Ohio | **Department of Medicaid**

834 Benefit Enrollment and Maintenance

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Document Information

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Amendment History

Version	Date	Modified By	Modifications
1.0	04/29/2014	ODM & HP EDI Team	Initial Creation
1.1	06/24/2014	ODM & HP EDI Team	Added details related to MCP-entered Nursing Home spans based on Admission Date.
1.2	08/05/2014	ODM & HP EDI Team	Updated the list of Opt-Out codes in Appendix A – HD04 Code List.
1.3	05/27/2015	ODM & HP EDI Team	Added the list of Disenrollment Reason codes as Appendix A (rearranging the other appendices).
1.4	07/24/2015	ODM & HP EDI Team	Added a note to the N4 segment in the 2100A loop.
1.5	12/02/2015	ODM & HPE EDI Team	Updated references related to Agency name changes.
1.6	06/01/2016	ODM & HPE EDI Team	Added multiple race code details. Also indicated that SRSP coverage can be sent.
1.7	06/02/2016	ODM & HPE EDI Team	Updated to include the Hospice Benefit Plan.
1.8	09/28/2016	ODM & HPE EDI Team	Replaced the list of Disenrollment Reason codes in Appendix A with a list of Assignment Reason codes. Updated the qualifiers sent in REF segment (Member Supplemental Identifier). Added notes around the aid category sent as part of the REF02 value when 2000:REF01 = 3H. Added notes to the N4 segment in 2100G (Responsible Person).
1.9	10/23/2016	ODM & HPE EDI Team	Updated the list of Waiver codes in Appendix B – HD04 Code List.

Version	Date	Modified By	Modifications
1.10	12/02/2016	ODM & HPE EDI Team	Removed note from HD segment that stated upto 10 occurrences of this 2300 loop would be sent for some programs.
1.11	03/22/2017	ODM & HPE EDI Team	Updated the contact information in Section 5.
1.12	05/22/2017	ODM & DXC EDI Team	Updated to include ACT and IHBT. Also updated the email addresses in Section 5.
1.13	12/15/2017	ODM & DXC EDI Team	Updated to include EXM and Informational Type Special Conditions. Updated the qualifiers sent in REF segment (Member Supplemental Identifier). Updated Appendix A adding "AJ" as part of the Managed Care Day 1 changes.
1.14	01/06/2018	ODM & DXC EDI Team	Updated the notes related to REF01 and REF02 in the 2000 loop.
1.15	04/27/2018	ODM & DXC EDI Team	Updated the notes related to NM1 in the 2100G loop. Added details for the N1, REF and DTP segments in the 2750 loop. Added the List of Living Arrangement codes as Appendix C (rearranging the other appendices).
1.16	05/14/2018	ODM & DXC EDI Team	Updated the list of Waiver codes in Appendix B – HD04 Code List.
1.17	07/26/2018	ODM & DXC EDI Team	Updated the list of Patient Liability codes in Appendix B – HD04 Code List.
1.18	08/01/2018	ODM & DXC EDI Team	Updated the list of Assignment Reason Codes in Appendix A.
1.19	10/10/2018	ODM & DXC EDI Team	Removed all references to reporting Health Homes information.
1.20	11/14/2018	ODM & DXC EDI Team	Updated the communication qualifiers that can be sent in 2100A:PER and 2100G:PER.
1.21	07/10/2019	ODM & DXC EDI Team	Updates for including the Behavioral Health Care Coordination Assignment Plan – 2300:HD & 2310:NM1 and Appendix B. Added 025 to the list of 2300:HD01 codes.
1.22	12/10/2019	ODM & DXC EDI Team	Updates for including the Comprehensive Addiction & Recovery Act (CARA) – 2300:HD and Appendix B.
1.23	02/12/2020	ODM & DXC EDI Team	Updates to report pregnancy details in the 2750 loop.

Disclosure Statement

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The ODM Companion Guides do not:

*   Replace the HIPAA ANSI ASC X12N Implementation Guide.
*   Contain any actions that would result in a Non-Compliant Transaction.

The ODM Companion Guides are subject to change without prior notice.

Providers and Trading Partners are responsible for periodically checking for Companion Guide updates on the ODM Trading Partner website - http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx.

Each Medicaid Provider and/or Trading Partner has the ultimate responsibility to adhere to the HIPAA Federal Requirements as well as any Ohio State laws that are applicable including the Ohio Administrative Code (http://codes.ohio.gov/oac/5160-1-20).

Preface

This Companion Guide to the 5010 ASC X12N Technical Report Type 3 Implementation Guides and associated errata and addenda adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with ODM. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N TR3 Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3 Implementation Guides.

Table of Contents

1   INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that the Ohio Department of Medicaid has something additional, over and above, the information in the IGs. That information can:

1.   Limit the repeat of loops, or segments.
2.   Limit the length of a simple data element.
3.   Specify a sub-set of the IGs internal code listings.
4.   Clarify the use of loops, segments, composite and simple data elements.
5.   Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with the Ohio Department of Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe ODM, usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by ODM.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

1.1   Scope

ODM developed 5010 Companion Guides to supplement each 5010 Transaction Implementation Guide, based on Version 5, Release 1, with regards to:

- Specific Codes and/or Values that ODM will default on Outbound Transactions
- Specific Codes and/or Values that are unique to ODM to accept an Inbound Transaction

ODM Companion Guides will not create a Non-Compliant Transaction.

