

# County Health Plans

834 Benefit Enrollment

820 Premium Payment

**Michigan Department of Community Health**

**April 21, 2004**

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# Agenda

- Introduction
- 834 Benefit Enrollment Data Content
- 834 Benefit Enrollment Structure
- 834 Companion Guide Review
- 820 Premium Payment
- 820 Companion Guide Review
- Open Discussion

# Introduction

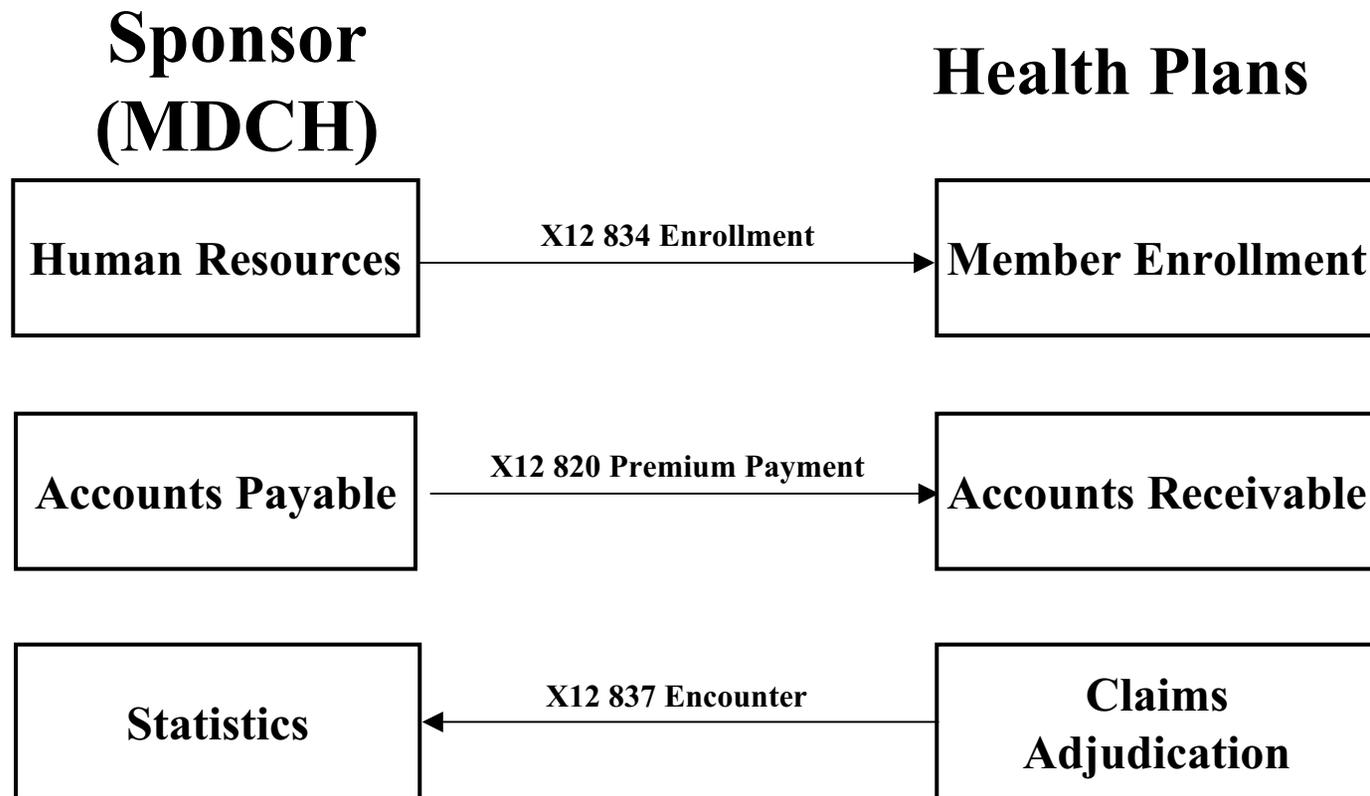
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# HIPAA Transactions

