

834 Benefit Enrollment and Maintenance Companion Guide 004010 X095A1

Version 1.11

September 18, 2009

Document Change Log

Version	Changed Date	Changed By	Reason
1.2	12/17/2007	EDS	Creation of document – 1 st Draft.
1.3	1/2/2008	EDS (Reid O’Kelley)	<p>Modified information for loop 2300-HD04, to read: Inbound: This data element is situational. If indicated, you must enter the description that will identify certain Managed Care Plans that are unique to Florida Medicaid</p> <p>Outbound: If available, this data element will contain the following: Position 1: Capitation Group Position 2: Space Position 3-10: If available, Aid Category and Modifier</p>
1.3	1/2/2008	EDS (Reid O’Kelley)	Added Loop 2310, NM1 segment, NM109 data element to read: If NM108=‘SV’ (Florida Medicaid Provider ID) If NM108=‘XX’ (NPI) If NM108=‘FI’ (Tax ID)
1.3	1/2/2008	EDS (Reid O’Kelley)	Added Loop 2320, N1 segment, N104 data element to read: If N103=‘F1’ (Tax ID) If NM103=‘NI’ (NAIC ID)
1.4	2/5/08	EDS (Reid O’Kelley)	<p>Modified information for loop 2300-HD04, to read: Inbound: This data element is situational. If indicated, you must enter the description that will identify certain Managed Care Plans that are unique to Florida Medicaid.</p> <p>Outbound: If available, this data element will contain the following: Position 1-5: Capitation Category Position 6: Space Position 7-14: If available, Aid Category and Modifier Position 15-17: Message</p>
1.5	3/3/2008	EDS (Reid O’Kelley)	Modified Loop 2100A, LUI segment, LE data element to read: ‘LD’ - Language Code
1.6	3/12/2008	EDS (Reid O’Kelley)	Modified information for loop 2300-HD04, to read: Inbound: This data element is situational. If indicated, you must enter the description that will identify certain

Version	Changed Date	Changed By	Reason
			<p>Managed Care Plans that are unique to Florida Medicaid.</p> <p>Outbound: If available, this data element will contain the following:</p> <p>Position 1-5: Capitation Category</p> <p>Position 6: Space</p> <p>Position 7-10: If available, Aid Category</p> <p>Position 11-12: Report Message</p>
1.6	3/12/08	EDS (Reid O’Kelley)	Removed Loop 2320, including all segments and data elements
1.6	3/12/08	EDS (Reid O’Kelley)	<p>Modified information for loop 2000, DTP01 segment, DTP01 – Date/Time Qualifier to read: This occurrence of the DTP segment can repeat multiple times.</p> <p>One for each of the following:</p> <p>356 = Eligibility Begin</p> <p>357 = Eligibility End</p> <p>474 = Medicaid End</p>
1.7	4/14/08	EDS (Reid O’Kelley)	Added Document Change Log
1.7	4/14/08	EDS (Reid O’Kelley)	<p>Modified information for loop 2000, INS segment, INS03 – Maintenance Type Code to read: Inbound: ‘001’ (Change), ‘021’ (Addition), or ‘024’ (Cancellation or Termination)</p> <p>Outbound: ‘001’ (Change), ‘021’ (Addition), ‘024’ (Cancellation or Termination), ‘025’ (Reinstatement)</p> <p>Outbound Verify: ‘030’ (Audit or Compare)</p>
1.7	4/14/08	EDS (Reid O’Kelley)	<p>Modified information for loop 2000, REF segment, REF02 – Subscriber Identifier to read: Inbound: Enter the location code.</p> <p>Outbound: Assignment plan description.</p> <p>Outbound Verify: Assignment plan description.</p>
1.7	4/14/08	EDS (Reid O’Kelley)	<p>Modified information for loop 2000, REF segment, REF01 – Reference ID Qualifier to read: This occurrence of the REF segment can repeat multiple times. One for each of the following:</p>

Version	Changed Date	Changed By	Reason
			<p>'F6' – HIC Number '3H' – Case Number</p>
1.7	4/14/08	EDS (Reid O'Kelley)	<p>Modified information for loop 2000, REF segment, REF02 – Subscriber Identifier to read: 'F6' = Member HIC Number '3H' = Recipient Case Number</p>
1.7	4/17/08	EDS (Reid O'Kelley)	<p>Modified information for loop 2100G, NM1 segment, NM103 – Responsible Party Last Name to read: Inbound: Enter the mother's last name. Outbound: When applicable Responsible Party Last Name Outbound Verify: When applicable Responsible Party Last Name.</p>
1.7	4/17/08	EDS (Reid O'Kelley)	<p>Modified information for loop 2100G, NM1 segment, NM104 – Responsible Party First Name to read: Inbound: Enter the mother's first name. Outbound: When applicable Responsible Party First Name Outbound Verify: When applicable Responsible Party First Name</p>
1.8	5/5/08	EDS (Reid O'Kelley)	<p>Modified information for loop 2300, HD Segment, HD04 – Plan Coverage Description to read: Inbound : This data element is situational. If indicated, you must enter the description that will identify certain Managed Care Plans that are unique to Florida Medicaid. Outbound: If available, this data element will contain the following: Position 1-5: Capitation Category Position 6: Space Position 7-10: If available, Aid Category Position 11-12: Report Message Position 13-14: Special Needs (1) Position 15-16: Special Needs (2) Position 17-18: Special Needs (3)</p>
1.8	5/5/08	EDS (Reid O'Kelley)	<p>Added section 7.3, Special Needs</p>

