

## Questions/Responses To Health Plans

This version has been modified to include information relevant to operations.

Item #	Enrollment Questions	Responses
1	What is the current inactivity timeout setting on the Web Portal?	60 minutes is the current timeout setting.
2	Will the 834 transactions contain just the data elements changing for a member or all data elements for a member regardless of an update being sent?	All data elements for a member will be included with the transaction, not just the information being updated.
3	Will the primary care provider and the recipient case number be included in the 834?	Yes.
4	Will HMOs be able to do online claims entry?	Yes.
5	What is the 820?	The 820 X12N HIPAA standard transaction is used to report capitation payments.
6	Will the primary care provider for MediKids be included in the 834?	PCP will be on the 834 if it is known.
7	Will the recipient case number be on the 834?	Yes.
8	Will the language code be on the 834?	Yes.
9	Will the expected date of delivery and source of unborn activation be on the 834? If not, then where?	No. The expected date of delivery is not currently provided and will not be provided in the future. The source of the unborn activation will be discussed further by the project team and additional information will be provided.
10	What reports will be available after Monthly Magic? On the first day of the enrollment month? The 834 Analyzer currently puts every provider number on?	1 - Outbound 834 and 820 2 - Outbound 834 3 - Need clarification on the last question.
11	Will there only be one 820?	Yes.
12	Where will we access the Therapeutic Drug Report?	This data will be accessed from the Trade Files menu on the secure Web Portal.
13	How will providers see capitation payment?	Monthly 820 transaction.
14	How does an account manager handle a situation of a manager leaving the company especially when that manager has high level access?	The secure Web Portal accounts can be closed as needed. If the administrator account (the highest level of authorization) needs to be closed, EDS' help desk can assist with changing passwords or closing/re-issuing an administrator account.
15	In order for the PSN to see a member of their network's claims, does the provider have to give the PSN access for viewing the claims?	Yes, however this will provide access to all of the provider's claims (which may include non-PSN network recipient services). Thus, it may not be appropriate to provide access to protect the privacy of non-PSN recipients.  A PSN-ERV will continue to be generated to provide the PSN information on their recipient's activity.

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16	Will the provider be able to distinguish for which members the PSN may view claims and for which the PSN may not?	No, the access to claims information is either full access or no access.
17	For large provider groups, will groups have to grant access to an account?	Based on business operations, users may only need to grant access to the pay-to/billing provider number as this number as the claim processing activity.
18	Will the 835 replace the ERV?	No, the PSN-ERV will continue.
19	Will there be a disclaimer to warn providers that they cannot submit claims for a PSN member: "861 edits." Will this still work?	Yes, 861 edits (or their equivalent) will still be functional.
20	What is the timeframe for return files? What is the frequency?	The general timeframe for return files is 24 hrs.
21	Will we continue to submit claims weekly? What is the deadline for adjudication?	There are no limitations. Current plans call for timeframes consistent with current processing, Wednesday at midnight for claims to appear on the following week's remittance advice.
22	What is the naming convention for 837 files?	No naming convention required or specified by EDS.
23	Will EDS batch X12N 271 transactions?	Yes, in response to batch 270 transactions.
24	Does the 834 have a case #? If so, (1) In what field is it populated?; (2) Is it populated for every member record?; (3) Is this populated on a consistent basis?	Yes, case number will be provided on the 834. (1) It is populated in the REF segment in the 2000 Loop, with the qualifier of 3H. (2) For members with a record on the 834, case number information will be provided. (3) It is intended to be.
25	What is Monthly Magic?	Monthly Magic is the monthly processing cycle where managed care assignments are processed. The outcome of Monthly Magic includes the interface files that detail plan assignments, disenrollments, capitation payments, etc.
26	Will reform and non-reform be identified in the 834 and 835 interfaces or in separate files? How will the Plan identify reform/non-reform information?	Separate files. Reform and non-reform plans have different Medicaid ID numbers that can be used to distinguish.
27	Where is the type of assistance identified on the 834?	This can be found at HD04 segment on the 2300 loop.
28	Does the 834 include the county designated for the member or is this determined by the Plan based upon the zip code?	The county information will be designated at the N4 segment at the N406 data element within the 2100A loop.
29	Frequency of availability of 820 files - when will they be put on the website for pickup and how will we be notified?	820/payment will be generated the last Saturday of each month. Payment is distributed that following week.
30	Specification from EDS on where to pickup and download 820/997 files for only PAPSN.	Files will be available on the secure Web Portal. Web Portal accounts are set up by the user. Within the secure Web Portal, files are available for download from the Trade Files menu.

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31	HD04 layout is not detailed. When questioned about this field, we are told to refer to the companion guide. The companion guide does not contain the details.	The following is an excerpt from the future update of the 834 Companion Guide:  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
32	PCP Loop 2310 - Will the identification code number be just NPI or will we receive several identification codes in multiple segments?	Potential for 3 different IDs to be reported: Medicaid Provider ID, Tax ID and/or NPI.
33	COB Loop 2320 - Will we be receiving COB information on these members?	No.
34	Could EDS please provide both the reports, frequency and dates that the PSN will receive any enrollment data. The existing crosswalk lists pending reports and the answer to the question says that these reports are eliminated. I need the dates of EDI 834's to assure that time exists before the beginning of the month to put new members in the system in case they show up on the first for pharmacy benefits.	1 - A daily 834 will be generated to report demographic changes on existing members. 2 - An 834 reporting assignment activities following the Monthly Magic cycle (or its EDS equivalent) will be generated the 2nd to last Saturday of each month and anticipated to be available by the following Monday. 3 - A month-end 834 will be generated to report any assignment activities that occurred following the monthly magic cycle and prior to the first of the month. This file will be generated the last day of the month. This file will include a limited number of new MediKids enrollees. 4 - An Audit 834 will be generated the first business day of the month to provide a full list of members for the plan for the current month.
35	Concerning the EDS Web Portal, will the transport layer be using SOAP or HTTP?	The site uses HTTPS for Trade Files activity.
36	Concerning the EDS Web Portal, will the 270/271 request have batch mode? Multiple subscriber information in one request.	Yes. In batch, yes.
37	What is the average response time for single request on the Web Portal?	This is impacted by any number of variables, eg - time of day, time of month, network activity, size of request, type of transaction, etc. More clarification needed. An eligibility request may take a few seconds, while a batch upload of a inbound 834 may take several minutes due to the size of the transaction.
38	Is there documentations related to EDS EDI Gateway interface for eligibility check?	A Companion Guide for the 270/271 transaction is currently available on the Web Portal. In addition, the Web Portal User Guide is available for reference by providers and plans.

