: 1 (775) 335-8594

Nevada Medicaid Website
http://www.medicaid.nv.gov

4.2. Provider services

Provider Relations Department

The Provider Relations Department is composed of field representatives who are committed to assisting Nevada Medicaid providers in the submission of claims and the resolution of claims processing concerns.

Provider Relations Call Center

The Provider Relations Call Center communication specialists are available to respond to written and telephone inquiries from providers on billing questions and procedures, claim status, form orders, adjustments, use of the Automated Response System (ARS), electronic claims submission via EDI and remittance advice (RAs).

Both departments can be reached by calling:
1 (877) 638-3472

5. Control segments/envelopes

NOTE: The page numbers listed below in each of the tables represent the corresponding page number in the X12N 834 HIPAA Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer
TA1 – Interchange Acknowledgement

5.1. ISA–Control header

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

Segment	Name	Page in IG	Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	C.4	00 = No Authorization Information Present
ISA02	Authorization Information	C.4	Value is 10 spaces as field is fixed length
ISA03	Security Information Qualifier	C.4	00 = No Security Information Present
ISA04	Security Information	C.4	Value is 10 spaces as field is fixed length
ISA05	Interchange ID Qualifier	C.4	ZZ
ISA06	Interchange Sender ID	C.4	NVM FHSC FA
ISA07	Interchange ID Qualifier	C.5	ZZ

Segment	Name	Page in IG	Comments
Segment	Name	Page in IG	Comments
ISA08	Interchange Receiver ID	C.5	The 4-digit Service Center Code assigned by Nevada Medicaid.
ISA09	Interchange Date	C.5	Format is YYMMDD
ISA10	Interchange Time	C.5	Format is HHMM
ISA11	Repetition Separator	C.5	!
ISA12	Interchange Control Version Number	C.5	00501
ISA13	Interchange Control Number	C.5	Must be identical to Interchange Trailer IEA02.
ISA14	Acknowledgement Requested	C.6	0 = No Acknowledgement Requested
ISA15	Interchange Usage Indicator	C.6	P = Production Data T = Test Data
ISA16	Component Element Separator	C.6	>

5.2. IEA–Control trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

Segment	Name	Page in IG	Notes/Comments
IEA	Interchange Control Trailer		
IEA01	Number of Included Functional Groups	C.10	Number of included Functional Groups
IEA02	Interchange Control Number	C.10	Must be identical to ISA13

5.3. GS–Functional group header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

Segment	Name	Page in IG	Comments
GS	Functional Group Header		
GS01	Functional Identifier code	C.7	BE = Benefit Enrollment and Maintenance
GS02	Application Sender's Code	C.7	NVM FHSC FA
GS03	Application Receiver's Code	C.7	The 4-digit Service Center Code assigned by Nevada Medicaid.
GS04	Functional Group Creation Date	C.7	Format = CCYYMMDD
GS05	Functional Group Creation Time	C.8	Format = HHMMSS
GS06	Group Control Number	C.8	Must be identical to GE02
GS07	Responsible Agency Code	C.8	X = Accredited Standards Committee X12
GS08	Version/Release/Industry Identifier Code	C.8	005010X220A1

5.4. GE–Functional group trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

Segment	Name	Page in IG	Notes/Comments
GE	Functional Group Trailer		
GE01	Number of Transaction Sets Included	C.9	Number of included Transaction Sets
GE02	Group Control Number	C.9	Must be identical to the value in

Segment	Name	Page in IG	Notes/Comments
			GS06

5.5. ST–Transaction set header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

Segment	Name	Page in IG	Notes/Comments
ST	Transaction Set Header		
ST01	Transaction Set Identifier Code	61	834
ST02	Transaction Set Control Number	61	Increment by 1 when multiple transaction sets are included; must be identical to SE02. Additions, Cancellations, and Audit records will be in separate lists enclosed in separate SE/SA envelopes.
ST03	Implementation Convention Reference	62	005010X220A1

5.6. SE–Transaction set trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

Segment	Name	Page in IG	Notes/Comments
SE	Transaction Set Trailer		
SE01	Transaction Segment Count	450	Number of segments included within the ST/SE segments
SE02	Transaction Set Control Number	450	Must be identical to ST02

6. Instruction tables

This table contains one or more rows for each segment for which supplemental instruction is needed.