Version	Changed Date	Changed By	Reason
1.8	5/6/08	EDS (Reid O’Kelley)	Added file naming convention to File System/ Specifications section
1.8	5/20/08	EDS (Reid O’Kelley)	Modified information for loop 2100A, NM1 Segment, NM101 – Entity Identifier Code to read: ‘IL’ – (Insured or Subscriber) Use this code for enrolling a new member or updating a member with no change in identifying information ‘74’ – (Corrected Insured) Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code ‘70’ in loop 2100B.
1.9	5/30/08	EDS (Reid O’Kelly)	Added note regarding file size requirements to File System/Specifications section.
1.9	5/30/08	EDS (Reid O’Kelly)	Modified information for loop 2100A, PER Segment, PER03 – Communication Number Qualifier to read: ‘TE’ – Telephone, ‘HP’ - Home Phone Number, ‘WP’ - Work Phone Number
1.9	5/30/08	EDS (Reid O’Kelly)	Modified information for loop 2100A, PER Segment, PER05 – Communication Number Qualifier to read: ‘TE’ – Telephone, ‘HP’ – Home Phone Number, ‘WP’ - Work Phone Number
1.10	7/21/08	EDS (Nicole Roden)	Corrected EDS website address to http://mymedicaid-florida.com . Changed EDI telephone number to 1-866-586-0961.
1.11	6/24/09	EDS (Reid O’Kelley)	Added loop 2100C, NM1 Segment, NM101 to read: ‘31’ – Entity Type Qualifier
1.11	6/24/09	EDS (Reid O’Kelley)	Added loop 2100C, NM1 Segment, NM102 to read: ‘1’ – Person
1.11	6/24/09	EDS (Reid O’Kelley)	Added loop 2100C, N3 Segment, N301 to read: When applicable Member Address
1.11	6/24/09	EDS (Reid O’Kelley)	Added loop 2100C, N4 Segment, N401 to read: When applicable Member City, State, Zip Code
1.11	8/13/09	EDS (Daniel Gray)	Added wording and clarification of file extensions and handling of zipped files.

TABLE OF CONTENTS

1	Introduction	1
1.1	Purpose.....	1
1.2	Special Considerations for 834 Transaction	1
2	Transmission and Data Retrieval Methods.....	2
3	Transmission Responses.....	3
4	EDI Support.....	4
5	Control Segment Definitions for Florida Medicaid 834 Transaction.....	4
5.1	ISA - Interchange Control Header Segment	4
5.2	IEA - Interchange Control Trailer.....	6
5.3	GS – Functional Group Header.....	7
5.4	GE – Functional Group Trailer	7
5.5	ST – Transaction Set Header	8
5.6	SE – Transaction Set Trailer.....	8
5.7	Valid Delimiters.....	9
6	Companion Guide for the 834 Transaction	9
7	HMO – Transaction Values.....	19
7.1	Race Code Crosswalk	19
7.2	HMO/PMHP Report Messages.....	20

1 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 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 guide to the HIPAA ANSI X12N implementation guides. 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 X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the *Final Rule for Standards for Electronic Transactions* can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

1.1 Purpose

The 834 transaction is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer. The intent is the initial enrollment and subsequent maintenance of individuals who are enrolled in healthcare. This transaction specifically addresses the enrollment and maintenance of healthcare only.

Providers of healthcare or services may include entities such as physicians, hospitals, other medical facilities or suppliers, dentists, pharmacies and entities providing medical information to meet regulatory requirements.

The payer refers to a third party entity that pays claims or administers the insurance benefit.

A sponsor is the party that ultimately pays for the coverage or benefit.

A member is an individual eligible for coverage because of his or her association with a sponsor. An insured individual is a recipient who has been enrolled for coverage under Florida Medicaid.

It is mandatory under HIPAA that the Agency for Health Care Administration (AHCA) be able to accept and/or generate this transaction for enrollment information.

1.2 Special Considerations for 834 Transaction

1. Subscriber, Insured = Recipient in the Florida Medicaid Eligibility Verification System:

The Florida Medicaid Eligibility Verification System does not allow for dependents to be enrolled under a primary subscriber, rather all enrollees/members are primary subscribers within each program or MCO (Managed Care Organization).

2. Provider Identification = Agency for Health Care Administration Medicaid ID or NPI:

The implementation date for National Provider Identifier (NPI) was May 23, 2007. The Agency for Health Care Administration has implemented the contingency plan for NPI and will continue to use the Florida Medicaid Provider Number until May 23, 2008.