This companion guide is intended to be used in conjunction with the ASC X12N/005010X220A1 Implementation Guide (IG). It provides supplementation instructions not included in the IG that must be followed for implementation and conducting the transaction with ODM. It does not change the requirements of the IG in any way.

1.2   Overview

The Health Insurance Portability and Accountability Act (HIPAA) require all Providers, Trading Partners and Payers in the United States to comply with the Electronic Data Interchange (EDI) Standards for Health Care.

This Companion Guide contains the format and establishes the data contents of the Enrollment Transaction Set (834) for use within the context of an EDI environment. The 834 is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer. The intent of this implementation guide is to meet the health care industry's specific need for the initial enrollment and subsequent maintenance of individuals who are enrolled in Managed Care Plans (MCP). This implementation guide specifically addresses the enrollment and maintenance of health care products only.

As utilized by the ODM, this transaction is designed to accomplish the function of sending enrollment information to Managed Care Plans (licensed as Health Insuring Corporations [HICs] through the Department of Insurance) participating in the Ohio Medicaid Managed Care Program.

The 834 X12 is the Enrollment Roster for the MCP. There are 2 file types that are sent – the full and the changes file.

834 Full File: This is a full file extract of the members enrolled with a health care provider at a specific point in time each month. It contains the most current information related to that member. This file is used to keep the MCP's system in sync with Ohio Medicaid. As a result, INS03 in Loop 2000 (Member Level Detail) as well as HD01 in Loop 2300 (Health Coverage) will be set to 030.

834 Changes File: This file reflects any changes made to a member's status or demographic information. It is generated five days a week (Monday through Friday). The MCP should not assume that new membership results in the automatic termination of prior coverage. There will be multiple member level details (Loop 2000) to indicate movement from the old to the new coverage. Membership spans should not be used to process changes (INS01 = 001).

Loop 2300 is also used to indicate coverage such as Supplemental Income, Physician Coordinated Service Program and Pharmacy Coordinated Service Programs. In the changes file, there could be up to 10 changes listed per day per coverage for each recipient id if the information in the 2300 loop is updated. When multiple changes to a specific coverage appear, they are sorted in descending order of date and time.

The 834 file comprises of separate transaction sets (ST-SE) for each 7-digit Medicaid Provider ID. Within each set, the member details are grouped in the following sequence: ADD records (INS01 = 021) are followed by CHANGE

(INS01 = 001) and finally by TERMINATION (INS01 = 024).

Address demographic changes on future date PMP ID will not be sent to the future PMP ID's 834 Changes file, but will be sent on their 834 Full file. However, any future address change will appear on the current PMP ID's 834 Changes file.

When the 834 file is downloaded and processed, please be cognizant of these details.

1.3   References

In addition to the resources available on the ODM Trading Partner Website (http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx), there are other websites that contain helpful information to assist in the implementation of the electronic data interchange process. Links to these websites are listed below and are separated by category for easy reference.

1.3.1   EDI Basics

For information about EDI software and services, visit: 1EDI Source, Inc (http://www.1edisource.com).

1.3.2   Government and Other Associations

- Center for Medicare and Medicaid Services (CMS): http://www.cms.hhs.gov
- Answers to Frequently Asked Questions: https://questions.cms.gov
- HHS Office for Civil Rights (Privacy) http://www.hhs.gov/ocr/hipaa
- WEDI - Workgroup for Electronic Data Interchange: http://www.wedi.org
- CMS website for NPI: https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/

1.3.3   ASC X12 Standards

- Washington Publishing Company: http://www.wpc-edi.com
- Data Interchange Standards Association: http://disa.org
- American National Standards Institute: http://ansi.org
- Accredited Standards Committee: http://www.x12.org

1.4   Additional Information

For additional information, the Trading Partner Information Guide can be found here: http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx

2   GETTING STARTED

To get started, the Trading Partner Information Guide can be found here:
http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx

3 TESTING WITH THE PAYER

Details related to testing are in the Trading Partner Information Guide which can be found here:
http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Connectivity information is in the Trading Partner Information Guide which can be found here:
http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx

5   CONTACT INFORMATION

5.1   EDI Customer Service

Days Available: Monday through Friday
Time Zone: Eastern Time (ET)
Time Available: 8:00 am to 4:30 pm
Phone: (844) 324-7089
Email: ohiomcd-edi-support@dxc.com

5.2   EDI Technical Assistance

Days Available: Monday through Friday
Time Zone: Eastern Time (ET)
Time Available: 8:00 am to 4:30 pm
Phone: (844) 324-7089
Email: ohiomcd-edi-support@dxc.com

5.3   Provider Service Number

Provider Assistance Unit 1-800-686-1516. Please listen to the entire message before making your selection.
Web URL: http://medicaid.ohio.gov/PROVIDERS.aspx

5.4   Applicable Websites/Email

Ohio Medicaid Website: http://medicaid.ohio.gov
The Trading Partner web page can be found by following: Providers > Billing > Trading Partners
(http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx)

To contact Ohio Medicaid for assistance, use the link - http://medicaid.ohio.gov/CONTACT.aspx

6 CONTROL SEGMENTS/ENVELOPES

6.1 ISA-IEA

This section describes ODM's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		No Authorization Information Present (No Meaningful Information in ISA02)
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID	SOHODJFS MMIS		Value assigned to the Sender of this file. This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA08	Interchange Receiver ID			7 digit Trading Partner ID assigned by ODM. This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.5		ISA13	InterChange Control Number			Must be identical to the associated interchange control trailer IEA02
C.6		ISA14	Acknowledgment Requested	0		No Interchange Acknowledgment Requested

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups			Number of included functional groups.
C.10		IEA02	Interchange Control Number			The control number assigned by the interchange sender. Must be identical to the value in ISA13.

