

The seal of the State of Hawaii is a large, circular emblem in the background. It features a central shield with a sun, a mountain, and a ship. The shield is surrounded by a wreath. The outer ring of the seal contains the text "STATE OF HAWAII" at the top and "1959" in the center. The bottom part of the seal contains the Hawaiian text "U.A. MAU-KE" on the left and "U.A. MAU-KE" on the right, with "U.A. MAU-KE" also appearing in the center. The seal is rendered in a light, semi-transparent style.

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

**Standard Companion Guide  
Transaction Information**

**Instructions related to Transactions  
based on ASC X12 Implementation  
Guides, version 005010**

**Companion Guide Version Number: 1.1  
September 2011**

## Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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# Transaction Instruction (TI)

## 1. TI Introduction

### 1.1 Background

#### 1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard. HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

#### 1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

#### 1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

## 1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

## 2. Included ASC X12 Implementation Guides

Unique ID	Name
005010X220	Benefit Enrollment and Maintenance (834)
005010X218	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)

## 3. Instruction Tables

### 3.1 834 Benefit Enrollment and Maintenance

Loop ID	Reference	Name	Codes	Notes/Comments
1000A	N1	Sponsor Name		
1000A	N102	Name	MED-QUEST	
1000A	N104	Identification Code	996001089	
2300	HD	Health Coverage		
2300	HD03	Insurance Line Code	HMO AK DCP	PLAN-TYPE dependent on 834 Receiver
2750	N1	Reporting Category		
2750	N102	Name	Action Code	Populated with literal "Action Code"
2750	REF	Reporting Category Reference		
2750	REF02	Reference Identification		Populated with an Action Code
2750	N1	Reporting Category		
2750	N102	Name	CFA Code	Populated with literal "CFA Code"
2750	REF	Reporting Category Reference		
2750	REF02	Reference Identification	MC MR PI	CFA codes for: Micronesia Marshall Islands Palau
2750	N1	Reporting Category		

Loop ID	Reference	Name	Codes	Notes/Comments
2750	N102	Name	Prior Plan  New Plan	Populated with literal "Prior Plan" only when last member enrollment was within 90 days and with a different plan.  Populated with literal "New Plan" only when member is enrolled in a different plan the day after the term date.
2750	REF	Reporting Category Reference		
2750	REF02	Reference Identification		Prior Plan uses: PRIOR PLAN ID (6) + PRIOR PLAN NAME (25)  New Plan uses: HMO PLAN ID (6) + HMO PLAN NAME (25)
2750	N1	Reporting Category		
2750	N102	Name	Nursing Home	Populated with literal "Nursing Home"
2750	REF	Reporting Category Reference		
2750	REF02	Reference Identification		NURSING HOME ID (6) + NURSING HOME NAME (25)

### 3.2 820 Payroll Deducted and Other Group Premium Payment for Insurance Products

Loop ID	Reference	Name	Codes	Notes/Comments
2300B	RMR	Individual Premium Remittance Detail		
2300B	RMR02	Insurance Remittance Reference Number		Med-QUEST strings the following fixed-length fields: CONTRACT TYPE (1) + ISLAND CODE (2) + RATE CODE (4) + VOUCHER NUMBER (9) + VOUCHER DATE (8)

## 4. TI Additional Information

### 4.1 Business Scenarios

#### 4.1.1 834 Transaction Notes

Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/ DOB/ GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC) new FYI action codes: NH, LO, PZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY	
<b>INTERCHANGE</b>																
ISA11	Repetition Separator	R		^	^	^	^	^	^	^	^	^	^	^	^	^
ISA12	Interchange Control Version Number	R		00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501
<b>FUNCTIONAL GROUP</b>																
GS01	Functional Identifier Code	R		BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE
GS08	Version / Release / Industry Identifier Code; no addenda	R		005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1
<b>HEADER</b>																
<b>ST</b>	<b>Transaction Set Header</b>	R														
ST01	Transaction Set Identifier Code	R		834	834	834	834	834	834	834	834	834	834	834	834	834
ST02	Transaction Set Control Number	R														
ST03	Implementation Convention Reference	R		005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1	005010X 220A1
<b>BGN</b>	<b>Beginning Segment</b>	R														
BGN01	Transaction Set Purpose Code	R		00	00	00	00	00	00	00	00	00	00	00	00	00
BGN02	Reference Identification	R														
BGN03	Date	R		PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE
BGN04	Time	R														
BGN05	Time Code	S														



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BGN08	Action Code	R		2	2	2	2	2	2	2	2	2	2	4	4
<b>REF</b>	<b>Transaction Set Policy Number</b>	<b>S</b>													
REF01	Reference Identification Qualifier	R		38	38	38	38	38	38	38	38	38	38	38	38
REF02	Reference Identification	R		HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID
<b>DTP</b>	<b>File Effective Date</b>	<b>S</b>													
DTP01	Date/Time Qualifier	R		303	303	303	303	303	303	303	303	303	303	303	303
DTP02	Date Time Period Format Qualifier	R		D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8
DTP03	Date Time Period	R		PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE
<b>QTY</b>	<b>Transaction Set Control Totals</b>	<b>S</b>													
QTY01	Quantity Qualifier	R	Use 'TO' Total	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO
QTY02	Quantity	R	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count

1000A SPONSOR NAME( 1 )															
<b>N1</b>	<b>Sponsor Name</b>	<b>R</b>													
N101	Entity Identifier Code	R		P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5
N102	Name	S		MED- QUEST	MED- QUEST	MED- QUEST	MED- QUEST	MED- QUEST	MED- QUEST	MED- QUEST	MED- QUEST	MED- QUEST	MED- QUEST	MED- QUEST	MED- QUEST
N103	Identification Code Qualifier	R		FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI
N104	Identification Code	R		9960010 89	9960010 89	9960010 89	9960010 89	9960010 89	9960010 89	9960010 89	9960010 89	9960010 89	9960010 89	9960010 89	9960010 89

1000B PAYER ( 1 )															
<b>N1</b>	<b>Payer</b>	<b>R</b>													
N101	Entity Identifier Code	R		IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN
N102	Name	S		HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME

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N103	Identification Code Qualifier	R		FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI
N104	Identification Code	R		HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID

