

Date: 4/7/2003
To: Ellen Abshire for Med-QUEST and Hawaii Health Plan Distribution
From: John Peters
Subject: Response to 834/820 questions received from Kaiser Permanente on 03/29/03
(Companion Response 032803.doc)

We appreciate responses to Hawaii Companion Documents such as the questions in the Kaiser Permanente document forwarded to the HIPAA Team. In this memo, we repeat each question and make comments on it in bold font. When noted, the Med-QUEST 834/820 Companion Document will be updated.

Technical Questions (834/820)

1. Define the structure of the Mass Adjustment records. Will these records show under the 2000B Individual Remittance?

The structure of Med-QUEST Mass Adjustment Records is defined in the Med-QUEST Health Plan Manual. This current and future health plan interface file tells health plans the results, by individual member, of “mass adjustments” to Capitation Rates made because of retroactive rate changes. Mass adjustments can be positive or negative and can result in credits or debits to health plans.

Because mass adjustments are financial transactions that do not affect health plan enrollment, they do not use the 834 Enrollment Transaction. They do, however, involve positive or negative adjustments to capitation payments and will, when they occur, be present as individual member lines (2000B Loops) on monthly 820 Capitation Transactions.

2. Would the 997 acknowledgement transaction be sufficient to meet requirements? What's the impact if we can't send the TA1 transaction? Where do we send the acknowledgement transaction?

The technical team is currently in the process of developing a detailed answer to the question of how the Agency will use the 997 Transaction in both receiving and sending modes. When this analysis is complete, we will be able to make more definite recommendations regarding the 997 to the Med-QUEST Systems Office and to Med-QUEST health plans.

In general, the technical team expects to send both TA1s and 997s in response to transmissions and functional groups of X12 transactions. the technical team is asking health plans to adopt the same approach. We suggest further discussion with the Med-QUEST Systems Office about any specific reasons for requesting variations.

3. If the SE segment shows the segment count, where is the total transaction (member level) count?

The segment count in the SE Segment is a control count that can be used by the transaction receiver to validate its own segment count. Member counts are absent from 834 Transactions and can be present on 820 Transactions only when payments are reported at the “organization summary” rather than the “individual” level. Med-QUEST reports primarily at the individual level but uses the organization summary capability to a limited extent when reporting health plan sanctions that are not member-specific.

A member count is not included on either the 834 Transaction or the 820 Transaction as used by Med-QUEST. Such a count could, however, be extracted from 834 and/or 820 data. It would have to be fully unduplicated (i.e., each Med-QUEST Client ID counted only once) to be valid.

4. Under Loop 2000, Segment REF, Element REF 01 and REF02, which set of data is for "3H" and which set is for "ZZ"?

Med-QUEST uses The Member Identification Number REF Segment in the 2000 Loop of the 834 Transaction in two ways. When “3H” is present in qualifier element REF01, REF02 is the member’s Case Number. When “ZZ” is present in REF01, REF02 is the member’s Primary HAWI/Med-QUEST ID when another ID was previously assigned and appeared on a prior Roster. “ZZ” is only used on enrollment terminations to be followed by corrected enrollments under the Primary ID.

The draft Companion Document will be revised to explain use of these values in more detail.

5. Under Loop 2000, Segment DTP, Element DTP01, are the valid values suppose to be "356", "357" or "303"?

These are the correct valid values for Med-QUEST. Each of them is used in a particular situation, once per DTP Segment. See our comments on the next question for an explanation what each of these qualifier values means for Med-QUEST.

6. Need more clarity on Loop 2000, Segment DTP, Element DTP01/DTP03 vs. Loop 2300, Segment DTP, Element DTP01/DTP03.

As originally designed, the Member Level Dates DTP Segment is for a variety of dates associated with a member’s enrollment with an insurance carrier. Many of the DTP01 qualifier values reflect dates that an employer/sponsor would report to a commercial insurance carrier and are not appropriate for use by a Medicaid Agency. Some forcing of qualifier values to correspond to Med-QUEST situations has been required.