Prior to May 23, 2008, if the 2310 (Provider Information) Loop is sent on the 834, the value in the NM109 can contain the Florida Medicaid Provider Number, Provider Tax ID or National Provider Identifier (NPI).

Beginning May 23, 2008, if the 2310 (Provider Information) Loop is sent on the 834, the value in the NM109 must contain the NPI.

2 TRANSMISSION AND DATA RETRIEVAL METHODS

EDS supports several types of data transport depending upon the trading partner's need. Providers and their representatives can submit and receive data via: Web portal, Remote Access Server (RAS), and Value Added Network (VAN)/Switch Vendors for interactive transactions.

1. Web portal: Transaction files are uploaded/downloaded in the Trade Files menu on the secure Web portal.
2. Remote Access Server (RAS): This option is available to trading partners who do not have an existing Internet connection. The RAS server typically supports those who need a dial-up option. Once the RAS connection is established, transaction files are uploaded/downloaded in the Trade Files menu on the secure Web portal.
3. Value Added Networks (VANs) or Switch Vendors: VANs or Switch Vendors typically support interactive transactions through a dedicated connection to the fiscal agent. VANs sign a contract with the State and have unique, VAN specific communication arrangements with the fiscal agent. A list of approved vendors is listed on the fiscal agent Web site.

Detailed information to assist with EDI related processes are available on the Provider Public Web site at: <http://mymedicaid-florida.com>.

Information available includes:

1. Remote Access Server connectivity instructions for submitters without an existing Internet connection;
2. Trading Partner Testing Procedures (Ramp Manager) for all new trading partners, or trading partners adding a new transaction; and
3. Web Upload/Download instructions for submitters uploading/downloading via the secure Web portal.

File/System Specifications

Outbound 834 file naming convention:

1. Zip File. <Batch ID>_<Transaction Type>_<ProviderID>_<Date>_<Time>.zip
2. Within Zip File. <Batch ID>_<Transaction Type>_<ProviderID>_<Date>_<Time>.dat.dat

Four possible different transaction types for the 834.

1. 834d = 834 daily
2. 834a = 834 audit
3. 834mm = 834 monthly magic
4. 834me = 834 month end

EDI only accepts Windows\PC\DOS formatted files. Any file transmitted to EDI must be named in accordance to standard file naming conventions, including a valid three character file extension.

EDI allows for the upload and download of zipped or compressed files. Any data file contained within the zipped file must contain a valid three character file extension. The recommended extension is .txt or .dat. Zipped files must not contain directory folders or structures and should contain only individual files.

Note: Only one X12 transaction file is permitted in each zipped file. Any data file that is 5MB or larger is required to be zipped or compressed before transmitting it to EDI.

The Web portal is designed to support the following Internet browsers:

1. Internet Explorer, version 6 or later;
2. Firefox, version 1.5 or later; and
3. Opera, version 8.5 or later

3 Transmission Responses

For every transaction received, there is an expected response. The available responses are an Interchange Acknowledgement (TA1), a Functional Acknowledgement (997), and an Unsolicited Claim Status (277U).

Once a transaction is received, it will go through a ‘front end’ compliance check called a TA1. The TA1 Acknowledgement is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structure. The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure.

Once the transaction has passed the ‘front end’ compliance check it then goes through a syntax compliance edit. This edit is to verify the compliance within the ANSI X12 syntax according to the HIPAA Implementation Guides. The transaction will receive a Functional Acknowledgement (997) to provide feedback on the transaction. The 997 functional acknowledgement contains accepted or rejected information. If the transaction contains any syntactical errors, the segments and elements in which the error occurred will be reported in a rejected acknowledgement. If the transaction contained no syntactical errors, a positive 997 response will be generated and the transaction is passed on for processing.

4 EDI SUPPORT

The EDS EDI Unit is available to support trading partners and providers that exchange transactions electronically. Support functions include:

1. Enrollment processing for trading partners requesting to submit transactions electronically;
2. Installation assistance and submission support for Provider Electronic Solutions (PES) software;
3. Provide assistance to billing agents, clearinghouses and software vendors;
4. Identifying and troubleshooting technical issues; and
5. Data Exchange help.

EDI staff is available Monday through Friday 8:00 a.m. to 5:00 p.m. EST by calling 1-866-586-0961.

5 CONTROL SEGMENT DEFINITIONS FOR FLORIDA MEDICAID 834 TRANSACTION

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 - Interchange Control Header Segment