2000 MEMBER LEVEL DETAIL (>1)																
<b>INS</b>	<b>Member Level Detail</b>	<b>R</b>														
INS01	Yes/No Condition or Response Code	R		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
INS02	Individual Relationship Code	R		18	18	18	18	18	18	18	18	18	18	18	18	18
INS03	Maintenance Type Code	R		021	024	001	001	001	001	001	001	001	001	Daily: 001 Monthly: 030	030	030
INS04	Maintenance Reason Code	S		02 - Birth Change 22 - Plan Change 28 - Initial Enrollment 41 - Re-enrollment	03 - Death 07 - Termination of Benefits 14 - Voluntary Withdrawal 22 - Plan Change AH - Patient Moved	43 - Change of location	25 - Change in Identifying Data Element	25 - Change in Identifying Data Element	22 - Plan Change	07 - Termination of Benefits 22 - Plan Change 33 - Personnel Data	33 - Personnel Data AH - Patient moved to a new location AI - No Reason Given	33 - Personnel Data	29 - Benefit Selection	Daily: 33- Personnel Data Monthly: XN- Notification Only	XN - Notification Only	XN - Notification Only
INS05	Benefit Status Code	R		A	A	A	A	A	A	A	A	A	A	A	A	A
INS06-1	Medicare Plan Code	R		MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE		MED-CODE	MED-CODE
INS08	Employment Status Code	S		AC	TE	AC	AC	AC	AC	AC	AC	AC	AC	AC	AC	AC
INS11	Date Time Period Format Qualifier	S			D8											

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INS12	Date Time Period	S	Use for Date of Death only, if present		DAT OF DTH											
<b>REF</b>	<b>Subscriber Identifier</b>	<b>R</b>														
REF01	Reference Identification Qualifier	R	0F-Subscriber Number	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F
REF02	Reference Identification	R		HAWI ID	HAWI ID	HAWI ID	HAWI ID	HAWI ID	HAWI ID	HAWI ID	HAWI ID	HAWI ID	HAWI ID	HAWI ID	HAWI ID	"No Data"
REF	POLICY NUMBER-SEE 2700 CAP RATE CODE, PREG, ARREARS, ACTION CODE. CTY CD-SEE ADDRESS															
<b>REF</b>	<b>Member Supplemental Identifier</b>	<b>S</b>														
REF01	Reference Identification Qualifier	R	DX - Section/Unit worker. F6 - Medicare Claim ID 3H- Case ID + Relationship code ZZ-Primary client ID 17-Voucher	DX F6 3H ZZ 17	17					F6	3H 17				DX F6 3H ZZ 17	

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REF02	Reference Identification	R		SEC/UNIT/WRKR MEDICARE ID CASE ID+REL CODE PRIM ID VOUCHER ID	VOUCHER					MEDICARE ID				SEC/UNIT/WRKR MEDICARE ID CASE ID+REL CODE PRIM ID VOUCHER ID	
<b>DTP</b>	<b>Member Level Dates</b>	<b>S</b>													
DTP01	Date/Time Qualifier	R		356 357	356 357	303	303	303	303	303	303	303	356 357	303	356
DTP02	Date Time Period Format Qualifier	R		D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8
DTP03	Date Time Period	R		ELIG BEG ELIG END	ELIG BEG ELIG END	PROCES SS DATE	PROCES SS DATE	PROCES SS DATE	PROCES SS DATE	PROCES SS DATE	PROCES SS DATE	PROCES SS DATE	ELIG BEG ELIG END	PROCES SS DATE	ELIG BEG

	<b>2100A MEMBER NAME (1)</b>	R														
<b>NM1</b>	<b>Member Name</b>	<b>R</b>														
NM101	Entity Identifier Code	R		IL	IL	IL	IL	74 IL for 'PN' Action code	IL	IL	IL	IL	IL	IL	IL	
NM102	Entity Type Qualifier	R		1	1	1	1	1	1	1	1	1	1	1	1	
NM103	Name Last or Organization Name	R		LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	"No Last Name"
NM104	Name First	S		FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	"No First Name"

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NM105	Name Middle	S		MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	*END*
<b>PER</b>	<b>Member Communications Numbers</b>	<b>S</b>														
PER01	Contact Function Code	R		IP		IP									IP	
PER03	Communication Number Qualifier	R		TE		TE									TE	
PER04	Communication Number	R		HOME PHONE		HOME PHONE									HOME PHONE	
PER05	Communication Number Qualifier	S														
PER06	Communication Number	S														
<b>N3</b>	<b>Member Residence Street Address</b>	<b>S</b>														
N301	Address Information	R		RES STR1		RES STR1									RES STR1	
N302	Address Information	S		RES STR2		RES STR2									RES STR2	
<b>N4</b>	<b>Member Residence City, State, ZIP Code</b>	<b>S</b>														
N401	City Name	R		CITY		CITY									CITY	
N402	State or Province Code	S		STATE		STATE									STATE	
N403	Postal Code	S		ZIP		ZIP									ZIP	
N405	Location Qualifier	S		CY		CY									CY	
N406	Location Identifier	S		ISLAND CODE		ISLAND CODE									ISLAND CODE	
<b>DMG</b>	<b>Member Demographics</b>	<b>S</b>														
DMG01	Date Time Period Format Qualifier	R		D8	D8		D8	D8			D8		D8		D8	
DMG02	Date Time Period	R		DOB	DOB		DOB	DOB			DOB		DOB		DOB	
DMG03	Gender Code	R		GENDE R	GENDE R		GENDE R	GENDE R			GENDE R		GENDE R		GENDE R	
DMG04	Marital Status Code	S		MARITA L STA											MARITA L STA	
DMG05-	Race or Ethnicity Code	S		ETHNICI							ETHNICI				ETHNICI	

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1				TY											TY	
<b>LUI</b>	<b>Member Language</b>	<b>S</b>														
LUI01	Identification Code Qualifier	S		LE											LE	
LUI02	Identification Code	S		LANGUA GE											LANGUA GE	
LUI04	Use of Language Indicator	S														

	<b>2100B INCORRECT MEMBER NAME( 1 )</b>															
<b>NM1</b>	<b>Incorrect Member Name</b>	<b>S</b>														
NM101	Entity Identifier Code	R					70	70								
NM102	Entity Type Qualifier	R					1	1								
NM103	Name Last or Organization Name	R					LAST NAME	PRIOR LAST NAME ELSE LAST NAME								
NM104	Name First	S					FIRST NAME	PRIOR FIRST NAME ELSE FIRST NAME								
NM105	Name Middle	S					PRIOR MI	PRIOR MI								
<b>DMG</b>	<b>Incorrect Member Demographics</b>	<b>S</b>					<b>Used when Action codes DB, SX, or C3</b>	<b>Used when Action codes NC, C1, C2, or C4</b>								
DMG01	Date Time Period Format Qualifier	S					D8	D8								

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DMG02	Date Time Period	S					PRIOR DOB	PRIOR DOB								
DMG03	Gender Code	S					PRIOR GENDER	PRIOR GENDER								
DMG04	Marital Status Code															
DMG05	Race or Ethnicity Code															