- Transactions prior to treatment
  - Eligibility Verification (270/271)
  - Authorization/Referral (278)
- Claims and related transactions
  - Claims (837)
  - Remittances (835)
  - Claim Status (276/277)
- Managed care transactions
  - Enrollment (834)
  - Premium Payment (820)
  - Encounter (837)

# Managed Care Transactions



# 834 Benefit Enrollment and Maintenance

# 834 Data Element Overview

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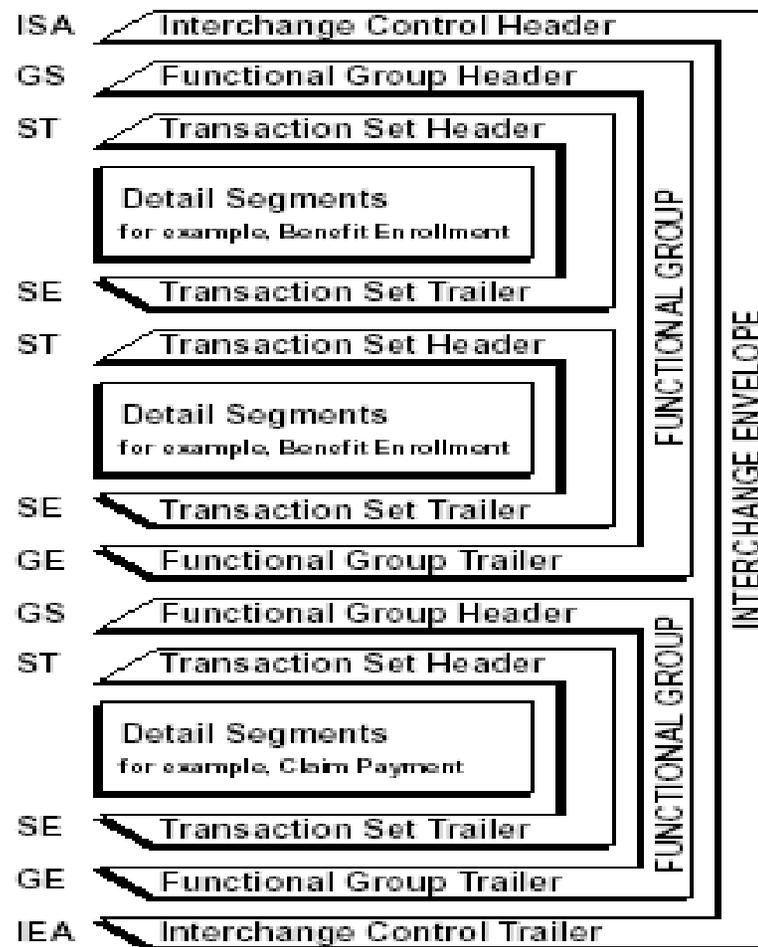