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.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	'00' – No Authorization Information Present
B.3	N/A	ISA	ISA02 - Authorization Information	[space fill]
B.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No Security Information Present
B.4	N/A	ISA	ISA04 - Security Information	[space fill]
B.4	N/A	ISA	ISA05 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.4	N/A	ISA	ISA06 - Interchange Sender ID	Outbound: '77027' left justified and space filled. Florida Medicaid Sender ID Inbound: Trading Partner ID Supplied by Florida Medicaid. The Trading Partner ID, will be the same Trading Partner ID used in current system.
B.4	N/A	ISA	ISA07 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.5	N/A	ISA	ISA08 - Interchange Receiver ID	Outbound: Provider ID associated with the applicable plan (in use today). Inbound: '77027' left justified and space filled. Florida Medicaid Sender ID
B.5	N/A	ISA	ISA09 - Interchange Date	The date format is YYMMDD.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
B.5	N/A	ISA	ISA10 - Interchange Time	The time format is HHMM.
B.5	N/A	ISA	ISA11 - Interchange Control Standards Identifier	'U' – Interchange Control Standards Identifier
B.5	N/A	ISA	ISA12 - Interchange Control Version Number	'00401' – Control Version Number
B.5	N/A	ISA	ISA13 - Interchange Control Number	Interchange Unique Control Number
B.6	N/A	ISA	ISA14 - Acknowledgment Requested	Inbound/Outbound: '0' - No Acknowledgement Requested Inbound: '1' - Acknowledgement Requested
B.6	N/A	ISA	ISA15 - Usage Indicator	'T' - Test Data 'P' - Production Data
B.6	N/A	ISA	ISA16 - Component Element Separator	'.' – Component Element Separator

5.2 IEA - Interchange 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.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
B.7	N/A	IEA	IEA01 - Number of Included Functional Groups	Number of included Functional Groups
B.7	N/A	IEA	IEA02 - Interchange Control Number	Must be identical to the value in 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.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
B.8	N/A	GS	GS01 - Functional ID Code	'BE' – Benefit Enrollment and Maintenance (834)
B.8	N/A	GS	GS02 - Application Sender's Code	This will be equal to the value in ISA06.
B.8	N/A	GS	GS03 - Application Receiver's Code	This will be equal to the value in ISA08.
B.8	N/A	GS	GS04 - Date	The date format is CCYYMMDD.
B.8	N/A	GS	GS05 - Time	The time format is HHMM.
B.9	N/A	GS	GS06 - Group Control Number	Group Control Number
B.9	N/A	GS	GS07 - Responsible Agency Code	'X' – Responsible Agency Code
B.9	N/A	GS	GS08 - Version/ Release/ Industry ID Code	'004010X095A1' – Version/ Release/ Industry Identifier Code

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.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
B.10	N/A	GE	GE01 – Number of Transaction Sets Included	Number of included Transaction Sets
B.10	N/A	GE	GE02 – Group Control Number	Must be identical to the value in 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.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
27	N/A	ST	ST01 – Transaction Set Identifier Code	'834' – Benefit Enrollment and Maintenance
27	N/A	ST	ST02 – Transaction Set Control Number	Transaction Control Number

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.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
158	N/A	SE	SE01 – Number of Included Segments	Total number of segments included in Transaction Set including ST and SE
158	N/A	SE	SE02 – Transaction Set Control Number	Must be identical to the value in ST02

5.7 Valid Delimiters

The delimiters documented below will be used for Florida Medicaid, unless otherwise requested by a trading partner.

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

6 COMPANION GUIDE FOR THE 834 TRANSACTION

This section specifies X12 834 fields for which Florida Medicaid has specific requirements.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
28	N/A	BGN	BGN01 - Transaction Set Purpose Code	'00' – Original '15' – Resubmission '22' – Information Copy
29-31	N/A	BGN	BGN05 – Time Zone Code	Outbound: 'ES' – Eastern Standard Time
31	N/A	BGN	BGN08 – Action Code	Inbound: Enter '2' to identify a transaction of additions or terminations. Outbound: '2' to identify a transaction to add, terminate, or change the current enrollment. Outbound: Verify: '4' to identify a transaction to verify that the sponsor and payer's systems are synchronized
32	N/A	REF	REF01 – Reference Identification Qualifier	'38' – Master Policy Number
33	N/A	REF	REF02 – Master Policy Number	Managed Care Plan Medicaid Provider Number

34	N/A	DTP	DTP01 – Date/Time Qualifier	‘007’ – Effective
34	N/A	DTP	DTP02 – Date Time Period Format Qualifier	‘D8’ – Date in CCYYMMDD Format
34	N/A	DTP	DTP03 – Date Time Period	Effective date
Sponsor Name				
36	1000A	N1	N102 - Plan Sponsor Name	‘STATE OF FLORIDA MEDICAID’
36	1000A	N1	N103 - Identification Code Qualifier	‘FI’ – Federal Taxpayer Identification Number
Payer				
38	1000B	N1	N103 - Identification Code Qualifier	‘FI’ – Federal Taxpayer Identification Number
38	1000B	N1	N104 - Insurer Identification Code	‘593452939’ – Florida Tax ID
Member Level Detail				
AHCA Note: Florida Medicaid considers the Recipient as the Subscriber/Member in all reporting situations.				
44	2000	INS	INS01 – Subscriber Indicator	‘Y’ – Indicates insured is Subscriber
44	2000	INS	INS02 - Individual Relationship Code	‘18’ – Self
45	2000	INS	INS03 – Maintenance Type Code	Inbound: ‘001’ (Change), ‘021’ (Addition), or ‘024’ (Cancellation or Termination) Outbound: ‘001’ (Change), ‘021’ (Addition), ‘024’ (Cancellation or Termination), ‘025’ (Reinstatement) Outbound Verify: ‘030’