<b>2100C MEMBER MAILING ADDRESS (1)</b>			Only present if different from Residential Address													
<b>NM1</b>	<b>Member Mailing Address</b>	<b>S</b>														
NM101	Entity Identifier Code	R		31		31									31	
NM102	Entity Type Qualifier	R		1		1									1	
<b>N3</b>	<b>Member Mail Street Address</b>	<b>S</b>														
N301	Address Information	R		MAIL STR1		MAIL STR1									MAIL STR1	
N302	Address Information	S		MAIL STR2		MAIL STR2									MAIL STR2	
<b>N4</b>	<b>Member Mail City, State, Zip</b>	<b>S</b>														
N401	City Name	R		MAIL CITY		MAIL CITY									MAIL CITY	
N402	State or Province Code	S		MAIL ST		MAIL ST									MAIL ST	
N403	Postal Code	S		MAIL ZIP		MAIL ZIP									MAIL ZIP	

<b>2100G RESPONSIBLE PERSON (13)</b>			MED-PAYEE													
<b>NM1</b>	<b>Responsible Person</b>	<b>S</b>														
NM101	Entity Identifier Code	R		QD		QD									QD	
NM102	Entity Type Qualifier	R		1		1									1	

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NM103	Name Last or Organization Name	R		MED PAYEE LNAME OR CASE LNAME		MED PAYEE LNAME OR CASE LNAME								MED PAYEE LNAME OR CASE LNAME	
NM104	Name First	S		MED PAYEE FNAME OR CASE FNAME		MED PAYEE FNAME OR CASE FNAME								MED PAYEE FNAME OR CASE FNAME	
NM105	Name Middle	S		MED PAYEE MI OR CASE MI		MED PAYEE MI OR CASE MI								MED PAYEE MI OR CASE MI	
NM108	Identification Code Qualifier	S													
NM109	Identification Code	S													
<b>N3</b>	<b>Responsible Person Street Address</b>	<b>S</b>													
N301	Address Information	R		MED PAYEE ADDR1		MED PAYEE ADDR1								MED PAYEE ADDR1	
N302	Address Information	S		MED PAYEE ADDR2		MED PAYEE ADDR2								MED PAYEE ADDR2	
<b>N4</b>	<b>Responsible Person City, State, Zip</b>	<b>R</b>													
N401	City Name	R		MED PAYEE CITY		MED PAYEE CITY								MED PAYEE CITY	
N402	State or Province Code	S		MED PAYEE ST		MED PAYEE ST								MED PAYEE ST	
N403	Postal Code	S	5 or 9 digit Zip Code	MED PAYEE ZIP		MED PAYEE ZIP								MED PAYEE ZIP	



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Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/DOB/GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC)	new FYI action codes: NH, LO, PZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY
	<b>2300 HEALTH COVERAGE( 99 )</b>		<b>HMO LOOP</b>													
<b>HD</b>	<b>Health Coverage</b>	<b>S</b>														
HD01	Maintenance Type Code	R		021										001	030	
HD03	Insurance Line Code	R	PLAN-TYPE dependent on 834 Receiver: HMO=Medical AK=Mental Health DCP=Dental	HMO AK DCP										HMO AK DCP	HMO AK DCP	
<b>DTP</b>	<b>Health Coverage Dates</b>	<b>R</b>														
DTP01	Date/Time Qualifier	R		348 349										303	348	
DTP02	Date Time Period Format Qualifier	R		D8										D8	D8	
DTP03	Date Time Period	R		BEGIN/END DATE										PROCES DATE	BEGIN DATE	
<b>AMT</b>	<b>Health Coverage Policy</b>	<b>S</b>														
AMT01	Amount Qualifier Code	R														
AMT02	Monetary Amount	R														
<b>REF</b>	<b>Health Coverage Policy Number</b>	<b>S</b>														
REF01	Reference Identification Qualifier	R		CE											CE	
REF02	Reference Identification	R		Contract Type											Contract Type	
	<b>2320 COORDINATION OF BENEFITS ( 5 )</b>		<b>COB Loop 1 TPLs 1-5 (Does not include Medicare records)</b>													

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Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/DOB/GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC)	new FYI action codes: NH, LO, PZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY
<b>COB</b>	<b>Coordination of Benefits</b>	<b>S</b>												<b>D: Last mod date M: Only active and TPL dates intersects parm date</b>		
COB01	Payer Responsibility Sequence Number Code	R	U-Unknown											U		
COB02	Reference Identification	S												TPL POLICY ID		
COB03	Coordination of Benefits Code	R	5-Unknown											5		
<b>REF</b>	<b>Additional Coordination of Benefits Identifiers</b>	<b>S</b>														
REF01	Reference Identification Qualifier	R	6P-Group Number											6P		
REF02	Reference Identification	R												TPL COVG TYPE		
<b>REF</b>	<b>Additional Coordination of Benefits Identifiers</b>	<b>S</b>														
REF01	Reference Identification Qualifier	R	6P-Group Number											6P		
REF02	Reference Identification	R	Change Reason: ER-Entered in error (does not apply to Medicare)											ER		
<b>DTP</b>	<b>Coordination of Benefits Eligibility Dates</b>	<b>S</b>														
DTP01	Date/Time Qualifier	R												344 345		
DTP02	Date Time Period Format Qualifier	R												D8		
DTP03	Date Time Period	R												BEGIN/END DATE		

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Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/DOB/GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC)	new FYI action codes: NH, LO, PZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY
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	<b>2330 COORDINATION OF BENEFITS RELATED ENTITY( 3 )</b>															
<b>NM1</b>	<b>Coordination of Benefits Related Entity</b>	<b>S</b>	Note: This segment partially existed in 4010 at 2320/N1.													
NM101	Entity Identifier Code	R	IN-Insurer											IN		
NM102	Entity Type Qualifier	S	2-Non-Person Entity											2		
NM103	Name Last or Organization Name	S												TPL CODE+ TPL DESC+ TPL SEQUE NCE+ ABSENT PARENT IND		
<b>N3</b>	<b>Coordination of Benefits Related Entity Address</b>	<b>S</b>														
N301	Address Information	R														
N302	Address Information	S														
<b>N4</b>	<b>Coordination of Benefits Other Insurance Company City, State, ZIP Code</b>	<b>R</b>														
N401	City Name	R														
N402	State or Province Code	S														
N403	Postal Code	S														
<b>PER</b>	<b>Administrative Communications Contact</b>	<b>S</b>														
PER01	Contact Function Code	R														
PER03	Communication Number Qualifier	R														

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Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/DOB/GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC) new FYI action codes: NH, LO, LZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY	
PER04	Communication Number	R														