6.2 GS-GE

This section describes ODM's use of the functional group control segments. It includes a description of expected

application sender and receiver codes. Also included in this section is a description concerning how ODM expects functional groups to be sent and how ODM will send functional groups. These discussions will describe how similar transaction sets will be packaged and ODM use of functional group control numbers.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Trailer			
C.7		GS02	Application Sender's Code	SOHODJFS MMIS		Value assigned to the Sender of this file.
C.7		GS03	Application Receiver's Code			Receiver's Tax ID
C.7		GS04	Date			Date when the X12 file was generated
C.8		GS05	Time			Time when the X12 file was generated. Format used - HHMMSS
C.8		GS06	Group Control Number			Must be identical to the value in GE02.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Header			
C.9		GE01	Number of Transaction Sets Included			Number of included transaction sets.
C.9		GE02	Group Control Number			The functional group control number. Must be the same value as GS06.

6.3 ST-SE

This section describes how ODM uses transaction set control numbers.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
31		ST	Transaction Set Header			
31		ST02	Transaction Set Control Number			Identical to the value in SE02

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
184		SE	Transaction Set Trailer			
184		SE01	Number of Included Segments			Total number of segments included in a transaction set including ST and SE segments

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
184		SE02	Transaction Set Control Number			Transaction set control number. Identical to the value in ST02.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

In order to receive 834 X12 transactions, trading partners must be authorized by Ohio Medicaid and in active status. These details are documented in the Trading Partner Information Guide which can be found at this link - http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx.

There is guidance around the various recipient identifiers provided using the **REF (Member Supplemental Identifier)** segment in the 2000 loop.

- When REF01 = 17, this is the **newborn mother's id**. It comprises of a Prefix (C) + Medicaid ID. This is transmitted as the newborn is auto-assigned.
  Format Used - CXXXXXXXXXXXX

- When REF01 = 3H, this comprises of the **IE Case Number + Category + Sequence**. The category is the aid category which is either 3-4 characters long. Also, the sequence is generally set to 01.
  Format used - CCCCCCCCCCXXXX01
  If the IE Case Number is 7 characters in length, then the format used is – CCCCCCCXXXX01

- When REF01 = 6O, this is the **recipient's Alternate ID**. The Alternate ID is usually the recipient ID the recipient had prior to being placed in Foster Care. This is the ID that we receive from SACWIS which is usually an Active ID in MITS. MCPs are supposed to use this ID to associate a recipient's claims and encounters history with the new SACWIS ID when the recipient is placed in Foster Care.

- When REF01 = F6, this is the **recipient's Medicare ID**. This is provided when the recipient has Medicare. Where possible, this is the new Medicare Beneficiary ID. In other instances, it is still the recipient's HIC Number.

- When REF01 = DX, this is the **recipient's county of eligibility**.

- When REF01 = Q4, this is the **recipient's linked (or secondary) id**. This is an Inactive ID in MITS that is linked to the recipient's primary ID. The secondary ID is usually a historical ID for the recipient. If the recipient is found to have multiple IDs, the recipient IDs are linked and only one ID remains as primary, all other linked IDs become secondary. The 834 will have the most recent linked ID (secondary ID) in the chain when a recipient has multiple linked IDs.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

The 834 is an outbound transaction and there are no associated responses.

9 TRADING PARTNER AGREEMENTS

These details can be found in the Trading Partner Information Guide which can be found at this link - http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx.

10 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that ODM has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments.
2. Limit the length of a simple data element.
3. Specify a sub-set of the IGs internal code listings.
4. Clarify the use of loops, segments, composite and simple data elements.
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with ODM.

In addition to the row for each segment, one or more additional rows are used to describe ODM's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
32		BGN	Beginning Segment			
32		BGN01	Transaction Set Purpose Code	00		Original
33		BGN03	Date			Date when the X12 file was generated
33		BGN04	Time			Time when the X12 file was generated. Format used - HHMM
36		REF	Transaction Set Policy Number			
36		REF01	Reference Identification Qualifier	38		Master Policy Number
36		REF02	Reference Identification			7-digit Medicaid Provider ID
37		DTP	File Effective Date			
37		DTP01	Date/Time Qualifier	007		Effective
37		DTP03	Date Time Period			File Effective Date. This is usually the next business day following the date when the file was generated (BGN03). Note: Delays in processing can change this logic.
39	1000A	N1	Sponsor Name			
39	1000A	N101	Entity Identifier Code	P5		Plan Sponsor
39	1000A	N102	Name	Ohio Department of Medicaid		