Refer to Handout

# 834 Structure

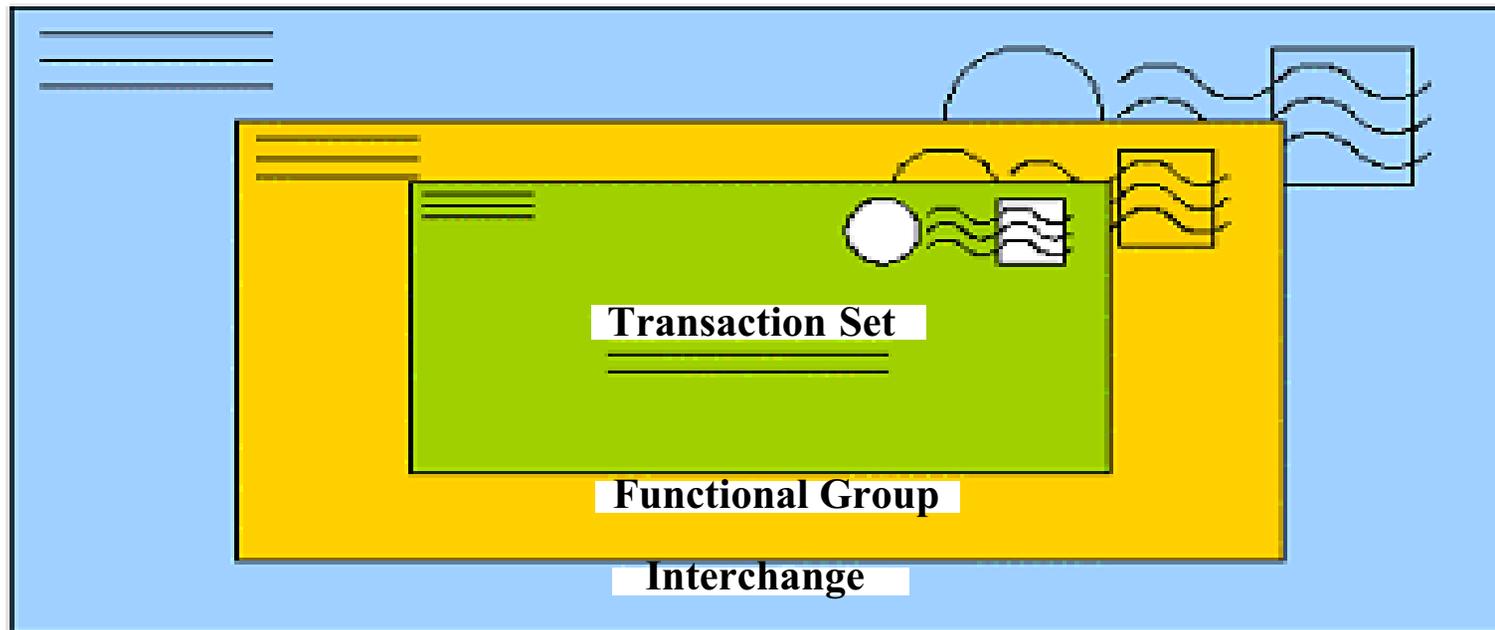
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# EDI Structure Overview



- The interchange contains transactions for a specific receiver
- The functional group contains similar transaction sets (i.e. 834s or 820s)
- The transaction set contains enrollment information for a specific plan

# EDI Envelope



# EDI Structure

- A single interchange will be transmitted to each service bureau
- One functional group will be sent within one interchange
- Multiple transactions may be transmitted within one functional group
  - Service Bureau ABC will receive an interchange containing all 834 transactions for that period
  - Only 834s will be contained in that interchange
  - Multiple 834 may be transmitted

# 834 Transaction Structure

ST 834

1000A Sponsor Name

1000B Payer

Table 2 -- Detail

2000 — Member Level Detail

2100A — Member Name

2100G — Responsible Person

2300 — Health Coverage

2320 — Coordination of Benefits

2000 — Member Level Detail ...

SE 834

# 834 Files & Frequency

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# County Health Plans

- MDCH uses three transaction formats to convey enrollment information about Medicaid recipients to County Health Plans (CHP's)
  - Card Cut Off (4976)
  - First Of The Month (5012)
  - Weekly File (5013)
- These transactions are used to convey various types of information about recipients
- This session focuses on the Card Cut Off (4976) and First Of The Month (5012) files

# File Naming Convention

- MDCH will post all EDI Transactions to the corresponding service bureau mailbox
- 834 Card Cut Off, First of the Month, and Weekly files will be distinguished by their file name
- File names will be followed by a “T” when testing and a “P” when in production
- The “T” and “P” will also be passed in the Interchange Control Header ISA15