	<b>2300 HEALTH COVERAGE (99)</b>		<b>SOC LOOP</b>													
<b>HD</b>	<b>Health Coverage</b>	<b>S</b>														
HD01	Maintenance Type Code	R								001					030	
HD03	Insurance Line Code	R								LTC					LTC	
HD04	Plan Coverage Description	S								SHARE OF COST/S PENDD OWN					SHARE OF COST/S PENDD OWN	
<b>DTP</b>	<b>Health Coverage Dates</b>	<b>R</b>														
DTP01	Date/Time Qualifier	R								348					348	
DTP02	Date Time Period Format Qualifier	R								D8					D8	
DTP03	Date Time Period	R								SOC Begin Date					SOC Begin Date	
<b>AMT</b>	<b>Health Coverage Policy</b>	<b>S</b>														
AMT01	Amount Qualifier Code	R								C1					C1	
AMT02	Monetary Amount	R								SOC-AMT					SOC-AMT	
<b>REF</b>	<b>Health Coverage Policy Number</b>	<b>S</b>														
REF01	Reference Identification Qualifier	R														
REF02	Reference Identification	R														

	<b>2300 HEALTH COVERAGE (99)</b>		<b>COB LOOP2 TPLs 6-10</b>													
<b>HD</b>	<b>Health Coverage</b>	<b>S</b>														
HD01	Maintenance Type Code	R											001			

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Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/DOB/GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC)	new FYI action codes: NH, LO, PZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY
HD03	Insurance Line Code	R	Distinguishes the COB loop MM-Major Medical											HMO AK DCP		
<b>DTP</b>	<b>Health Coverage Dates</b>	<b>R</b>														
DTP01	Date/Time Qualifier	R												303		
DTP02	Date Time Period Format Qualifier	R												D8		
DTP03	Date Time Period	R												PROCE SS DATE		
<b>AMT</b>	<b>Health Coverage Policy</b>	<b>S</b>														
AMT01	Amount Qualifier Code	R														
AMT02	Monetary Amount	R														
<b>REF</b>	<b>Health Coverage Policy Number</b>	<b>S</b>														
REF01	Reference Identification Qualifier	R														
REF02	Reference Identification	R														

	<b>2320 COORDINATION OF BENEFITS (&gt; 5 TPL )</b>															
<b>COB</b>	<b>Coordination of Benefits</b>	<b>S</b>														
COB01	Payer Responsibility Sequence Number Code	R												U		
COB02	Reference Identification	S												TPL POLICY ID		
COB03	Coordination of Benefits Code	R	5-Unknown											5		
<b>REF</b>	<b>Additional Coordination of Benefits Identifiers</b>	<b>S</b>	<b>Occurrence #1</b>													
REF01	Reference Identification Qualifier	R	6P-Group Number											6P		

Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/DOB/GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC)	new FYI action codes: NH, LO, PZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY
REF02	Reference Identification	R												TPL COVG TYPE		
<b>REF</b>	<b>Additional Coordination of Benefits Identifiers</b>	<b>S</b>	<b>Occurrence #2</b>													
REF01	Reference Identification Qualifier	R	60-Account Suffix code											60		
REF02	Reference Identification	R	Change Reason: ER-Entered in error (does not apply to Medicare)											ER		
<b>DTP</b>	<b>Coordination of Benefits Eligibility Dates</b>	<b>S</b>														
DTP01	Date/Time Qualifier	R												344 345		
DTP02	Date Time Period Format Qualifier	R												D8		
DTP03	Date Time Period	R												BEGIN/ND DATE		

	<b>2330 COORDINATION OF BENEFITS RELATED ENTITY (3)</b>															
<b>NM1</b>	<b>Coordination of Benefits Related Entity</b>	<b>S</b>														
NM101	Entity Identifier Code	R												IN		
NM102	Entity Type Qualifier	S												2		
NM103	Name Last or Organization Name	S	Concatenated fixed fields TPL-CAR-INFO [Carrier Code x(5), Carrier Name x(45)] + TPL-SEQ-NO x(2) + TPL-ABS-PARENT x(1)											TPL CODE+ TPL DESC+ TPL SEQUE NCE+		

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													ABSENT PARENT IND		
<b>N3</b>	<b>Coordination of Benefits Related Entity Address</b>	<b>S</b>													
N301	Address Information	R													
N302	Address Information	S													
<b>N4</b>	<b>Coordination of Benefits Other Insurance Company City, State, ZIP Code</b>	<b>R</b>													
N401	City Name	R													
N402	State or Province Code	S													
N403	Postal Code	S													
<b>PER</b>	<b>Administrative Communications Contact</b>	<b>S</b>													
PER01	Contact Function Code	R													
PER03	Communication Number Qualifier	R													
PER04	Communication Number	R													

END

	<b>2700 ADDITIONAL REPORTING CATEGORIES ( 1 )</b>														
<b>LS</b>	<b>Additional Reporting Categories</b>														
LS01	Loop Identifier Code	R		2700	2700	2700	2700	2700	2700	2700	2700	2700		2700	

	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>		<b>ACTION CODE</b>												
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Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/DOB/GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC) new FYI action codes: NH, LO, PZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>													
LX01	Assigned Number	R	Incrementing number												
	<b>2750 REPORTING CATEGORY (1)</b>														
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>													
N101	Entity Identifier Code	R		75	75	75	75	75	75	75	75	75			
N102	Name	R		"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"			
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>													
REF01	Reference Identification Qualifier	R		ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ			
REF02	Reference Identification	R		ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE			
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>													
DTP01	Date/Time Qualifier	R													
DTP02	Date Time Period Format Qualifier	R													
DTP03	Date Time Period	R													

	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>		<b>RATE CODE</b>												
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>													
LX01	Assigned Number	R	Incrementing number												
	<b>2750 REPORTING CATEGORY (1)</b>														
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>													
N101	Entity Identifier Code	R		75	75							75		75	
N102	Name	R		"Rate Code"	"Rate Code"							"Rate Code"		"RATE CODE"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>													
REF01	Reference Identification Qualifier	R		9V	9V							9V		9V	



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REF02	Reference Identification	R		RATE CODE	RATE CODE							RATE CODE		RATE CODE	
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>													
DTP01	Date/Time Qualifier	R										007		007	
DTP02	Date Time Period Format Qualifier	R										D8		D8	
DTP03	Date Time Period	R										BEGIN DATE		BEGIN DATE	

	2750 REPORTING CATEGORY (1)		RENEWAL DATE							For 'OC' Other Change Action code only					
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>													
N101	Entity Identifier Code	R		75						75				75	
N102	Name	R		"RENEWAL DATE"						"RENEWAL DATE"				"RENEWAL DATE"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>													
REF01	Reference Identification Qualifier	R													
REF02	Reference Identification	R													
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>													
DTP01	Date/Time Qualifier	R		007						007				007	
DTP02	Date Time Period Format Qualifier	R		D8						D8				D8	
DTP03	Date Time Period	R		RENEWAL DATE						RENEWAL DATE				RENEWAL DATE	