				(Audit or Compare)
46- 47	2000	INS	INS04 - Maintenance Reason Code	<p>Inbound: '02' (Birth), '07' (Termination of Benefits), '14' (Voluntary Withdrawal) or '28' (Initial Enrollment)</p> <p>Outbound: '07' (Termination of Benefits), '14' (Voluntary Withdrawal), '22' (Plan Change)', '28' (Initial Enrollment), '41' (Re-enrollment), '43' (Change of Location), 'AI' (No Reason Given)</p> <p>Outbound Verify: 'XN' (Notification Only)</p>
47-48	2000	INS	INS05 – Benefit Status Code	'A' - Active
48	2000	INS	INS06 - Medicare Plan Code	<p>'A' – Medicare Part A</p> <p>'B' – Medicare Part B</p> <p>'C' – Medicare Part A and B</p>
49	2000	INS	INS08 - Employment Status Code	<p>Inbound: 'FT' (Full-Time)</p> <p>Outbound: 'FT' (Full-Time), 'TE' (Terminated)</p>
50	2000	INS	INS12 - Insured Individual Date of Death	<p>Outbound: (Cancellation or Termination) Date</p> <p>Format: CCYYMMDD</p>
51	2000	REF	REF01 – Reference ID Qualifier	'0F' – Subscriber Number
52	2000	REF	REF02 - Subscriber Identifier	'Recipient's Medicaid ID'

53	2000	REF	REF01 – Reference ID Qualifier	'1L' – Member Policy Number
53	2000	REF	REF02 - Subscriber Identifier	Inbound: Enter the location code. Outbound: Assignment plan description. Outbound Verify: Assignment plan description.
55-56	2000	REF	REF01 – Reference ID Qualifier	This occurrence of the REF segment can repeat multiple times. One for each of the following: 'F6' – HIC Number '3H' – Case Number
56	2000	REF	REF02 - Subscriber Identifier	'F6' = Member HIC Number '3H' = Recipient Case Number
59-60	2000	DTP01	DTP01 – Date/Time Qualifier	This occurrence of the DTP segment can repeat multiple times. One for each of the following: 356 = Eligibility Begin 357 = Eligibility End 474 = Medicaid End
60	2000	DTP02	DTP02 – Date Time Period Format Qualifier	'D8' – Date in CCYYMMDD format
60	2000	DTP03	DTP03 – Date Time Period	Eligibility begins, eligibility ends, or eligibility redetermination date
Member Name				
62	2100A	NM1	NM101 - Entity Identifier Code	'IL' – (Insured or Subscriber) Use this code for enrolling a new member or updating a member with no change in identifying

				information '74' – (Corrected Insured) Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B.
62	2100A	NM1	NM102 - Entity Type Qualifier	'1' – (Person)
62	2100A	NM1	NM103 - Subscriber Last Name	Recipient's Last Name
62	2100A	NM1	NM104 - Subscriber First Name	Recipient's First Name
65	2100A	PER	PER03 - Communication Number Qualifier	'TE' – Telephone, 'HP' - Home Phone Number, 'WP' - Work Phone Number
65	2100A	PER	PER04 - Communication Number	Recipient Telephone Number if on file'
66	2100A	PER	PER05 - Communication Number Qualifier	'TE' – Telephone, 'HP' - Home Phone Number, 'WP' - Work Phone Number
66	2100A	PER	PER06 - Communication Number	Additional Recipient Telephone Number if on file'
67	2100A	N3	N301 / N302 - Subscriber Address	When applicable Recipient Address
68-69	2100A	N4	N401–N403 - Subscriber City, State, Zip Code	When applicable Recipient City, State, Zip Code
69	2100A	N4	N405 - Location Qualifier	'CY' – County

69	2100A	N4	N406 - Location Identification Code	Recipient two digit County Code
70-72	2100A	DMG	DMG01-DMG03, DMG05 - Member Demographics	When applicable Recipient Date of Birth, Gender, Race
79	2100A	LUI	LUI01 - Identification Code Qualifier	'LD' – Language Code
Incorrect Member Name				
81	2100B	NM1	NM101 - Entity Identifier Code	'70' – Prior Incorrect Insured
81	2100B	NM1	NM103 - Responsible Party Last Name	When applicable corrected Recipient Last Name
81	2100B	NM1	NM104 - Responsible Party First Name	When applicable corrected Recipient First Name
83-84	2100B	DMG	DMG01-DMG03 - Member Demographics	When applicable correct Recipient Date of Birth
85	2100C	NM1	NM101 – Entity Identifier Code	'31' – Entity Type Qualifier
85	2100C	NM1	NM102 – Entity Type Qualifier	'1' - Person
87	2100C	N3	N301/N302 – Member Mailing Address	When applicable Member Address
88	2100C	N4	N401/N403 – Member Mailing City, State, Zip	When applicable Member City, State, Zip Code
Responsible Person				
115-116	2100G	NM1	NM101 - Entity Identifier Code	'QD' – Responsible Party
116	2100G	NM1	NM103 - Responsible Party Last Name	Inbound: Enter the mother's last name. Outbound: When applicable Responsible Party Last Name