6.1. 005010X220A1 Benefit and enrollment maintenance (834)

Loop	Segment	Name	Page in IG	Comments
	BGN	Beginning Segment		
	BGN08	Action Code	35	2 = Used to identify a transaction of additions, terminations and changes to the current enrollment 4 = Used to identify a transaction to verify that the sponsor and payer systems are synchronized
	REF	Reference Information – Transaction Set Policy Number		
	REF01	Reference Identification Qualifier	36	38 = Master Policy Number
	REF02	Reference Identification	36	10-digit MCO Atypical Provider Identifier
1000A	N1	Sponsor Name		
	N102	Plan Sponsor Name	39	Division of Health Care Financing and Policy
	N104	Sponsor Identifier	40	540849793
1000B	N1	Payer		
	N102	Insurer Name	41	Provider's name
	N104	Insurer Identification Code	42	Provider's Federal Tax ID Number

Loop	Segment	Name	Page in IG	Comments
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	49	021 = Additions 024 = Cancellations 030 = Audit records These will occur in separate ST/SE envelope groups. A maximum of 10,000 INS segments can occur in one ST/SE envelope.
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	55	0F = Subscriber Number
	REF02	Subscriber Identifier	55	11-digit Recipient ID
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	56	1L = Group or Policy Number
	REF02	Member Group or Policy Number	56	Assignment plan description
2000	REF	Member Supplemental Identifier	57	
	REF01	Reference Identification Qualifier	57	17 = Client reporting category
	REF02	Member Supplemental Identifier	58	Program designation code

Loop	Segment	Name	Page in IG	Comments
2000	DTP	Member Level Dates		
	DTP01	Date Time Period Qualifier	60	356 = The Medicaid Eligibility Begin Date occurs with Additions and Audit records. 357 = The MCO Enrollment End Date is reflected at the Member Level on Cancellation records. 474 – Medicaid End
	DTP03	Date Time Period	60	If, DTP01 = 356 (Eligibility Begins) If, DTP01 = 357 (Eligibility End) If, DTP01 = 474 (Medicaid End/Redetermination Date) Date Format = CCYYMMDD
2300	HD	Health Coverage		
	HD03	Insurance Line Code	141	HMO = Health Maintenance Organization
	HD04	Plan Coverage Description	141	Benefit Plan package code
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	143	DTP01 = 348 Benefit Begin DTP01 = 349 Benefit End DTP01 = 303 Maintenance
2300	AMT	Health Coverage Policy		
	AMT01	Amount Qualifier Code	145	P3 = Premium Amount
	AMT02	Contract Amount	145	Capitation Amount

Loop	Segment	Name	Page in IG	Comments
2320	COB	Coordination of Benefits		
	COB01	Payer Responsibility Sequence Number Code	164	Loop 2320 can occur 5 times and provide information to a Third Party Administrator. P = Primary S = Secondary T = Tertiary U = Unknown
	COB02	Member Group or Policy Number	164	Third Party Liability (TPL) policy number
	COB03	Coordination of Benefits Code	164	1 = Coordination of Benefits 5 = Unknown 6 = No Coordination of Benefits
2320	DTP	Coordination of Benefits Eligibility Dates		
	DTP01	Date Time Qualifier	168	344 = Coordination of Benefits Begin Date 345 = Coordination of Benefits End Date
	DTP03	Coordination of Benefits Date	168	Coordination of Benefits date

7. Payer specific business rules and limitations

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

7.1. Language codes

The 834 transaction includes the ISO 639 language codes. The codes are sent in the LUI02 segment, loop 2100A with LUI01 as LE.

7.2. ST/SE and ISA/ISE envelopes

Additions, cancellations and audits are each listed in their own, separate ST/SE envelope. All three groups are contained in one ISA/ISE envelope. The intent of this structure is to clearly identify enrollment changes. Recipients who appear on the addition list will also appear on the audit list because they are participants for that month and they are new additions.