	2710 MEMBER REPORTING CATEGORIES (>1)		CFA EXCEPTION CODE												

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Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/DOB/GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC)	new FYI action codes: NH, LO, PZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>														
LX01	Assigned Number	R	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>															
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>														
N101	Entity Identifier Code	R		75											75	
N102	Name	R		CFA CODE											CFA CODE	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>														
REF01	Reference Identification Qualifier	R	PID-Program Identification Number	PID											PID	
REF02	Reference Identification	R	MC-Micronesia MR-Marshall Islands PL-Palau	MC, MR, OR PL											MC, MR, OR PL	
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>														
DTP01	Date/Time Qualifier	R														
DTP02	Date Time Period Format Qualifier	R														
DTP03	Date Time Period	R														

	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>		<b>PRIOR PLAN</b>													
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>														
LX01	Assigned Number	R	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>															
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>														
N101	Entity Identifier Code	R		75	75											

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Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/ DOB/ GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC) new FYI action codes: NH, LO, PZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY	
N102	Name	R	ADD - Use Prior Plan only when last member enrollment was within 90 days and with a different plan. DISENROLL - Use New Plan only when member is enrolled in a different plan the day after the term date.	"Prior Plan"	"New Plan"											
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>														
REF01	Reference Identification Qualifier	R		18	18											
REF02	Reference Identification	R	ADD - Use Prior Plan only when last member enrollment was within 90 days and with a different plan. DISENROLL - Use New Plan only when member is enrolled in a different plan the day after the term date.	PRIOR PLAN ID (6) + PRIOR PLAN NAME (25)	HMO PLAN ID (6) + HMO PLAN NAME (25)											
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>														
DTP01	Date/Time Qualifier	R														
DTP02	Date Time Period Format Qualifier	R		D8 RD8	D8 RD8											
DTP03	Date Time Period	R		Begin Date or End Date  Begin Date-End Date	Begin Date or End Date  Begin Date-End Date											

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Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/DOB/GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC)	new FYI action codes: NH, LO, LZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY
	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>		<b>MEDICAL ENROLLMENT</b>													
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>														
LX01	Assigned Number	R	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>		<b>Health plans listed in 2700 loop is other than receiver of 834</b>													
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>														
N101	Entity Identifier Code	R		75					75						75	
N102	Name	R		"MEDICAL"					"MEDICAL"						"MEDICAL"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>														
REF01	Reference Identification Qualifier	R		XX1					XX1						XX1	
REF02	Reference Identification	R		MEDICAL PLAN NAME					MEDICAL PLAN NAME						MEDICAL PLAN NAME	
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>														
DTP01	Date/Time Qualifier	R		007					007						007	
DTP02	Date Time Period Format Qualifier	R		D8 RD8					D8 RD8						D8	
DTP03	Date Time Period	R		BEGIN DATE END DATE					BEGIN DATE END DATE						BEGIN DATE	

	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>		<b>DENTAL PLAN (Includes PACE DENTAL)</b>													
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>														
LX01	Assigned Number	R	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>															
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>														
N101	Entity Identifier Code	R		75					75						75	

Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/DOB/GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC) new FYI action codes: NH, LO, PZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY
N102	Name	R		"DENTAL"					"DENTAL"					"DENTAL"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>													
REF01	Reference Identification Qualifier	R		XX1					XX1					XX1	
REF02	Reference Identification	R		DENTAL PLAN NAME					DENTAL PLAN NAME					DENTAL PLAN NAME	
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>													
DTP01	Date/Time Qualifier	R		007					007					007	
DTP02	Date Time Period Format Qualifier	R		D8 RD8					D8					D8	
DTP03	Date Time Period	R		BEGIN DATE END DATE					BEGIN DATE					BEGIN DATE	

	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>		<b>BHS ENROLLMENT (FOR MEDICAL PLAN ONLY)</b>												
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>													
LX01	Assigned Number	R	Incrementing number												
	<b>2750 REPORTING CATEGORY (1)</b>														
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>													
N101	Entity Identifier Code	R		75					75					75	
N102	Name	R		"BHS"					"BHS"					"BHS"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>													
REF01	Reference Identification Qualifier	R		XX1					XX1					XX1	
REF02	Reference Identification	R		BHS PLAN NAME					BHS PLAN NAME					BHS PLAN NAME	
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>													
DTP01	Date/Time Qualifier	R		007					007					007	



Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/DOB/GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC) new FYI action codes: NH, LO, LZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY
	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>		<b>NURSING HOME</b>												
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>													
LX01	Assigned Number	R	Incrementing number												
	<b>2750 REPORTING CATEGORY (1)</b>														
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>													
N101	Entity Identifier Code	R	75-Participant	75						75				75	
N102	Name	R		"NURSING HOME"						"NURSING HOME" or "NURSING HOME REMOVED"				"NURSING HOME"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>													
REF01	Reference Identification Qualifier	R	ZZ-Mutually Defined	ZZ						ZZ				ZZ	
REF02	Reference Identification	R		NURSING HOME ID (6) + NURSING HOME NAME (25)						NURSING HOME ID (6) + NURSING HOME NAME (25)				NURSING HOME ID (6) + NURSING HOME NAME (25)	
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>													
DTP01	Date/Time Qualifier	R		007						007				007	
DTP02	Date Time Period Format Qualifier	R	CCYYMMDD-CCYYMMDD	RD8						RD8				RD8	
DTP03	Date Time Period	R		NH-START-DAT NH-END-						NH-START-DAT NH-END-				NH-START-DAT NH-END-	

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Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/DOB/GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC) new FYI action codes: NH, LO, PZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY
				DAT						DAT				DAT	

2710 MEMBER REPORTING CATEGORIES (>1)			PENALIZED NH													
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>														
LX01	Assigned Number	R	Incrementing number													
2750 REPORTING CATEGORY (1)																
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>														
N101	Entity Identifier Code	R		75									75			75
N102	Name	R		"PENALIZED NURSING HOME"									"PENALIZED NURSING HOME" or "PENALIZED NURSING HOME REMOVED"			"PENALIZED NURSING HOME"
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>														
REF01	Reference Identification Qualifier	R														
REF02	Reference Identification	R														
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>														
DTP01	Date/Time Qualifier	R		007									007			007
DTP02	Date Time Period Format Qualifier	R		RD8									RD8			RD8
DTP03	Date Time Period	R		BEGIN/END DATE									BEGIN/END DATE			BEGIN/END DATE



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Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/DOB/GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC)	new FYI action codes: NH, LO, LZ, PZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY
	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>		<b>NH LEVEL OF CARE</b>													
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>														
LX01	Assigned Number	R	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>															
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>														
N101	Entity Identifier Code	R		75											75	
N102	Name	R		"NURSING HOME LEVEL OF CARE"											"NURSING HOME LEVEL OF CARE"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>														
REF01	Reference Identification Qualifier	R														
REF02	Reference Identification	R														
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>														
DTP01	Date/Time Qualifier	R		007											007	
DTP02	Date Time Period Format Qualifier	R		RD8											RD8	
DTP03	Date Time Period	R		BEGIN/END DATE											BEGIN/END DATE	