				Outbound Verify: When applicable Responsible Party Last Name.
116	2100G	NM1	NM104 - Responsible Party First Name	Inbound: Enter the mother's first name. Outbound: When applicable Responsible Party First Name Outbound Verify: When applicable Responsible Party First Name
Health Coverage				
128-129	2300	HD	HD01 - Maintenance Type Code	Inbound: '001' (Change), '021' (Addition) or '024' (Cancellation or Termination) Outbound: '001' (Change), '021' (Addition), '024' (Cancellation or Termination), '025' (Reinstatement) Outbound Verify: '030' (Audit or Compare)
129-130	2300	HD	HD03 - Insurance Line Code	Inbound: Enter 'HMO' (Health Maintenance Organization) for HMO, PACE, and CNHDP. Enter 'PRA' for DHACS enrollment and reinstatements. Outbound: 'HMO' (Health Maintenance Organization) for HMO, PACE and CNHDP. 'AK' (Mental Health) for PMHP. Outbound Verify: 'HMO' (Health

				Maintenance Organization) for HMO, PACE and CNHDP. 'AK' (Mental Health) for PMHP.
130	2300	HD	HD04 – Plan Coverage Description	<p>Inbound: This data element is situational. If indicated, you must enter the description that will identify certain Managed Care Plans that are unique to Florida Medicaid.</p> <p>Outbound: If available, this data element will contain the following: Position 1-5: Capitation Category Position 6: Space Position 7-10: If available, Aid Category Position 11-12: Report Message Position 13-14: Special Needs (1) Position 15-16: Special Needs (2) Position 17-18: Special Needs (3)</p>
130-131	2300	HD	HD05 - Coverage Level Code	'IND' – Individual
132-133	2300	DTP	DTP01 – Date/Time Qualifier	<p>Inbound: '348' (Benefit Begin) This is the effective date of coverage. Use this qualifier to indicate retro-enrollment date for CNHDP Program.</p> <p>'349' (Benefit End) This is the date that coverage</p>

				<p>is being terminated.</p> <p>Outbound: '348' (Benefit Begin) This is the effective date of coverage.</p> <p>'349' (Benefit End) This is the date that coverage is being terminated.</p> <p>Outbound Verify: '303' (Maintenance Effective) This is the effective date of a change where a member's coverage is not being added or removed.</p>
133	2300	DTP	DTP03 – Coverage Period	Coverage Period (Date Expressed in Format CCYYMMDD). This element will be used to capture retro enrollment date for CNHDP program.
Provider Information				
139	2310		2310 – Provider Information	2310 – Provider Information Loop can occur 30 times if Provider ID and Tax ID information exists
141	2310	NM1	NM101 - Entity Identifier Code	'P3' – Primary Care Provider
142	2310	NM1	NM108 - Identification Code Qualifier	'SV' – Florida Medicaid Provider ID 'XX' – NPI 'FI' – Federal Taxpayer's ID
142	2310	NM1	NM109 – Identification Code	If NM108='SV' (Florida Medicaid Provider ID) If NM108='XX' (NPI) If NM108='FI' (Tax ID)

143-144	2310	N4	N401-N403 - Provider City, State, Zip Code	Primary Care Provider City, State, Zip Code when applicable
146	2310	PER	PER03 - Communication Number Qualifier	'TE' – Telephone
146	2310	PER	PER04 - Communication Number	Primary Care Provider Telephone Number

7 HMO – TRANSACTION VALUES

Type of Transaction	X12N 834 Maintenance Type Code	X12N 834 Maintenance Reason Code	X12N 834 Plan Coverage Description	Current FMMIS HMO- Transaction
Enrollment	'021' – Addition	'28' – Initial Enrollment	N/A	'1' - Enrollment
Disenrollment	'024' – Cancellation or Termination	'07' – Termination of Benefits	N/A	'2' – HMO Disenrollment
Cancellation	'024' – Cancellation or Termination	'14' – Voluntary Withdrawal	N/A	'3' – HMO Cancellation
CNHDP Enrollment	'021' – Addition	'28' – Initial Enrollment	'CNHDP'	'6' – CNHDP Enrollment
CNHDP Retro Enrollment	'021' – Addition	'28' – Initial Enrollment	'CNHDPRETRO'	'6' – CNHDP Enrollment
PACE Enrollments	'021' – Addition	'28' – Initial Enrollment	'PACE'	'9' – PACE Enrollment
Newborn Enrollments	'021' – Addition	'02' – Birth	N/A	N/A

7.1 Race Code Crosswalk

Current Recipient Race Code	Description	X12N 834 Race Code	Description
1	White	C	Caucasian
2	Black	B	Black
3	American Indian	I	American Indian or Alaskan Native