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
40	1000A	N103	Identification Code Qualifier	FI		Federal Taxpayer's Identification Number
40	1000A	N104	Identification Code	311334825		ODM Tax ID
41	1000B	N1	Payer			
41	1000B	N101	Entity Identifier Code	IN		Insurer
41	1000B	N102	Name			Name of Managed Care Plan
42	1000B	N103	Identification Code Qualifier	FI		Federal Taxpayer's Identification Number
42	1000B	N104	Insurer Identification Code			Federal Tax ID of Managed Care Plan
47	2000	INS	Member Level Detail			A single 834 transaction will have a maximum of 10,000 INS segments. As most Managed Care Plans receiving this roster have a larger population, they will have multiple transaction sets (ST-SE).
48	2000	INS01	Member Indicator	Y		Subscriber (Each Medicaid Managed Care enrollee is a considered a subscriber)
48	2000	INS02	Individual Relationship Code	18		Self
49	2000	INS03	Maintenance Type Code	001, 021, 024, 030		001 = Change 021 = Addition 024 = Cancellation or Termination 030 = Audit or Compare **001**, **021** and **024** are used with the 834 change file. **030** is used with the monthly 834 full file.
49	2000	INS04	Maintenance Reason Code			See Appendix A for more information. When INS04=03, the date of death is indicated as the Medicaid end date in the 2000 loop
51	2000	INS05	Benefit Status Code	A		Active
52	2000	INS08	Employment Status Code	FT, TE		FT = Full Time TE = Terminated
54	2000	INS12	Date Time Period			Date of death from eligibility system. A death reported by MCP (INS04=03) may not always have a date in this element
55	2000	REF	Subscriber Identifier			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
55	2000	REF01	Reference Identification Qualifier	0F		Subscriber Number
55	2000	REF02	Reference Identification			Medicaid Recipient Identification Number Medicaid IDs originating from the IE system will have a "9" in the first character. Similar to the current IDs, they will still be 12 characters in length.
57	2000	REF	Member Supplemental Identifier			
57	2000	REF01	Reference Identification Qualifier	17, 3H, 6O, F6, DX, Q4		17 = Client Reporting Category 3H = Case Number 6O = Alternate Recipient ID F6 = Medicare ID DX = Recipient's County of Eligibility Q4 = Recipient's Linked (Secondary) ID
58	2000	REF02	Member Supplemental Identifier			When REF01 = 17, this is the newborn mother's id. When REF01 = 3H, this comprises of the IE Case Number + Category + Sequence. When REF01 = 6O, this is the recipient's Alternate ID. When REF01 = F6, this is the recipient's Medicare ID. When REF01 = DX, this is the recipient's county of eligibility. When REF01 = Q4, this is the recipient's linked (or secondary) id. Additional details are provided in Section 7 (Payer specific Business Rules and Limitations)
59	2000	DTP	Member Level Dates			
59	2000	DTP01	Date/Time Qualifier	300, 473, 474		300 = Enrollment Signature Date. The re-determination date contains any re-determination of eligibility for assistance (i.e. food stamps, Temporary Assistance for Needy Families (TANF), and Medicaid). Re-determination is a process conducted by the CDJFS to review a consumer's eligibility. The re-determination is scheduled based on

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						federally mandated timelines for each type of assistance or is scheduled when any type of change in the household financial status occurs. 473 = Medicaid Begin 474 = Medicaid End The qualifiers 473 and 474 are used for reporting the member's eligibility effective date and end date associated with that specific PMP. Therefore, the eligibility effective and end dates apply to that specific PMP's membership/coverage only.
61	2000	DTP03	Date Time Period			Date specified by DTP01
62	2100A	NM1	Member Name			
64	2100A	NM108	Identification Code Qualifier	34		Social Security Number
64	2100A	NM109	Identification Code			Member's Social Security Number
65	2100A	PER	Member Communications Numbers			
66	2100A	PER03	Communication Number Qualifier	TE, CP, HP, WP, BN, EM		TE = Telephone CP = Cell Phone HP = Home Phone
66	2100A	PER05	Communication Number Qualifier	TE, CP, HP, WP, BN, EM		WP = Work Phone BN = Beeper Number EM = Email
67	2100A	PER07	Communication Number Qualifier	EM		
69	2100A	N4	Member City, State, Zip Code			If the member's address is outside the US, then the following address will be sent using the N3 and N4 segments. Please contact Ohio Department of Medicaid 50 W. Town St, Suite 400 Columbus, OH 43215
70	2100A	N405	Location Qualifier	CY		County
70	2100A	N406	Location Identifier			Contains 2-digit county code
71	2100A	DMG	Member Demographics			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
73	2100A	DMG05-1	Race or Ethnicity Code	A, B, C, D, E, F, G, H, I, J, N, O, P		If multiple codes are sent, then they are separated by the repetition character "^" identified in ISA11. For example, A^B^C^D indicates 4 separate codes are being sent. A = Asian or Pacific Islander B = Black C = Caucasian D = Subcontinent Asian American E = Other Race or Ethnicity F = Asian Pacific American G = Native American H = Hispanic I = American Indian or Alaskan Native J = Native Hawaiian N = Black (Non-Hispanic) O = White (Non-Hispanic) P = Pacific Islander
84	2100A	LUI	Member Language			
84	2100A	LUI01	Identification Code Qualifier	LE		ISO 639 Language Codes
85	2100A	LUI02	Identification Code			Language Code
86	2100B	NM1	Incorrect Member Name			
87	2100B	NM108	Identification Code Qualifier	34		Social Security Number
88	2100B	NM109	Identification Code			Member's Incorrect Social Security Number
123	2100G	NM1	Responsible Person			The Responsible Party is the person(s) assisting the consumer with the Medicaid application.
123	2100G	NM101	Entity Identifier Code	S1, LR, E1, QD		S1 = Parent LR = Personal Representative E1 = Placement Provider QD = Authorized Representative
124	2100G	NM102	Identification Code	1		Person
124	2100G	NM103	Responsible Party Last or Organization Name			If the responsible person's name is not available, this will be the name of the agency.
126	2100G	PER	Responsible Person Communications Numbers			
127	2100G	PER01	Contact Function Code	RP		Responsible Person