	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>		<b>INTERPRETER</b>													
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>														
LX01	Assigned Number	R	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>															
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>														

Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/DOB/GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC) new FYI action codes: NH, LO, PZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY
N101	Entity Identifier Code	R		75						75				75	
N102	Name	R	When Interpreter Indicator=Y	"INTERPRETER REQUESTED"						"INTERPRETER REQUESTED"				"INTERPRETER REQUESTED"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>													
REF01	Reference Identification Qualifier	R													
REF02	Reference Identification	R													
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>													
DTP01	Date/Time Qualifier	R													
DTP02	Date Time Period Format Qualifier	R													
DTP03	Date Time Period	R													

	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>		<b>ARREARS</b>												
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>													
LX01	Assigned Number	R	Incrementing number												
	<b>2750 REPORTING CATEGORY (1)</b>														
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>													
N101	Entity Identifier Code	R		75						75				75	
N102	Name	R	When Arrears Indicator=Y	"ARREARS"						"ARREARS"				"ARREARS"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>													
REF01	Reference Identification Qualifier	R													
REF02	Reference Identification	R													
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>													
DTP01	Date/Time Qualifier	R													
DTP02	Date Time Period Format Qualifier	R													
DTP03	Date Time Period	R													

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Element	Identifier Description	Usage Required	MQD Note	ADD	DISENROLL	ADDRESS CHANGE	DOB/GENDER CHANGE	NAME/DOB/GENDER CHANGE	HEALTH PLAN CHANGE (HC; FOR BHS ONLY)	MH CHANGE (MC) OR TERM (TM) CHANGE IN MEDICARE (CM) OTHER CHANGE (OC, SC) new FYI action codes: NH, LO, PZ	PREGNANCY CHANGE	RATE CODE CHANGE (Last Daily)	COB (Separate from ROS record)	MONTHLY	EMPTY DAILY
<b>LE</b>	<b>Additional reporting Categories Loop Termination</b>														
LE01	Loop Identifier Code	R		2700	2700	2700	2700	2700	2700	2700	2700	2700		2700	
	<b>TRAILER</b>														
<b>SE</b>	<b>Transaction Set Trailer</b>	<b>R</b>													
SE01	Number of Included Segments	R													
SE02	Transaction Set Control Number	R													

## 4.1.2 820 Examples

### 4.1.2.1 Normal 820 Example

Member #1 – Normal capitation payment of \$89.30 for 10/01/09-10/14/09

Member #2 – Recoupment amount of \$-94.06 for 10/01/09-10/31/09 and a capitation payment of \$54.62 for 10/01/09-10/18/09.

Note that Member #2 has one occurrence of the 2000B/ENT loop with multiple 2300/RMR loops. This is a change from the 4010 to the 5010.

Element	Identifier Description	Values
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	MQD996001089
GS03	Application Receiver's Code	MQDPLN
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
<b>ST</b>	<b>820 Header</b>	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number	000000001
ST03	Implementation Convention Reference	005010X218
<b>BPR</b>	<b>Financial Information</b>	
BPR01	Transaction Handling Code	I - Remittance Info Only
<b>BPR02</b>	<b>Total Premium Payment Amount</b>	<b>49.86</b>
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1996001089
BPR16	Check Issue or EFT Effective Date	20091028
<b>TRN</b>	<b>Re-association Trace Number</b>	
TRN01	Trace Type Code	3 - Financial Re-association Trace Number
TRN02	Reference Identification	000000000075939
TRN03	Originating Company Identifier	1996001089
<b>REF</b>	<b>Premium Receivers Identification Key</b>	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	MQDPLN
<b>DTM</b>	<b>Coverage Period</b>	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091001-20091031
	<b>1000A PREMIUM RECEIVER'S NAME</b>	
<b>N1</b>	<b>Premium Receiver's Name</b>	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	HI HEALTH PLAN
<b>N3</b>	<b>Premium Receiver's Address</b>	
N301	Address Information	123 ADDRESS1 ST
N302	Address Information	SUITE #99
<b>N4</b>	<b>Premium Receiver's City, State, and Zip Code</b>	

Element	Identifier Description	Values
N401	City Name	KAPOLEI
N402	State or Province Code	HI
N403	Postal Code	96707
<b>1000B PREMIUM PAYER'S NAME</b>		
<b>N1</b>	<b>Premium Payer's Name</b>	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	HAWAII MEDICAID
<b>N3</b>	<b>Premium Payer's Address</b>	
N301	Premium Payer Address Line	1001 KAMOKILA BLVD
<b>N4</b>	<b>Premium Payer's City, State, Zip Code</b>	
N401	City Name	KAPOLEI
N402	State or Province Code	HI
N403	Postal Code	96707
<b>2000B INDIVIDUAL REMITTANCE MEMBER #1</b>		
<b>ENT</b>	Individual Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2J - Individual
ENT03	Identification Code Qualifier	EI – Employee Identification Number
ENT04	Identification Code	0001234567
<b>2100B INDIVIDUAL NAME</b>		
<b>NM1</b>	Individual Name	
NM101	Entity Identifier Code	IL - Insured/Subscriber ID
NM102	Entity Type Qualifier	1 - Person
NM103	Name Last or Organization Name	<b>REGAN</b>
NM104	Name First	<b>RONALD</b>
NM105	Name Middle	<b>A</b>
NM108	Identification Code Qualifier	N - Insured's Unique Identification Number
NM109	Identification Code	0001234567
<b>2300B INDIVIDUAL PREMIUM</b>		
<b>RMR</b>	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A01GM16H003791822 <b>20091001</b>
<b>RMR04</b>	<b>Detail Premium Payment Amount</b>	<b>89.30</b>
<b>DTM</b>	<b>Individual Coverage Period</b>	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091014
<b>2000B INDIVIDUAL REMITTANCE MEMBER#2</b>		
<b>ENT</b>	Individual Remittance	
ENT01	Assigned Number	2
ENT02	Entity Identifier Code	2J - Individual
ENT03	Identification Code Qualifier	EI – Employee Identification Number
ENT04	Identification Code	0007654321
<b>2100B INDIVIDUAL NAME</b>		
<b>NM1</b>	Individual Name	
NM101	Entity Identifier Code	IL - Insured/Subscriber ID
NM102	Entity Type Qualifier	1 - Person
NM103	Name Last or Organization Name	<b>REGAN</b>
NM104	Name First	<b>NANCY</b>
NM105	Name Middle	<b>A</b>