Current Recipient Race Code	Description	X12N 834 Race Code	Description
4	Oriental	A	Asian or Pacific Islander
5	Hispanic	H	Hispanic
6	Other	E	Other Race or Ethnicity
6	Other	7	Not Provided
6	Other	8	Not Applicable
6	Other	D	Subcontinent Asian American
6	Other	F	Asian Pacific American
6	Other	G	Native American
6	Other	J	Native Hawaiian
6	Other	N	Black (Non-Hispanic)
6	Other	O	White (Non-Hispanic)
6	Other	P	Pacific Islander
6	Other	Z	Mutually Defined

7.2 HMO/PMHP Report Messages

➤ Values will be reported within the 2300-HD04 (Positions 11-12)

Type of Message	Internal FMMIS Code	Current Report Message
Enrollment/Disenrollment	96	MASS DISENROLL
	CC	AUTOMATIC COUNTY CHANGE DISENROLL / REENROLL

	CU	CONVERSION - UNKNOWN
	UN	UNMATCHED, REQUESTED BY AHCA
Enrollment	91	DISCRIMINATORY TREATMENT
	98	ENROLEE INELIGIBLE FOR PLAN
	AA	AUTOMATIC ENROLLMENT BY SYSTEM
	AB	RECIPIENT COUNTY
	AC	ACCOUNT CASE
	E1	INITIAL ENROLLMENT, VOLUNTARY CHOICE
	E2	90 DAY PLAN CHANGE
	E3	GOOD CAUSE PLAN CHANGE
	E4	REINSTATEMENT
	E5	PCP CHANGE, SAME NETWORK
	E6	PLAN CHANGE
	E7	ENROLLED AFTER REMOVAL OF MANAGED CARE EXEMPTION FLAG
	E8	MANDATORY ASSIGNMENT
	E9	RETROACTIVE ENROLLMENT
	EA	SEGMENT UPDATE
	EB	MASS TRANSFER
	EC	UNBORN ACTIVATION, FLORIDA
	ED	UNBORN ACTIVATION, HMO
	EE	UNBORN ACTIVATION, MANUAL

Disenrollment	01	ACCIDENTALLY CHOSE THE WRONG PLAN
	02	ALLEGED PLAN/MARKETING MISREPRESENTATION
	03	RECIPIENT CHOICE - NO REASON GIVEN
	04	CAN'T GET PRESCRIPTIONS FILLED
	05	CONTINUOUS RUDE TREATMENT BY PLAN
	06	CONTINUOUS RUDE TREATMENT BY PROVIDER STAFF
	07	DENIAL OF SERVICES
	08	DENIAL OF PAYMENT FOR SERVICES
	09	DISCRIMINATORY TREATMENT BY PLAN
	10	DISCRIMINATORY TREATMENT BY PROVIDER
	11	DISSATISFACTION WITH PCP
	12	DISSATISFACTION WITH PLAN POLICIES OR PROCEDURES
	13	DOCTOR DOES NOT SPEAK SAME LANGUAGE
	14	DOCTOR DOESN'T RETURN PHONE CALLS
	15	DOCTOR DOESN'T RETURN PHONE CALLS FAST ENOUGH
	16	DOCTOR NO LONGER WITH PLAN
	17	DOCTOR WON'T TREAT MEDICAL CONDITION
	18	EXTRA BENEFITS OFFERED BY ANOTHER PLAN
	19	LANGUAGE BARRIERS WITH PROVIDERS
	20	LONG WAIT FOR APPOINTMENTS
	21	LONG WAITING TIME AT DOCTOR'S OFFICE
	22	MARKETING REPRESENTATIVE COMPLAINT

	23	NOT HAPPY WITH DOCTOR'S SERVICES/TREATMENT
	24	NOT TOLD ABOUT REFERRAL PROCESS
	25	OTHER
	26	PCP IS NOT IN THE PLAN
	27	PCP QUALITY OF CARE PROBLEM
	28	PLAN'S PROVIDERS ARE TOO FAR AWAY
	29	PROBLEM GETTING REFERRALS
	30	PROBLEM WITH AFTER HOUR/EMERGENCY CARE
	31	PROBLEM WITH TRANSPORTATION
	32	PROBLEMS GETTING DURABLE MEDICAL EQUIPMENT
	33	PROBLEMS GETTING PRESCRIPTIONS
	34	UNSANITARY OFFICE CONDITIONS
	35	VOLUNTARILY DISENROLLED
	36	AGE OVER 21
	37	ASSISTANCE CATEGORY CHANGED
	38	RECIPIENT NOT MEDICAID ELIGIBLE
	39	CAP GROUP NOT COVERED BY MCO
	40	CMS ENROLLED
	41	CO MORBIDITY
	42	RECIPIENT OPTED OUT OF CONTINUED ENROLLMENT
	43	DATE OF DEATH ON FILE
	44	PLAN CHANGE TO HMO OR REFORM HMO