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
127	2100G	PER03	Communication Number Qualifier	TE, CP, HP, WP, BN, EM		TE = Telephone CP = Cell Phone HP = Home Phone
127	2100G	PER05	Communication Number Qualifier	TE, CP, HP, WP, BN, EM		WP = Work Phone BN = Beeper Number EM = Email
128	2100G	PER07	Communication Number Qualifier	EM		
130	2100G	N4	Responsible Person City, State, Zip Code			If the responsible person's address is outside the US, then the following address will be sent using the N3 and N4 segments. Please contact Ohio Department of Medicaid 50 W. Town St, Suite 400 Columbus, OH 43215
140	2300	HD	Health Coverage			
140	2300	HD01	Maintenance Type Code	001, 002, 021, 024, 025, 030		001 = Change 002 = Delete 021 = Addition 024 = Cancellation or Termination 025 = Reinstatement 030 = Audit or Compare **001**, **002**, **021**, **024** and **025** are used with the 834 change file. **030** is used with the monthly 834 full file.
141	2300	HD03	Insurance Line Code	HMO, AG, AH, AJ, AK, EPO, HLT, MM, PDG, POS, LTC, LTD		HMO = Health Maintenance Organization AG = Preventative Care/Wellness (for Special Conditions) AH = 24 Hour Care (for Waivers) AJ = Medicare Risk (for Medicare Part C) AK = Mental Health (for Specialized Recovery Services Program – SRSP, Assertive Community Treatment (ACT), Intensive Home Based Treatment (IHBT), and Behavioral Health Care Coordination (BHCC)) EPO = Exclusive Provider Organization (for Restricted Medicaid)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						HLT = Health (for Physician CSP), Comprehensive Addiction & Recovery Act (CARA) MM = Major Medical (for Patient Liability) PDG = Prescription Drug (for Pharmacy CSP) POS = Point of Service (for Money Follows Person) LTC = Long-Term Care (for Nursing Homes – both CRISE and MCP entered; also for Hospice Benefit Plan) LTD = Long-Term Disability (for SI)
141	2300	HD04	Plan Coverage Description			Used to provide additional information related to the coverage specified in HD03. See Appendix B for more information.
143	2300	DTP	Health Coverage Dates			This DTP segment is used to indicate date spans for HMO, Supplemental Income, Physician Coordinated Service Program, Pharmacy Coordinated Service Programs, Nursing Homes (both CRISE and MCP entered), Medicare Part C, Waivers, Special Conditions, Money Follows the Person, Patient Liability and Restricted Medicaid.
143	2300	DTP01	Date/Time Qualifier	348, 349		348 = Benefit Begin 349 = Benefit End
144	2300	DTP03	Date Time Period			Date specified by DTP01 When 2300:DTP01 = 348 and this is an MCP entered Nursing Home span: • 2300:HD04 = NH-MCP – DTP03 is the Threshold Date • 2300:HD04 = NH-MCADMIT – DTP03 is the Admission Date
145	2300	AMT	Health Coverage Policy			This AMT segment is used to indicate the amount for Patient Liability.
145	2300	AMT01	Amount Qualifier Code	D2		Deductible Amount
145	2300	AMT02	Monetary Amount			Patient Liability Amount
146	2300	REF	Health Coverage Policy Number			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
146	2300	REF01	Reference Identification Qualifier	1L		Group or Policy Number
147	2300	REF02	Reference Identification			Capitation Rate Indicator The indicator is a composite of the program, region, gender and age. "XXXXXXXXXX" occurs if there are timing issues with eligibility/demographic changes. IE will have 6 characters for the capitation rate indicator. For ICDS, the indicator will be 7 or 8 characters.
152	2310	LX	Provider information			Used for Physician Coordinated Service Program, Pharmacy Coordinated Service Programs, Assertive Community Treatment, Intensive Home Based Treatment, Nursing Homes (both CRISE and MCP entered), Behavioral Health Care Coordination, and Medicare Part C.
152	2310	LX01	Assigned Number	1		Single iteration of 2310 loop is used to send information about the provider.
153	2310	NM1	Provider Name			Used for Physician Coordinated Service Program, Pharmacy Coordinated Service Programs, Assertive Community Treatment, Intensive Home Based Treatment, Nursing Homes (both CRISE and MCP entered), Behavioral Health Care Coordination, and Medicare Part C.
153	2310	NM101	Entity Identifier Code	FA		Facility
154	2310	NM102	Entity Type qualifier	2		Non-Person Entity (NM103 contains the name of the entity)
155	2310	NM108	Identification Code qualifier	XX, SV		XX = National Provider Identifier (provided in NM109) SV = Service Provider Number (provided in NM109)
155	2310	NM109	Identification Code			When NM108 = XX, this is the NPI used for Physician CSP, Pharmacy CSP, ACT, IHBT, Nursing Homes, and BHCC. When NM108 = SV, this is the Medicaid Provider ID (No NPI available) used for Physician CSP, Pharmacy CSP, ACT, IHBT, Nursing Homes, and BHCC or the H Number (Medicare Part C).

