

**VARIATIONS FROM OCTOBER 2002 REQUIREMENTS IN DETAILED
SPECIFICATIONS AND COMPANION GUIDE FOR HIPAA-COMPLIANT 834
ENROLLMENT AND 820 CAPITATION TRANSACTIONS**

3/10/2003

834 Enrollment Transaction

1. Multiple iterations of the 2000 Member Level Detail Loop are sometimes required to accommodate change updates on Daily 834s with more than one HPMMIS Action Code. In these situations, Med-QUEST will generate separate 2000 Loops for each Action Code. Only Daily Roster Changes are affected; Daily Adds and Terminations and Monthly Rosters will not have multiple 2000 Loops for the same member.
2. Several changes to code set mapping for the Maintenance Reason Code (INS04) data element have been made to ensure optimal communication of elements in need of updating.
3. The maximum number of INS Segments (and by implication the maximum number of 2000 Member Level Detail Loops) on 834 Transactions is 10,000 rather than 5,000 as stated in the Requirements Document.
4. On Daily Updates that do not involve Rate Code or Island changes, the Process Date of transaction creation will be carried in the Status Information Effective Date (Loop 2000/Element DTP03). For Daily Rate Code or Island Changes and Monthly 834s, the element will continue to be populated with the Begin and/or Termination Date(s) of enrollment in the same Rate and Island Codes.
5. To be consistent with HPMMIS conventions, Member Mailing Addresses will be included on all 834 Transactions whenever they are available, not only when they are different from Member Residence Addresses.
6. For the Disability DSB Segment, available data does not support “resetting” of a Pregnancy Indicator when a member is no longer pregnant. For this reason, the “Pregnancy Indicator” (shown as a “V22” Diagnosis Code in Element DSB08) is only included on Daily Adds for new enrollments.
7. When 2320 COB Loops are created, a value of “5” (Unknown) is always used in the COB03 Coordination of Benefits Code Element. The values in the original Requirements imply that payments have or have not been made by other carriers and are inappropriate for the 834.
8. Because the 834 Implementation Guide limits the 2320 COB Loop to five occurrences, Med-QUEST will create supplementary 2300 Loops when there are more than five occurrences of past or present TPL eligibility. Supplementary

2300 Loops will carry, in addition to COB Loops, only the data elements needed to meet HIPAA requirements and to identify the supplementary loop.

9. The Last Date Modified and Absent Parent Indicator that Med-QUEST recently added to its TPL File are included in the COB Loop of the 834 Transaction.
10. To support Med-QUEST's implementation of the Other Med-QUEST ID to Primary Med-QUEST ID feature of HPMMIS, the member's Primary Med-QUEST ID is populated in the Subscriber Supplemental Identifier REF Segment of Loop 2000 when it is present on the pre-HIPAA Roster File. It appears only when a member is being terminated under a no longer valid "Other ID".

820 Capitation Transaction

11. Med-QUEST will make use of the 2000A Organization Summary as well as the 2000B Individual Remittance Loop in the 820 Transaction. On monthly 820 Transactions, sanction withholds due to late encounter submission will appear as negative amounts. They will be offset by individual-level payments to generate a total capitation payment amount for each health plan. If no sanctions are applied during a month, the 2000A Loop will not appear.
12. ADX Adjustment Loops will not be used on Med-QUEST 820 Transactions. Detail level evaluation revealed that the concept of an "adjustment" in the 820 Implementation Guide is quite different from what a capitation adjustment means to Med-QUEST. All capitation amounts, both positive and negative, will appear as "payments" rather than "adjustments". This approach is consistent with how capitation adjustments are handled in HPMMIS.