# Card Cut Off (4976)

- Generated last Friday of the month, with five business days remaining in the month.
- Audit file identifying all active members for a health plan at a given point and time
- Identifies terminated members in the monthly audit file, as well
- Identifies member's enrollment status as:
  - Continuing Enrollees
  - New Enrollees
  - Pending Negative Action (PNA)
  - Lost Eligibility
  - Disenrolled

# Member Enrollment Status

- Continuing Enrollee
  - Loop 2300 - 348 qualifier in DTP01
- New Enrollee
  - Loop 2000 - 356 qualifier in DTP01
  - Loop 2300 - 348 qualifier in DTP01
- Lost Eligibility
  - Loop 2300 – 349 qualifier in DTP01
  - “TE” (Terminated) in 2000 INS08
- Disenrolled
  - Loop 2300 – 349 qualifier in DTP01

# PNA in 834 Audit File

- PNA (A) – Currently enrolled with plan, but Medicaid eligibility is in question
  - Loop 2000 – 474 (Medicaid End) in DTP01
  - Loop 2300 - 348 in DTP01
  
- PNA (B) – New enrollee to the plan, but Medicaid eligibility is in question
  - Loop 2000 – 474 (Medicaid End) in DTP01
  - Loop 2000 - 356 in DTP01
  - Loop 2300 - 348 in DTP01

Receipt Substatus	Loop 2000		Loop 2300	
	Member Level Dates		Health Coverage Dates	
	DTP01: Date/Time Qualifier	DTP03: Date/Time Period	DTP01: Date/Time Qualifier	DTP03: Date/Time Period
1 continuing enrollee			348	BEGIN-DATE
2 new enrollee	356	BEGIN-DATE	348	BEGIN-DATE
3a pending negative action, enrolled	474	Last day of current month	348	BEGIN-DATE
3b pending negative action, new enroll	356	BEGIN-DATE	348	BEGIN-DATE
	474	Last day of current month		
4 disenrolled - lost Medicaid eligibility			349	Last day of current month
5 disenrolled			349	END-DATE

# Loading the Audit File

## ☉ Loading the audit file will:

- ☒ Enroll recipients with qualifier 356 in DTP01 of Loop 2000
- ☒ Continue or begin coverage associated with qualifier 348 in DTP01 of Loop 2300
- ☒ End coverage associated with qualifier 349 in DTP01 of Loop 2300

## ☉ Pending Negative Action

- ☒ Enroll recipients with qualifier 356 in DTP01 of Loop 2000
- ☒ Continue or begin coverage associated with qualifier 348 in DTP01 of Loop 2300
- ☒ Effectively, all PNA recipients will be enrolled at card cut off
- ☒ All PNA recipients will be identified with qualifier 474 (Medicaid End) in DTP01 if Loop 2000

## First Of The Month (5012)

- Generated on the first day of the month
- Resolves recipients identified with Medicaid End Date on the Card Cut Off transaction
- Only recipients that lost coverage will be reported on the first of the month 5012
  - Loop 2300 - 349 in DTP01
- Loading the 834 First of the Month transaction will effectively end coverage for members that had a Medicaid End Date on the audit file and subsequently lost eligibility

# 834 Transaction Structure Detail

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# 834 Transaction Structure

ST 834

1000A Sponsor Name

1000B Payer

Table 2 -- Detail

2000 — Member Level Detail

2100A — Member Name

2100G — Responsible Person

2300 — Health Coverage

2320 — Coordination of Benefits

2000 — Member Level Detail ...

