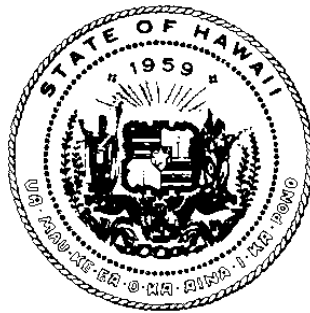


**STATE OF HAWAII**  
**DEPARTMENT OF HUMAN SERVICES**  
**MED-QUEST DIVISION**



**Companion Guide**  
**and**  
**Transaction Specifications**  
**for the HIPAA**  
**834 Enrollment Transaction**  
**and**  
**820 Capitation Transaction**

*Summary of Changes*

**VERSION 1.10**  
**JUNE 2006**

HI 834/820 Companion Document v1.10

**Change Summary**

06-23-2006

#	Location	Previously Stated	v1.10 Revision
1	v1.8, p.9 §2.2 834 Enrollment Transaction, Transmission Schedules section, last paragraph	Med-QUEST sends a single 820 Transaction to each health plan every month that includes pre-payments for the next month's capitation as well as daily capitation payments and adjustments accumulated during the previous month.	Med-QUEST sends a single 820 transaction file to each health plan every month that includes pre-payments for the next month's capitation as well as daily capitation payments and adjustments accumulated during the previous month.
2	v1.8, p.17 §4.1 General Information, HIPAA Requirements subsection, 2 <sup>nd</sup> bullet	Format and content of the header, detailer and trailer segments specific to the transaction	Format and content of the header, detail and trailer segments specific to the transaction
3	v1.8, p.20 §4.1 General Information, 820 Capitation Transaction section, 2 <sup>nd</sup> paragraph of the Sequence of 2000B Individual Remittance Loops subsection	The content of Daily, Monthly, or Mass Adjustment run groupings is the same as the content of the succession of Roster Files that Med-QUEST health plans received in the pre-HIPAA environment.	The content of Daily 834, Monthly 834, or Mass Adjustment run groupings is the same as the content of the proprietary Roster Files that Med-QUEST health plans received in the pre-HIPAA environment.
4	v1.8, p.38 §5.2 834 Enrollment Transaction Specifications, Loop 2000, Valid Value and Definition/Format columns for Element INS04, last three paragraphs	<u>Monthly Roster</u>  For the Monthly Roster the Maintenance Reason Code to be used is XN.  Notification Only To be used in complete enrollment transmissions.	<u>Monthly Roster</u>  XN For the Monthly Roster the Maintenance Reason Code to be used is XN.
5	v1.8, p.39 §5.2 834 Enrollment Transaction Specifications, Loop 2000, Definition/Format column for Element INS12	Date of Death. This field is only populated on the Daily Roster 834 if BGN08 = "2" (Daily Update Transaction).	Date expressed in CCYYMMDD format.  Date of Death. This field is only populated on the Daily Roster 834 if BGN08 = "2" (Daily Update Transaction).
6	v1.8, p.40 §5.2 834 Enrollment Transaction Specifications, Loop 2000, Definition/Format column for Element REF02, last paragraph of Definition/Format column	On Daily 834s, Med-QUEST will pass "TPL DATA" in this data element when only TPL information is updated.	On Daily 834s, Med-QUEST will pass "TPL DATA" in this data element when TPL information is present.
7	v1.8, p.41 §5.2 834 Enrollment Transaction Specifications, Loop 2000, Definition/Format column for Element REF01, last two sub-sections	<u>3<sup>rd</sup> Segment Specific</u> If PRI-CLIENT-ID is not blank on 834 Input File, autoplug 'ZZ'; If PRI-CLIENT-ID is blank skip this iteration.  <u>4<sup>th</sup> Segment Specific</u> If VOUCHER-NUM is not blank on 834 Input File, autoplug '17'; If VOUCHER-NUM is blank skip this iteration.	<u>3<sup>rd</sup> Segment Specific</u> If VOUCHER-NUM is not blank on 834 Input File, autoplug '17'; If VOUCHER-NUM is blank skip this iteration.  <u>4<sup>th</sup> Segment Specific</u> If PRI-CLIENT-ID is not blank on 834 Input File, autoplug 'ZZ'; If PRI-CLIENT-ID is blank skip this iteration.