As used by Med-QUEST, the three valid values selected for use in DTP01 apply to the following situations:

- An “Eligibility Begin” Date (DTP01 = “256”) shows the first day of a member’s enrollment in a health plan with the same Rate Code and Island. It does not indicate a member’s eligibility for Med-QUEST. An “Eligibility Begin” Date always appears for each member on Monthly 834s. On Daily 834’s it appears on new enrollments and on changes that affect a member’s Island or Rate Code.
- An “Eligibility End” Date (DTP01 = “257”) appears when a member’s enrollment in a particular Island/Rate Code combination is ended. It is only used on Daily enrollment terminations and retroactive “block in/block out” enrollment changes. Monthly 834s show only current members with their current Island and Rate Codes. “Eligibility End” Dates will not appear on Monthly 834s.
- A “Maintenance Effective” Date (DTP01 = “303”) appears on Daily Changes when the member’s Island and Rate Code are not affected.

One and only one of these dates will appear for all members on 834 Transactions. “Block in/block out” retroactive enrollments and terminations are the only exception. They involve both Begin and End Dates.

The draft Companion Document will be revised to explain use of these values in more detail.

7. Is the 200A/RMR/RMR04/ Detail Payment Amount included in the calculation of the BPR/BRP02 Total Premium Payment Amount?

Yes. BRP02 includes both organization summary and individual remittance payment amounts.

8. In the 820 transaction, is there any equivalent to the existing PROCESS-DATE?

The date in the Transaction Set Creation Date (BGN03) element on the 834 Transaction is equivalent to the current Process Date. This is the date on which transaction data is extracted from HPMMIS. It is possible for this date to be prior to the date on which the transaction is sent. We recommend looking in the “outer envelopes” (IEA and GS Segments) for electronic transmission dates.

The draft Companion Document will be modified to fully explain Med-QUEST’s use of the Transaction Set Creation Date.

Business Questions (834)

1. Sec. 2.1: "Monthly 834 Transactions are for purposes of audit and enrollment verification and are not intended for use in system updates." May we nonetheless

continue to update from these transactions (enrollments and changes, not disenrollments) when the monthly provides new information?

We view utilization of transaction data by receiving health plans as internal processing that is outside of the domain of HIPAA Transaction and Code Set requirements. As long as health plans are able to receive standard transactions and code sets, they can use the data on them as they see fit.

2. Sec. 5.2: Under “Valid Values” and “Definition/Format,” reference is made to values used by AHCCCS. Should the reference be to Med-QUEST?

Yes. The Companion Document will be corrected.

3. 834 Loop N/A, Segment BGN, Element BGN01, "Transaction Set Purpose Code", "Code identifying purpose of transaction set," Valid Value "22": We're puzzled by the notion of the State's resubmitting an original transaction with no corrections where the original is known to have had errors. Should the definition omit the words "had errors and"?

Various sources have interpreted BGN01 code values somewhat differently. As we understand it, the “22” (Information Copy) value might be used in a situation in which a receiver has lost an electronic transaction and it is not possible to regenerate an identical transaction due to changes in source (e.g., HPMMIS) data.

We will revise the Companion Document to explain things more clearly. We suggest that a BGN01 value of “00” (Original) be used unless there is a good reason not to use it.

4. 834 Loop 2000, Segment INS, Element INS04 "Maintenance Reason Code", "Code identifying reason for the maintenance change", the Definition/Format says, "For Med-QUEST Action Codes other than the ones listed, Element INS04 is not populated." Does this mean we will no longer be able to tell if someone was auto-assigned to our plan?

The technical team has requested from CMS new Maintenance Reason Code values for “Algorithm Assignment” (Action Code “AA”) and “Enrollment Choice” (Action Code “AE”). Possible approval and implementation, however, may be years away. In the meantime, The technical team has inserted “AA” or “AE” Action Codes within another 834 element to communicate auto-assignment and enrollment choice situations to health plans.

For Hawaii, we recommend that “AA” and “AE” Action Code values appear in a second iteration of the Health Coverage Policy Number REF Segment in Loop 2300 of the 834 Transaction. A REF01 value of “17” (Client Reporting Category) will be associated with an “AA” or “AE” Action Code. When it appears as an Action Code, a value of “AA” or “AE” will appear in REF02. Only Daily Enrollment Adds are affected by this enhancement.