Element	Identifier Description	Values
NM108	Identification Code Qualifier	N - Insured's Unique Identification Number
NM109	Identification Code	0007654321
<b>2300B INDIVIDUAL PREMIUM</b>		<b>OCCURRENCE #1</b>
<b>RMR</b>	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A01GF16H00379445 <b>20091001</b>
<b>RMR04</b>	<b>Detail Premium Payment Amount</b>	<b>-94.06</b>
<b>DTM</b>	<b>Individual Coverage Period</b>	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091031
<b>2300B INDIVIDUAL PREMIUM</b>		<b>OCCURRENCE #2</b>
<b>RMR</b>	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A01GF16H00379445 <b>20091001</b>
<b>RMR04</b>	<b>Detail Premium Payment Amount</b>	<b>54.62</b>
<b>DTM</b>	<b>Individual Coverage Period</b>	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091018
<b>SE</b>	<b>Transaction Set Trailer</b>	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

#### 4.1.2.2 Empty File Example

Element	Identifier Description	Values
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	MQD996001089
GS03	Application Receiver's Code	MQDPLN
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
<b>ST</b>	<b>820 Header</b>	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number	000000001
ST03	Implementation Convention Reference	005010X218
<b>BPR</b>	<b>Financial Information</b>	
BPR01	Transaction Handling Code	I - Remittance Info Only
<b>BPR02</b>	<b>Total Premium Payment Amount</b>	<b>0</b>
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1996001089
BPR16	Check Issue or EFT Effective Date	20091028
<b>TRN</b>	<b>Re-association Trace Number</b>	

Element	Identifier Description	Values
TRN01	Trace Type Code	3 - Financial Re-association Trace Number
TRN02	Reference Identification	"NO DATA"
TRN03	Originating Company Identifier	1996001089
<b>REF</b>	<b>Premium Receivers Identification Key</b>	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	MQDPLN
<b>DTM</b>	<b>Coverage Period</b>	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091015-20091015
	<b>1000A PREMIUM RECEIVER'S NAME</b>	
<b>N1</b>	<b>Premium Receiver's Name</b>	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	"NO CAPITATION PAYMENT"
	<b>1000B PREMIUM PAYER'S NAME</b>	
<b>N1</b>	<b>Premium Payer's Name</b>	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	HAWAII MEDICAID
<b>N3</b>	<b>Premium Payer's Address</b>	
N301	Premium Payer Address Line	1001 KAMOKILA BLVD
<b>N4</b>	<b>Premium Payer's City, State, Zip Code</b>	
N401	City Name	KAPOLEI
N402	State or Province Code	HI
N403	Postal Code	96707
<b>SE</b>	<b>Transaction Set Trailer</b>	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

## 4.2 Payer Specific Business Rules and Limitations

### 4.2.1 834 Enrollment Transaction

The 834 Enrollment Transactions transmit enrollment information from the sponsor of the insurance coverage (Med-QUEST) to a health care payer (a Med-QUEST Health Plan) on a daily and monthly basis. The daily version of this transaction provides data on initial enrollments, enrollment terminations, and subsequent changes to member-level enrollment data. The monthly version provides a listing of active members that is the basis for the health plan's monthly capitation pre-payment.

The Daily 834 Enrollment Transaction is used to identify:

- New members for whom the health plan is responsible for
- Terminated or deceased members for whom the health plan is no longer responsible
- Demographic changes for each member such as changes in name, address or date of birth
- Other changes for each member such as changes in Rate Code, TPL coverage or Spend down/Share of Cost.

The Monthly 834 Enrollment Transaction is used to:

- Reconcile health plan and Med-QUEST member files
- Audit updates to health plan data applied from Daily 834 Transactions during the previous month
- Identify the current month's Spend down/Share of Cost
- Obtain cumulative Spend down/Share of Cost for every month that a recipient has Spend down/Share of Cost (limited to a maximum of the last 6 months)

Data elements on both Daily and Monthly 834 Transactions carry Voucher Numbers when they result in capitation payments or adjustments. Corresponding Voucher Numbers also appear on payment lines in the 820 Capitation Payment Transaction and can be used to link enrollments to member level capitation payments.

### 4.2.2 820 Capitation Transaction

The 820 Capitation Transaction is a monthly file that provides each Med-QUEST health plan with an electronic remittance advice for its capitation payments. Med-QUEST makes all capitation payments on a monthly basis with an electronic payment or check to each health plan. The Monthly 820 can accumulate and report capitation payments generated during the prior month by Daily Rosters, Monthly Rosters, and Mass Adjustment runs. Settlements, financial sanctions and other



payments to and recoupments from health plans that are not member specific can also be carried on the 820.

The Med-QUEST Fiscal Agent, Affiliated Computer Services (ACS) produces checks to the health plans through the Financial System. ACS specifies the Check Numbers (derived from Voucher Numbers generated in HPMMIS) for each monthly payment. Check Numbers are available to the 820 creation process by manual entry from ACS payment data.

The 820 Transaction is used to:

- Show monthly capitation pre-payments for each health plan member
  - Show pro-rated payments for each health plan member who joined during the previous month
  - Show positive or negative adjustments that reflect changes to previous capitation payments
  - Show positive or negative payment adjustments based on retroactive capitation rate changes by Med-QUEST, usually done through a mass adjustment
- Show Med-QUEST payments, and other adjustments that are not member specific

### **4.3 Frequently Asked Questions**

None available at this time.

## 4.4 Other Resources

### 4.4.1 Med-QUEST Action Code Translation Table

Action Type	Maintenance Type Code	Action Code	Description	834 Translation/Maintenance Reason Code Value
A	021	AA	Algorithm Assigned	28 – Initial Enrollment
A	021	AI	Admin-In	28 – Initial Enrollment
A	021	BI	Enrollment Block In	28 – Initial Enrollment
A	021	CI	County Move-In	28 – Initial Enrollment
A	021	EC	Enrollment Choice	28 – Initial Enrollment
A	021	EI	Open Enrollment-In	22 – Plan Change
A	021	NB	Newborn	02 – Birth
A	021	NE	Normal Enrollment	28 – Initial Enrollment
A	021	PA	End of Contract-In - Auto Assign	22 – Plan Change
A	021	RA	Retroactive Enrollment	28 – Initial Enrollment
A	021	RE	Re-Enrollment	41 – Re-enrollment
<b>Separator</b>				
C	001	AC	Address Change	43 – Change of location
C	001	C1	"Combination Action Code" DB, NC, SX	25 – Change in Identifying Data Element
C	001	C2	"Combination Action Code" DB, NC	25 –Change in Identifying Data Element
C	001	C3	"Combination Action Code" DB, SX	25 –Change in Identifying Data Element
C	001	C4	"Combination Action Code" NC, SX	25 –Change in Identifying Data Element
C	001	CM	Change in Medicare	33 – Personnel Data
C	001	DB	Date of Birth Change	25 –Change in Identifying Data Element
C	001	HC	Acute Health Plan Change	22 – Plan Change
C	001	LO	Level of Care Change	AI – No Reason Given
C	001	MC	Mental Health Change	22 – Plan Change
C	001	NC	Name Change	25 – Change in Identifying Data Element
C	001	NH	Nursing Home Change	AH – Moved to New Location
C	001	OC	Other Change	33 – Personnel Data
C	001	PG	Pregnant Women	21 – Disability
C	001	PZ	Penalized Nursing Home Change	AI – No Reason Given
C	001	RC	Rate Code Change	29 – Benefit Selection
C	001	SC	Share of Cost / Spend down Change	33 – Personnel Data
C	001	SX	Sex Change	25 – Change in Identifying Data Element
C	001	TM	Mental Health Termination	07 – Termination of Benefits
<b>Separator</b>				
D	024	AG	Age Term	07 – Termination of Benefits
D	024	AO	Admin Out	07 – Termination of Benefits
D	024	BO	Enrollment Block Out	07 – Termination of Benefits
D	024	CG	90-Day Grace Period Disenroll	22 – Plan Change
D	024	CH	Eligibility Change - Disenroll	07 – Termination of Benefits