SE 834

# Table 2 – Detail Level

ST 834

1000A Sponsor Name  
1000B Payer

## Table 2 -- Detail

### 2000 — Member Level Detail

- Subscriber Number
- Member Policy (Group) Number
- Medicare Plan Code
- Member ID Numbers
- Member Level Dates

Maximum  
10,000 members  
per transaction

### 2100A — Member Name

- Member Name
- Member Residence

### 2100G — Responsible Person

### 2300 — Health Coverage

- Plan Coverage Description
- Health Coverage Dates
- Health Coverage Policy Number

Health Coverage  
loop may repeat

### 2320 — Coordination of Benefits

May Repeat 5x/Health Coverage Loop

### 2000 — Member Level Detail ...

SE 834

# 2000 Member Level Detail

- Subscriber Number - Medicaid Recipient ID
- Member Policy Number
  - Identifies insured's group number
  - MDCH will transmit Provider ID

# 2000 Member Level Detail

## ☉ Medicare Plan Code

- ☐ Identifies Medicare coverage
- ☐ This element will be used to report Medicare coverage as known by MDCH

# Medicare Plan Code

## Medicare Plan Codes (2000 INS06)

<u>Code</u>	<u>Description</u>
B	Medicare Part B
C	Medicare Part A and B

## 2000 Member Level Detail

- Maintenance Reason Code on 834 update transaction
- Member Identification Number
  - Used to pass further identifying information of member
  - Case Number (3H) will be used to transmit MDCH Case Number

# 2000 Member Level Detail

## Member Level Dates

### ● Eligibility Begin (356)

- Only way to enroll a member is with a 356 eligibility begin date
- New enrollment only

### ● Medicaid End (474)

- Medicaid eligibility is in question
- Historically this has been described as “Pending Negative Action”

### ● All termination of coverage will be communicated in Loop 2300 Health Coverage

# 2100A Member Name Loop

- Member name
- Member address
- When available, member's Social Security number will be transmitted
- Member demographics
  - Birth date
  - Gender
  - Race
  - Language – ISO 639-2/T

# 2100G Responsible Person

- This loop is used to identify and provide contact information regarding the person responsible for the member
- Guardian name and address will be transmitted when available
  - 2100G NM101 will equal “GD” guardian
- Case information will be transmitted, when guardian is not available
  - 2100G NM101 will equal “QD” responsible party

# Table 2 – Detail Level

ST 834 — Transaction Set Header

1000A Sponsor Name  
1000B Payer

Table 2 -- Detail

2000 — Member Level Detail

- Subscriber Number
- Member Policy (Group) Number
- Medicare Plan Code
- Member ID Numbers
- Member Level Dates

Maximum  
10,000 members  
per transaction

2100A — Member Name

- Member Name
- Member Residence

2100G — Responsible Person

**2300 — Health Coverage**

- **Plan Coverage Description**
- **Health Coverage Dates**
- **Health Coverage Policy Number**

**Health Coverage  
loop may repeat**

**2320 — Coordination of Benefits** **May Repeat 5x/Health Coverage Loop**

2000 — Member Level Detail ...

SE 834 — Transaction Set Trailer

# 2300 Health Coverage

- CHP - Health Coverage information includes:
  - Plan Coverage Description “N”
  - Coverage Dates
  - Policy Number “Q111F”
  - Coordination of Benefits

# 2300 Health Coverage

## Plan Coverage Description

- This element is used when additional information is needed to describe the exact type of coverage being provided
- A “Y” indicates that the recipient is pregnant, while a “N” indicates that they are not pregnant

# 2300 Health Coverage

- 834 transaction supports transmitting dates at the transaction, member and the health coverage level
- Benefit Begin (348)
  - Initial enrollment date is transmitted in 2000 Member Level Detail
  - Coverage effective date specific to health coverage loop information
- Benefit End (349)
  - Removal of coverage
  - Termination of benefits
- Coverage dates will be transmitted in separate health coverage loops
  - Recipient is disenrolled and enrolled during the same reporting period

# 2300 Health Coverage

## Policy Number

- Program Code
- Level of Care
- Scope
- Coverage

## Policy Number Example

- Program Code <Alpha>
- Level of Care “11”
- Scope “1”
- Coverage “F”

Policy Number “Q111F”