**Change Summary**

06-23-2006

#	Location	Previously Stated	v1.10 Revision
8	v1.8, p.44 §5.2 834 Enrollment Transaction Specifications, Loop 2100A, Definition/Format column for Element NM101	Corrected Insured. This code is used when a change transaction on a Daily 834 Transaction changes a member's name, gender, or date of birth. The Implementation Guide requires this value and population of the 2000B Incorrect Member Name Loop when any of these basic demographic values are changed.  Insured/Subscriber. On Daily 834s, this element is used when enrolling a new member or updating a member's Date of Birth or Gender without a name change. "IL" is always the value in this required element on Monthly 834s.	Corrected Insured. This code is used when a change transaction on a Daily 834 Transaction changes a member's name. The Implementation Guide requires this value and population of the 2000B Incorrect Member Name Loop when any of these basic demographic values are changed.  Insured/Subscriber. On Daily 834s, this element is used when enrolling a new member or updating a member's Date of Birth or Gender. "IL" is always the value in this required element on Monthly 834s.
9	v1.8, p.45 §5.2 834 Enrollment Transaction Specifications, Loop 2100A, Definition/Format column for Element DMG01	On Daily Maintenance (but not Monthly or Daily New Enrollment) 834s, Situational elements in the required DMG Segment are populated only when there are changes or corrections.	<deleted>
10	v1.8, p.47 §5.2 834 Enrollment Transaction Specifications, Loop 2100B, Element NM101, 4 <sup>th</sup> paragraph of Definition/Format column	All five of the above elements are populated when there is a change in any of them for an enrolled member.	Any of the above elements may be populated when there is a change in any of them for an enrolled member.
11	v1.8, p.52 §5.2 834 Enrollment Transaction Specifications, Loop 2300, Element HD01, 2 <sup>nd</sup> paragraph of Monthly 834 sub-section in Definition/Format column	This element describes the type of data in the 2300 Health Coverage Loop only, not the 2000 Member Level Detail Loop. The 2300 Loop is repeated within the 2000 Loop for each type of health plan coverage.	<deleted>
12	v1.8, p.52 §5.2 834 Enrollment Transaction Specifications, Loop 2300, Element HD01, 3 <sup>rd</sup> paragraph of Monthly 834 sub-section in Definition/Format column	This loop gives health plans member enrollment information (including enrollments in other health plans and TPL carriers) in terms of coverage and benefits. The loop is repeated for each Med-QUEST health plan, past and present, in which the member is or has been enrolled.	This loop gives health plans member enrollment information (including enrollments in other health plans) in terms of coverage and benefits. The loop is repeated for each Med-QUEST health plan, in which the member is enrolled.
13	v1.8, p.52 §5.2 834 Enrollment Transaction Specifications, Loop 2300, Element HD01, last paragraph of Monthly 834 sub-section in Definition/Format column	On Daily 834s, a 2300 Loop should be created when there is a new enrollment or a change in coverage for a member in a health plan (including a change in TPL coverage). On monthly 834s, 2300 Loops should appear for all current Med-QUEST enrollments.	<deleted>

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#	Location	Previously Stated	v1.10 Revision
14	v1.8, p.55 §5.2 834 Enrollment Transaction Specifications, Loop 2320, Definition/Format column for Element REF02	Source: TPL-INS-GRP-NUM (X[20]) Move from TPL File.	TPL Policy Number (X[15])
15	v1.8, p.62 §5.3 820 Capitation Transaction Specifications, Loop 1000B, Valid Value and Definition/Format columns for Element N103	65 National Employer Identification	FI Federal Tax ID Number  (switch from FI to 65 is pending implementation in Feb. '05)
16	v1.8, p.70 § Appendix A – Med-QUEST Action Code Translation Table, Action Type for “Applied for New Eligibility” action changed	<3 <sup>rd</sup> “Add” Action deleted>  A AE Applied for New Eligibility No translation – appears on the 834 without a Maintenance Reason Code	<2 <sup>nd</sup> “Delete” Action added>  D AE Applied for New Eligibility No translation – appears on the 834 without a Maintenance Reason Code
17	v1.8, p.71 § Appendix A – Med-QUEST Action Code Translation Table, Last sub-section for Delete	-	<added two new termination action codes>  IN – Incarcerated/Institutionalized RD – Retroactive Disenrollment
18	V1.10, 834 Enrollment Transaction Specifications, Loop 2320, Element COB02, Definition/Format	Four fixed length HPMMIS fields are used to populate this element with its maximum length of 13 characters:  TPL Code (X[2]) TPL Sequence Number (X[2]) Absent Parent Indicator (X[1]) Last Modification Date (CCYYMMDD) (X[8])  All fields in the string have a fixed length. Fields prior to the final field are replaced by spaces if not present.  Sub-field lengths reflect actual data lengths. They sometimes differ from the field lengths in HPMMIS and in the pre-HIPAA Roster.	Five HPMMIS fields are used to populate this element with its maximum length of 14 characters:  TPL Code (X[2]) TPL Sequence Number (X[2]) Absent Parent Indicator (X[1]) Last Modification Date (CCYYMMDD) (X[8]) Type of TPL Coverage Code (X[1])  All fields in the string have a fixed length. Fields prior to the final field. The final SUB-field (Type of TPL Coverage Code) populates only when the TPL Coverage Code is present. If the TPL Coverage code is not present, the maximum length of this element is 13 characters.
19	V1.10, 834 Enrollment Transaction Specifications, Loop 2320, Element REF01, Definition/Format		Group Number
20	V1.10, 834 Enrollment Transaction Specifications, Loop 1000A, Element N103, Valid Values	ZZ	FI

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#	Location	Previously Stated	v1.10 Revision
21	V1.10, 834 Enrollment Transaction Specifications, Loop 1000A, Element N103, Definition/Format	Mutually Defined	Federal Tax ID Number
22	V1.10, 820 Capitation Transaction Specifications, Loop 1000B, Element N102, Valid Value	MED-QUEST	Hawaii Medicaid
23	V1.10, 820 Capitation Transaction Specifications, Loop 1000B, Element N104, Valid Value		582479287