	45	PLAN CHANGE TO MEDIPASS
	46	PLAN CHANGE TO PSN OR REFORM PSN
	47	MASS TRANSFER
	48	MEDICARE ENTITLED
	49	PROVIDER NOT ELIGIBLE
	50	RECIPIENT COUNTY ON FILE OUT OF PROVIDER SERVICE AREA
	52	RECIPIENT TPL MAJOR MEDICAL ON FILE
	53	DENTAL BENEFITS PROVIDED BY MCO
	54	NURSING HOME SPAN ON FILE
	55	PARTICIPATES IN SIPP
	56	RECIPIENT ENROLLED IN HOSPICE
	57	RECIPIENT ENROLLED IN RPICC
	58	INAPPROPRIATE DIAGNOSIS SERVICES
	59	INCARCERATION
	60	DOES NOT COMPLY WITH RECOMMENDED PLAN OF CARET
	61	ENROLLEE INELIGIBLE FOR PLAN ENROLLMENT
	62	RECIPIENT ENROLLED IN DJJ
	63	RETURNED MAIL
	64	UNABLE TO LOCATE
	65	GC01- PROVIDER NO LONGER WITH PLAN (ACS)
	66	GC02- MEMBER INELIGIBLE FOR ENROLLMENT IN A PLAN (48) (ACS)

	67	GG03- MARKETING VIOLATION (AGENCY)
	68	GC04- INABILITY TO PROVIDE EFFECTIVE CARE (AGENCY)
	69	GC05- INCORRECT ADDRESS/MOVED OUT OF SERVICE AREA (ACS)
	70	GC07- NOT ALLOWED TO HELP IN TREATMENT PLAN (AGENCY)
	71	GC08- UNABLE TO ACCESS PCP/NO TRANSLATION SERVICES (AGENCY)
	72	GC09- ACTIVE RELATIONSHIP WITH PROVIDER (AGENCY)
	73	GC10- 90 DAY CHANGE PERIOD/SYSTEM LIMITATION ERR (ACS)
	74	GC11- PLAN LEFT/LEAVING THE COUNTY (VERIFIED BY AGENCY DOCUMENTATION - ACS)
	75	GC12- REINSTATED, MISSED OPEN ENROLLMENT PERIOD (ACS)
	76	GC13- SVC NOT COVERED-MORAL/RELIG REASONS
	77	GC14- REL SVC NEEDED NOT AVAILABLE IN SAME PLAN NETWK
	78	GC15- STATE IMPOSED INTERMEDIATE SANCTIONS (AGENCY)
	79	GC16- SPECIAL CASE-BY-CASE APPROVAL (AGENCY)
	80	DISENROLLED FROM PMHP
	81	DISENROLLED FROM PMHP TO BHOS
	82	DISENROLLED FROM PMHP TO FACT
	83	INVALID CONTACT INFO
	84	EXPIRED
	85	RECIPIENT OPT OUT (FIRST 30 DAYS)
	86	EXCLUSION - NON-MEDICAL/ADMIN
	87	NOT APPROPRIATE FOR TELEPHONIC CARE MANAGEMENT

	88	DISEASE STATE EXCLUSION (AGENCY-IDENTIFIED)
	89	OUTSIDE CODING NET (DISEASE STATE ALGORITHMS)
	90	MASS DISENROLL
	93	DISENROLLMENT
	95	MASS ENROLLMENT REGION
	B1	GC17- MOVE TO SPECIALTY PLAN
	B2	GC18- REFORM PLAN BENEFIT REDUCTION
	B3	MOVED/MOVING OUT OF SERVICE AREA
	B4	PROCESSING ERROR
	B5	RESIDING IN SKILLED NURSING FACILITY
	B6	IR FRAUDULENT USE OF ENROLLEE ID CARD
	B7	IR MEMBER'S BEHAVIOR STOPS PLAN FROM GIVING SERV
	BY	BUYIN
	C1	CONVERSION - ENROLLMENT NOT CREATED FOR SPAN - NO ELIGIBILITY
	C2	CONVERSION - ENROLLMENT NOT CREATED FOR SPAN - NO OVERLAPPING ELIGIBILITY
	C3	CONVERSION - ENROLLMENT NOT CREATED FOR SPAN - NO PMP
	C4	CONVERSION - ENROLLMENT NOT CREATED FOR SPAN - NO OVERLAPPING PMP SPANS
	C5	CONVERSION - ENROLLMENT TRUNCATED FOR SPAN - ELIGIBILITY
	C6	CONVERSION - ENROLLMENT TRUNCATED FOR SPAN - PMP

	C7	CONVERSION - ENROLLMENT TRUNCATED FOR SPAN - BOTH ELIGIBILITY AND PMP
	ER	CLOSED DUE TO 90 DAY RESTRICTION BASED ON SUBMISSION DATE
	IN	DISENROLLED BY INBOUND 834

7.3 Special Needs

➤ Values will be reported within the 2300-HD04 (Positions 13-14, 15-16 and/or 17-18 when applicable)

CODE	DESCRIPTION
1	Asthma
2	Diabetes
3	Heart Disease
4	High Blood Pressure
5	Kidney Problems
6	Birth Defects
7	Recent Surgery
8	Cancer
9	Mental Health Condition
10	Sickle Cell Disease
11	Visually Impaired
12	Hearing Impaired
13	Speech Impaired

14	Developmental Delay
15	Physical Disability
19	Wheelchair Access Req.
20	Other Chronic Illness
21	Pregnancy