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39	Are there any fields in the 834 that are needed for the 820 or does the 834 establish eligibility and the 820 shows the cap and we must go to the 834 to establish the eligibility and then compare the 820 for reconciliation? This would mean that the two reports work together but there are no actual fields in the 834 that must be used in a filed on the 820. Please clarify.	The 834 provides enrollment information and the 820 provides capitation reimbursement information. Eligibility information is available through the 270/271 transaction. The 834 and 820 files are generated independently and involve different processes.
40	If the provider registers without a taxonomy code and we send it, will the claim be rejected or will the system ignore the taxonomy code?	For covered entities, EDS will attempt to match on a unique occurrence of the NPI. If there is not a unique match, EDS will look to match uniquely on a NPI and/or taxonomy, zip code +4 combination.
41	I have providers registered with 5-digit zip code, I thought 9-digits were required?	The zip code is a required field. The IG states that the zip code field must be a minimum of 3 characters and a maximum of 15. EDS is requiring that the zip code field contain 5- or 9-digits. Ultimately, in cases where the zip code is used for matching to a unique provider record - plans must submit the zip code data consistent with how they registered their NPI with Medicaid.
42	I have providers registered with what appear to be invalid Taxonomy codes, are the codes validated?	No.
43	Can an accent mark be used in an X12 transaction?	No.
44	What will the DTP01 qualifier be when the DTP03 redetermination date is present? It appears to be 474 in the Companion Guide, however, we'd like clarification.	474 will be the DTP01 qualifier when the DTP03 redetermination date is present.
45	The plan would appreciate clarification regarding the date qualifier submitted when a redetermination date is sent. This would be the value in the DTP01 in the 2000 loop. We are assuming this would be Medicaid End "474". In addition, on which file should the plan expect to receive this information (daily, monthly, etc.)?	Please reference response to question 44. Multiple DTPs can be sent in the 2000 loop. Each file type will contain this information.
46	BGN01-What does EDS plan to send for this?	EDS will send the value of 00 (original). NOTE: The BGN segment does not have a loop because it is located in the beginning of the 834 transaction. This segment follows the "ST" segment.

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47	Currently we have 20 provider numbers for the Nursing Home Diversion and will be requesting expansion into 6 new counties. Are we going to be required to submit 26 separate 834 files or 1 file containing all the counties?	Answer applies only for NHD plans: The plans can submit one logical file with multiple ST-SEs. This means they can send one 834 file containing multiple county data.
48	When EDS sends date of death, what will the format or file type be? What maintenance type code?	Format is cyy-mm-dd. This will be provided as a 024 on the Daily and a termination on the post-Monthly Magic file.  The date of death will be reported in INS 12 for the death and INS 04 for the reason code (value of 07).
49	Can you can send one inbound 834, with multiple ST/SEs?	Yes.
50	Concerning the 820, will we (EDS) send the ADX for adjustments?	Yes, when the dollars in the RMR don't equal, there will be an adjustment.
51	Is the county code provided the recipient's county of residence?	Yes.
52	Is subscriber the same as the payee?	No, the recipient is the subscriber.
53	After a PSN forwards claims to EDS, will they only show up in the EDS Web Portal after processing or before processing?	The claims will be visible to the billing/pay-to provider (or their designated agent) after processing.
54	Concerning the Redetermination date...will this be sent with a 474?	Yes
55	Can EDS verify that the 2310D loop of the 837 Professional (service location) will NOT be rejected if it does not include an NPI value?	EDS will not reject the file in this circumstance.
56	Will Monthly Magic file from EDS contain all members, or just members with changes? Our current pre-assignment process expects a full file of all members.	It will not contain a full file of assignments. The full roster of assignments would be in the audit file.
57	What exactly is the Monthly Magic file? We're developing a production schedule and we're looking at the daily, post-Monthly Magic, month end and audit files and are looking for precise definitions.	The Audit file is the list of recipients the provider is expected to have for the current month assuming no changes to enrollment occur. The Monthly Magic file reflects changes to enrollment between the beginning of the month audit and when this process runs. The month end file contains any changes to enrollment that happened between when Monthly Magic and the end of the month. The daily files contain demographic changes.
58	Are there instructions on where to pick up all of the EDS files and where we should place our files, such as the 837 outbound claim files?	Yes, please visit the public Web Portal for information on EDI file exchange processes. If you have any questions, please contact EDS EDI Services at 1-866-586-0961.
59	Will REFORM and NON-REFORM come on the same or separate files?	Separate files. Reform and non-reform plans have different Medicaid ID numbers that can be used to distinguish.

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60	Will the eligibility data on the portal reflect real time updates? i.e. add & terms	Yes - Eligibility data will report current information as maintained in the MMIS.
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