The Companion Document will be revised to show this enhancement, along with Hawaii Translator Specifications.

5. 834 Loop 2000, Segment DTP, Element DTP01, "Date Time Qualifier", "Code specifying the type of date or time or both date and time"; Element DTP02, "Date Time Period Format Qualifier", "Code indicating the date format, time format, or date and time format"; and Element DTP03, "Status Information Effective Date", "The date that the status information provided is effective": May we know more about this please? Also, the Definition/Format mentions "Island or Rate Code changes". Where is the Island Code found on the 834? We do see it in the 820 in Loop 2300B, Segment RMR, Element RMR02, "Insurance Remittance Reference Number", but we need it in the 834 as well, so that we will know Island right away when the member is enrolled.

Some of the questions on Med-QUEST's use of the Status Information Effective Date (Loop 2000, Element DTP03) and associated elements on 834 Transaction are covered in our comments on Technical Question 6 above.

On 834 Transactions, Island Code appears in Loop 2100A, Element N406 (Location Identification Code). The associated qualifier (N405) has a value of "CY" (County/Parish). We believe that this is a valid way of designating Hawaiian Islands. An Island Code will always appear for each member on Monthly 834s. On Daily 834s, we would expect it on new enrollments and on Island Code changes.

The draft Companion Document will be revised to explain use of the Island Code element more explicitly and fully.

6. 834 Loop 2100A, Segment NM1, Element NM108, "Identification Code Qualifier", "Code designating the system/method of code structure used for Identification Code (67)": The Valid Value is "34". What is the meaning of "(67)" in this context?

The "(67)" has no meaning in this context. It is an accidental carry-over from another document. It will be deleted from the revised Companion Document.

7. 834 Loop 2100A, Segment NM1, Element NM109, "Subscriber Identifier", "Insured's or subscriber's unique identification number assigned by a payer": The Definition/Format says "Social Security Number: Only used if NM108 above is 34." Will it otherwise be unpopulated? Also, will temporary identification numbers issued by the State of Hawaii ever be used here in place of Social Security Number?

If a Social Security Number is not available, situational elements NM108 and NM109 will not appear in Loop 2100A. Temporary IDs are not currently available to the 834 creation process and cannot be included in 834s at this time.

8. 834 Loop 2100A, Segment N4, Element N406, "Location Identification Code", "Code which identifies a specific location," qualified in N405 as "County Code": What county

codes will be used? Will they be somehow driven by zip code or island code? Where is the island code found?

See our comment on 834 Business Question 5 above. For Med-QUEST, Element N406 is Island Code. The Companion Document will be revised to fully explain the situation.

9. 834 Loop 2100A, Segment LUI, Element LUI02, "Language Code", "Code indicating the language spoken by an individual": Perhaps surprisingly, 64% of our plan's QUEST clients are currently coded as speaking "O" for "Other." The State may have used this as a default value when none had been entered by the worker. This code is however not reflected in the mapping. How will it be accommodated? Also, should "Somoan" be "Samoan"?

The "O" (Other) value was omitted from the Companion Document. It will be added and cross referenced to an ISO-639 Language Code of "UND" (Undetermined). Hawaii Translator Specifications for the 834 Transaction will also be updated.

The misspelling of "Samoan" in the Companion Document will be corrected.

Business Questions (820)

1. 820 Loop 2000A, Segment ENT, Element ENT01, "Assigned Number," "Number assigned for differentiation within a transaction set": Should the reference in the Definition/Format be to "2000A" rather than "2300A"?

Yes. The mistake will be corrected.

2. 820 Loop 2100B, Segment NM1, Element NM108, "Identification Code Qualifier", "Code designating the system/method of code structure used for identification Code (67)": The Valid Value is "34". What is the meaning of "(67)" in this context? Also, "The SSN only appears when it has been verified in HPMMIS". Does this mean that the element qualified, NM109, will be the Social Security Number to the exclusion of any temporary identification number issued by the State of Hawaii? Will NM109 otherwise be unpopulated?

The "67" character strings are carry-overs from another document and will be deleted.

As was mentioned earlier, Temporary Client IDs are not currently available to the 834 creation process and are not included.