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
155	2310	NM110	Entity Relationship Code	25		Established Patient
159	2310	PER	Provider Communication Numbers			
160	2310	PER03	Communication Number Qualifier	TE		Telephone
160	2310	PER04	Communication Number			Provider's Telephone Number
164	2320	COB	Coordination of Benefits			
164	2320	COB01	Payer Responsibility Sequence Number Code	P		Primary
164	2320	COB03	Coordination of Benefits Code	1		Coordination of Benefits
166	2320	REF	Additional Coordination of Benefits Identifiers			
166	2320	REF01	Reference Identification Qualifier	6P, SY		6P = Group Number SY = Social Security
167	2320	REF02	Reference Identification			Value based on code entered in REF01
169	2330	NM1	Coordination of Benefits Related Entity			
169	2330	NM101	Entity Identifier Code	IN		Insurer (NM103 contains the name of the insurer)
178	2750	N1	Reporting Category			
178	2750	N102	Member Reporting Category Name	LIVING ARRANGEMENT PREGNANT		Different reporting categories
179	2750	REF	Reporting Category Reference			
179	2750	REF01	Reference Identification Qualifier	LU ZZ		LU = Living Arrangement ZZ = Mutually Defined - used for reporting pregnancies.
180	2750	REF02	Member Reporting Category Reference ID	Two-character Living Arrangement Code ESTIMATED DUE DATE		For **reporting living arrangements**, this is the two-character living arrangement code. See Appendix C for the entire list of codes and their description. For **reporting pregnancies**, this element contains one of these three values – ESTIMATED DUE DATE, END DATE or NO DATE AVAILABLE.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
				END DATE		
				NO DATE AVAILABLE		
181	2750	DTP	Reporting Category Dates			
181	2750	DTP01	Date/Time Qualifier	007		Effective
182	2750	DTP03	Member Reporting Category Effective Dates			For **reporting living arrangements**, this element contains the Start and End Dates of Living Arrangement. When DTP02 = D8, DTP03 contains the start date in the format CCYYMMDD. When DTP02 = RD8, both start and end dates are present in the format CCYYMMDD-CCYYMMDD. For **reporting pregnancies**, this is either the ESTIMATED DUE DATE or the END DATE based on the REF segment in this loop.

APPENDICES

A. Assignment Reason Codes

INS04 Value	Assignment Reason
Add	**(Start) Assignment Reason**
28	Member added due to Auto-Enrollment in MITS: Member enrolled with same MCP for next effective month when same MCP is within the previous 3 months. (ABD, MAGI or MyCare Ohio) Member is newborn and enrolled from date of birth on Mother's MCP. (ABD, MAGI) Member is added for the next month to same MCP as case members. (ABD, MAGI)
14	Member was assigned an MCP by enrollment broker since member did not voluntarily select. (ABD, MAGI or MyCare Ohio)
15	Member enrollment addition performed by ODM managed care staff. (ABD, MAGI or MyCare Ohio)
16	Member selected their MCP through the enrollment broker (ABD, MAGI or MyCare Ohio) or ODM managed care staff added a MyCare Ohio enrollment that needed to send a DTR to CMS.
17	Member is retroactively re-enrolled by MITS for up to 3 months due to restoration of retroactive eligibility and/or managed care enrollment criteria. (ABD, MAGI or MyCare Ohio)
AJ	Member has been assigned effective the first day of the current month per Managed Care Day 1 rules. (ABD or MAGI)
Change & Delete	**(Stop) Assignment Reason**
1	Member lost Medicaid eligibility due to not completing reapplication (ABD, MAGI). Member is no longer Medicaid eligible. (MyCare Ohio)
2	Member has a Nursing Facility (NF), Individual w/Intellectual Disability (IID), or Home and Community-Based (HCBS) Waiver Level of Care. (MyCare Ohio)
3	Member has a Date of Death. (ABD, MAGI or MyCare Ohio)
5	Member's 12-digit billing ID is not active. Sometimes referenced by ODM staff as a "Secondary" ID. (ABD, MAGI or MyCare Ohio)
6	Member disenrollment action performed by ODM managed care staff. (ABD, MAGI or MyCare Ohio)
7	Member is no longer Medicaid eligible. (ABD, MAGI or MyCare Ohio)
9	Member is incarcerated. (ABD, MAGI or MyCare Ohio)
10	Member no longer resides in the MCP's service area i.e. the consumer moved outside of Ohio (ABD, MAGI). Member no longer resides in the MCOP's service area. (MyCare Ohio)
11	Member is exempt from managed care enrollment due to an ODM Just Cause Determination. (ABD, MAGI or MyCare Ohio)
18	Member has voluntarily changed managed care plan. (ABD, MAGI or MyCare Ohio)
29	Member is enrolled in the PACE program (MyCare Ohio only) or action by ODM staff on ABD/MAGI member. ABD/MAGI member enrolled in PACE prospectively will disenroll with reason AA.
37	Member has an invalid living arrangement code for Managed Care. (ABD, MAGI or MyCare Ohio)
38	Member has a special condition that excludes them from managed care enrollment. (ABD, MAGI or MyCare Ohio)
40	Member has Medicaid aid category, which is not eligible for their managed care program. (ABD, MAGI or MyCare Ohio)
43	Member lost Medicare A and/or B (MyCare Ohio)
AA	Member has a benefit plan which is mutually exclusive for managed care enrollment. An example is the PACE program. You cannot be enrolled in PACE & Managed Care (ABD, MAGI or MyCare Ohio)
AD	Medicaid Aid Category is appropriate for managed care but member's age is invalid. For example, a person 75 years old on extension. This prevents determination of capitation rate cell. Capitation payment cannot be made or is made incorrectly. (MyCare Ohio/MAGI Extension).
EC	Member has Third Party Liability coverage (MyCare Ohio only)
XT	Member is enrolled in Medicare Part A and/or Medicare Part B. (ABD, MAGI)
System	**Assignment Reason**
25	System default value for 001 - Change transactions. Signifies change in identifying data elements