# 2320 Coordination of Benefits

## Coordination of Benefits

- Policy number

- Other insurance company's policy number

- Contract number

- Typically, policyholder's Social Security number

- Carrier name

- COB begin and end date

- Dates will be provided when available

# 834 Companion Guide

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# Companion Guide

- Companion Guides were created as a companion to the National Electronic Data Interchange Transaction Set Implementation Guides
- 834 Companion Guide documents:
  - MHPs and PACE
  - CSHCS -- SHPs
  - HKD
  - CMH -- PHPs
- Companion Guides can be found on the MDCH web site:  
<http://michigan.gov/mdch>

# Companion Guide Review



# Questions & Answers

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# 820 Payroll Deducted and Other Group Premium Payment Insurance Products

# 820 Overview

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## 820 Overview

- The 820 is used by a sponsor to report premium payments to a payer
- State Medicaid Programs are considered sponsors when contracting with managed care plans to provide health coverage to Medicaid recipients
- MDCH will transmit an Individual Remittance transaction to report monthly premium payments
- The 820 transaction will be transmitted on a schedule that is consistent with MDCH's current remittance reporting process

# Reassociation of Payment

- The 820 contains a trace number for the transaction which is used to reassociate payment and remittance information
  - Check Number
  - EFT Trace Number
- CHP's will continue to receive payments under each Provider ID
- Each payment will have a corresponding 820 generated, reporting the related remittance information

# 820 Transaction Detail

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# Header Level

ST 820

- Financial Information
- Reassociation Key
- Premium Receivers Identification Key

1000A – Premium Receiver's Name

1000B – Premium Payer's Name

Header

2000A — Organization Summary Remittance

2000B — Individual Remittance

Detail

SE 820

Summary

# Header Level

## Financial Information

- Total 820 transaction paid amount
- Method of payment, either check (voucher) or EFT
- Month for which payment is being made

## Reassociation Key

- Check number or EFT trace number used for reassociating payment and remittance information

## Premium Receiver Identification Key

- Federal Tax ID

# Header Level

## ● Premium Receivers Name

- Identifies the name of the Payee on the check or EFT
- Provider's Federal Tax ID

## ● Premium Payer's Name

- Identifies the Payer (Department of Community Health)
- Address: P.O. Box 30479
- Administrative Contact phone number: 1-800-292-2550
- Email address: [Providersupport@michigan.gov](mailto:Providersupport@michigan.gov)

# Individual Remittance

ST 820

- Financial Information
- Reassociation Key
- Premium Receivers Identification Key
- Coverage Period

Header

1000A – Premium Receiver's Name

1000B – Premium Payer's Name

**2000B – Individual Remittance**

**2100B – Individual Name**

Repeat >1

**2300B – Individual Premium Remittance Detail**

**2320B – Individual Premium Adjustments**

Repeat >1

Detail

SE 820

Summary

# Individual Remittance

- MDCH recipient ID
- Recipient first, middle, and last name
- Premium Remittance Detail
  - MDCH Claim Reference Number (CRN)
  - Premium payment amount
  - Coverage period for the paid amount
- Premium remittance detail can repeat for an individual

# Individual Remittance Example

## 820 Header:

Provider ID: 4455152 ABC Health Plan

Fed Tax ID: 123-88-4444

## Individual Summary Remittance

MDCH ID	Recipient Name	CRN Number	Pay Amount	Date
1234567	Joe Smith	81881989	700	Jan
		81881990	300	Feb
2347882	John Doe	98989889	600	Feb
2938293	Jane Smith	78787878	500	Feb

# 820 Companion Guide

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# Companion Guide

- Companion Guides were created as a companion to the National Electronic Data Interchange Transaction Set Implementation Guides
- 820 Companion Guides
  - Organization Summary Remittance
  - Individual Remittance
- Companion Guide Documents can be found on the MDCH web site: <http://michigan.gov/mdch>

# Companion Guide Review



# Questions & Answers

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# Panel Discussion

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