Action Type	Maintenance Type Code	Action Code	Description	834 Translation/Maintenance Reason Code Value
D	024	CO	County Move-Out	07 – Termination of Benefits
D	024	DE	Deceased	03 – Death
D	024	EO	Open Enrollment-Out	22 – Plan Change
D	024	IE	Ineligible	07 – Termination of Benefits
D	024	IN	Incarcerated/Institutionalized	07 – Termination of Benefits
D	024	OS	Out of State Move	07 – Termination of Benefits
D	024	PT	End of Contract-Out - %, AA,	22 – Plan Change
D	024	RD	Retroactive Disenrollment	07 – Termination of Benefits
D	024	VW	Voluntary Withdrawal	14 – Voluntary Withdrawal

## 5. TI Change Summary

#	Location & Section	Revision
0.6		Draft Version
1.0	Pages 1-2	<ul style="list-style-type: none"> <li>Removed DRAFT watermark</li> <li>Removed copyright box</li> </ul>
1.0	Pages 5-7 3.1 & 3.2	<ul style="list-style-type: none"> <li>Reformat Instruction Tables for readability</li> </ul>
1.0	Pages 8-33 4.1.1	<ul style="list-style-type: none"> <li>Format Changes                             <ul style="list-style-type: none"> <li>Rename table from Crib Notes to Transaction Notes</li> <li>Removed columns 3-5 (usage, ID, Min/Max) &amp; reformat table</li> </ul> </li> </ul>
1.0	Pages 28-30 4.1.1	<ul style="list-style-type: none"> <li>Corrected 2700 Loops for Medical, Dental, and BHS for 2750/DTP to include 'RD8' Date Range for Add, Health Plan change and Mental Health Change actions</li> </ul>
1.0	Pages 17 4.1.1	<ul style="list-style-type: none"> <li>2320/COB - Added note "Does not include Medicare records"</li> </ul>
1.0	Pages 10 4.1.1	<ul style="list-style-type: none"> <li>COB only:                             <ul style="list-style-type: none"> <li>INS03: Daily: 001</li> <li>Monthly: 030</li> <li>INS04: Daily: 33-Personnel Data</li> <li>Monthly: XN-Notification Only</li> </ul> </li> <li>Added 'END'</li> </ul>
1.0	Pages 12 & 14 4.1.1	<ul style="list-style-type: none"> <li>DOB-Gender Change and Name, DOB, Gender tabs: Updates to 2100A and 2100B loops</li> </ul>
1.0	Pages 13 4.1.1	<ul style="list-style-type: none"> <li>RCR01 - 2100A/N3/N4 Remove Member Residence Address due to Errata change from Required to Situational</li> <li>For Tabs: Disenroll, DOB/Gender change, Name/DOB/Gender change, Health plan change, MH Change/Term or Change in Medicare, Other Change, Pregnancy change, Rate code change, COB.</li> <li>2330/N3/N4 COB Only - Remove sending TPL address</li> </ul>
1.0	Pages 11 4.1.1	<ul style="list-style-type: none"> <li>Other Change column: 2000/REF*17-Remove Voucher ID. No payments associated with these actions</li> </ul>
1.0	Pages 27-28 4.1.1	<ul style="list-style-type: none"> <li>Health Plan change column: Added 2750 loop for Dental plan</li> </ul>
1.0	Pages 20 4.1.1	<ul style="list-style-type: none"> <li>Add action: Remove 2300/HD loop for Share of Cost/Spend Down. This data will not be sent on an Add.</li> </ul>
1.0	Pages 17 4.1.1	<ul style="list-style-type: none"> <li>Disenroll: Added 2300/HD loop for end date (correction)</li> </ul>
1.0	Pages 18,19 21,22 4.1.1	<ul style="list-style-type: none"> <li>COB Only:                             <ul style="list-style-type: none"> <li>2320/REF#1 - Use '6P' for TPL Insurance type</li> <li>2320/REF#2 - Use '60' for TPL Change reason</li> <li>2330/NM103 - Concatenated TPL Sequence number and Absent parent indicator to TPL Carrier info</li> </ul> </li> </ul>
1.0	Pages 11-12 4.1.1	<ul style="list-style-type: none"> <li>2000/Member Supplemental ID/REF02</li> <li>Rate code change: Voucher ID is not sent on Rate code changes. They are only on Add, Disenroll and Monthly</li> </ul>

1.0	Pages 12	4.1.1	<ul style="list-style-type: none"> <li>• Name/DOB/Gender Change:</li> <li>• 2100A/NM101 If ACTION-CD = "PN", use "IL"</li> </ul>
1.0	Pages 14-15	4.1.1	<ul style="list-style-type: none"> <li>• Insured/Subscriber;</li> <li>• 2100B/DMG-Added note: Used when Action code when NC, C1, C2, or C4; not used on monthly</li> </ul>
1.0	Pages 15-16	4.1.1	<ul style="list-style-type: none"> <li>• Name/DOB/Gender Change:</li> <li>• 2100G/N3/N4 Removed Med-Payee Address due to Errata change from Required to Situational</li> </ul>
1.0	Pages 36-39	4.1.2	<ul style="list-style-type: none"> <li>• Clean up 820 Examples</li> </ul>
1.0	Pages 42-43	4.4.1	<ul style="list-style-type: none"> <li>• Reformat table for readability</li> </ul>
1.1	Page 25	4.1.1	<ul style="list-style-type: none"> <li>• Renewal Date - New 2700 loop                             <ul style="list-style-type: none"> <li>○ Add action column</li> <li>○ Other change column with note "For 'OC' Other Change Action code only"</li> <li>○ Monthly column</li> </ul> </li> </ul>
1.1	Page 8	4.1.1	<ul style="list-style-type: none"> <li>• Documentation correction: 005010X220 to 005010X220A1</li> </ul>