INS04 Value	Assignment Reason
AI	System default assignment reason code. MCP will receive when a reason not listed above is used by the system. Please contact ODM if you receive this dis-enrollment reason. (ABD, MAGI or MyCare Ohio)
XN	System default assignment reason code that is sent ONLY on the HIPAA 834 Full file. (ABD, MAGI or MyCare Ohio)

B. HD04 Code List

Coverage	HD04	Description
Assertive Community Treatment	ACT	ASSERTIVE COMMUNITY TREATMENT
Behavioral Health Care Coordination	BH-SUD	BEHAVIORAL HEALTH – SUBSTANCE USE DISORDERS
	BH-SPMI	BEHAVIORAL HEALTH – SERIOUS AND PERSISTENT MENTAL ILLNESS
Comprehensive Addiction & Recovery Act	CARA	COMPREHENSIVE ADDICTION & RECOVERY ACT
Hospice	HSBP	HOSPICE BENEFIT PLAN
Intensive Home Based Treatment	IHBT	INTENSIVE HOME BASED TREATMENT
Medicare Part C	MEDICARE-C	MEDICARE PART C
Money Follows Person	MFP-N	MONEY FOLLOWS PERSON - NO
	MFP-Y	MONEY FOLLOWS PERSON - YES
Nursing Homes	NH-CRISE	CRISE NURSING SPAN
	NH-MCP	MCP ENTERED NURSING SPAN
	NH-MCADMIT	MCP ENTERED NURSING SPAN BASED ON ADMISSION DATE
Patient Liability	PL-F	PACE – NF
	PL-C	PACE - COMMUNITY
	PL-G	PRO-RATED PACE COMMUNITY
	PL-H	HOSPITAL
	PL-I	PRO-RATED HOSPITAL
	PL-N	LTCF
	PL-R	PRO-RATED LTCF
	PL-W	WAIVER
	PL-P	PRO-RATED WAIVER
Special Conditions – EXM (Exclude from Managed Care)	951	EXCLUDE SHARED DEMOGRAPHIC DATA
	AGE	AGE NOT VALID FOR AID CATEGORY
	BCM	BUREAU FOR CHILDREN WITH MEDICAL HANDICAPS
	CIC	CHILD IN CUSTODY
	DDR	DISABILITY DETERMINATION REDESIGN
	DDW	DDW-DEVELOPMENTAL DISABILITIES WAIVER ENROLLEE
	DEF	INPATIENT DEFERMENT
	DOD	DATE OF DEATH
	DVS	DEATH RECORD FROM VITAL STATISTICS
	E01	EXEMPT/EXCLUDE FROM MANAGED CARE ENROLLMENT
	ELG	INELIG CORRECTION - SEPT. 2012
	GHO	BENEFICIARY GROUP HEALTH ORGANIZATION - MYCARE OHIO
	IAH	INDEPENDENCE AT HOME DEMONSTRATION - MYCARE OHIO
	IDD	IDD DIAGNOSIS
	INC	INCARCERATION
	IVE	TITLE IV-E
	JC	JUST CAUSE EXEMPTION OR CHANGE

Coverage	HD04	Description
	LIS	LOW INCOME SUBSIDY - MYCARE OHIO
	MUL	MULTIPLE ID EXCLUDE
	N4E	OHIO BENEFITS FOSTER/ADOPT
	NUR	NURSING HOME FACILITY
	OAC	OAC RULES EXEMPTION-(ABD UNDER 21; INDIAN TRIBE; INSTITUTIONALIZED; ET AL.)
	PBP	PLAN BENEFIT PACKAGE NUMBER - MYCARE OHIO
	RDS	RETIREE DRUG SUBSIDY - MYCARE OHIO
Special Conditions – Informational Type	CC1	BCMH MEMBER
	CC2	BCMH SERVICE COORDINATION
	I01	INFORMATIONAL ONLY
	IMD	IMD EXTENDED STAY
	O42	OPT-OUT - UNSOLICITED OPT-OUT
	O51	OPT OUT - UNSOLICITED CMS DISENROLLMENT
	O54	OPT OUT - UNSOLICITED DISENROLLMENT
	OOD	OPT OUT BY DTRR
	OOH	OPT OUT BY HOTLINE
	OOM	OPT OUT BY CMS (is being replaced with O42 and O54)
	OOR	OPT OUT BY RETRO REENROLLMENT.
	OOV	OPT OUT - MEDICAID ONLY PASSIVE ENROLLMENT
	PRE	PRE-RELEASE
Specialized Recovery Services Program	SRSP	SPECIALIZED RECOVERY SERVICES PROGRAM
Supplemental Income	SI-UNE	SUPPLEMENTAL INCOME
Waivers	WVR-A1	A1 – OHIO HOME CARE
	WVR-A4	A4 – TRANSITIONS CARVE-OUT
	WVR-A	A – PASSPORT
	WVR-9	9 – CHOICES
	WVR-P3	P3 – ASSISTED LIVING
	WVR-ICDS	ICDS WAIVER
	WVR-10	10 – SELF WAIVER
	WVR-P	P – TRANSITIONS DD WAIVER
	WVR-B	B – INDIVIDUAL OPTIONS WAIVER
	WVR-0	0 – LEVEL ONE WAIVER

C. Living Arrangement Codes

Code	Description
01	INDEPENDENT (HOME/APART/TRLR)
02	PUBLIC INSTITUTION
03	REST HOME
04	BOARDING HOME
05	HOME OF ANOTHER(1/3 REDUCTION)
06	FOSTER FAMILY HOME
07	ADULT FAMILY HOME
09	NURSING HOME/GROUP HOME
10	NURSING HOME (LTCF)
11	GROUP HOME
12	BATTERED WOMAN SHELTER
13	HOMELESS
15	SPONSOR LIVING IN HOME
16	SPONSOR NOT LIVING IN HOME
17	SPONSOR SPOUSE IN HOME

Code	Description
18	SPONSOR SPOUSE NOT IN HOME
19	MENTAL INSTITUTION (MRDD)
20	MENTAL HEALTH CENTER
21	DRUG ALCOHOL TREATMENT CENTER
22	DEATH
23	LIVE-IN ATTENDANT
24	UNDER 21 YEARS, IN CUSTODY
25	SHELTER
26	HOSPITAL - OVER 30 DAYS
27	ADULT FOSTER HOME
28	ODADAS RESIDENTIAL FACILITY
29	ADULT COMMUNITY ALTERNATIVE
30	ADULT RESIDENTIAL FACILITY
31	ADULT MENTAL HEALTH HOUSING
32	PRISON NURSERY PROGRAM
33	TEMP ABSENT CHILD (PCSA)
DF	DETENTION FACILITY
EC	EMERGENCY CARE
EF	EMERGENCY SHELTER CARE FACILITY
HA	HOSPITAL ADMISSION
HS	HISTORICAL IV-E SERVICE
IL	INDEPENDENT LIVING
IP	INPATIENT PSYCHIATRIC
KC	KINSHIP CARE
NH	NURSING HOME
NS	NON REIMBURSABLE SERVICE
PH	PRE-ADOPTIVE INFANT HOME
S1	NON-INSTITUTION
S3	COUNTY HOME
S4	VENDOR PAY NURSING HOME
S9	REST HOME
SA	EMERGENCY FOSTER CARE
SB	TREATMENT FOSTER HOME
SC	CHILDREN'S RESIDENTIAL CENTER
SD	CHILDREN'S RESIDENTIAL CENTER - PUBLIC
SE	GROUP HOME
SF	FAMILY FOSTER HOME
SG	MEDICALLY FRAGILE FOSTER HOME
SH	TREATMENT FOSTER HOME SPECIAL NEEDS
SI	TREATMENT FOSTER HOME EXCEPTIONAL
SJ	GROUP HOME - PUBLIC
SK	FOSTER CARE-RELATIVE'S HOME
SL	RESIDENTIAL PARENTING HOME
SM	HOME
SN	H/HA PROJECT
SO	ADC-MED UNDER 21 RECEIVING GA
SP	PFFC-PURCHASED FAMILY FOSTER CARE
SR	CUBAN OR HAITIAN RRP
TV	TRIAL HOME VISIT
UF	UNLICENSED FACILITY

D. X12 Segments Used

Loop	Segment	Name	Ohio Specific Guidance
	ISA	Interchange Control Header	**Yes**
	GS	Functional Group Header	**Yes**
	ST	Transaction Set Header	**Yes**

Loop	Segment	Name	Ohio Specific Guidance
	BGN	Beginning Segment	**Yes**
	REF	Transaction Set Policy Number	**Yes**
	DTP	File Effective Date	**Yes**
1000A	N1	Sponsor Name	**Yes**
1000B	N1	Payer	**Yes**
2000	INS	Member Level Detail	**Yes**
2000	REF	Subscriber Identifier	**Yes**
2000	REF	Member Supplemental Identifier	**Yes**
2000	DTP	Member Level Dates	**Yes**
2100A	NM1	Member Name	**Yes**
2100A	PER	Member Communications Numbers	**Yes**
2100A	N3	Member Residence Street Address	**No**
2100A	N4	Member City, State, Zip Code	**Yes**
2100A	DMG	Member Demographics	**Yes**
2100A	LUI	Member Language	**Yes**
2100B	NM1	Incorrect Member Name	**Yes**
2100B	DMG	Incorrect Member Demographics	**No**
2100C	NM1	Member Mailing Address	**No**
2100C	N3	Member Mail Street Address	**No**
2100C	N4	Member Mail City, State, Zip Code	**No**
2100G	NM1	Responsible Person	**Yes**
2100G	PER	Responsible Person Communications Numbers	**Yes**
2100G	N3	Responsible Person Street Address	**No**
2100G	N4	Responsible Person City, State, Zip Code	**Yes**
2300	HD	Health Coverage	**Yes**
2300	DTP	Health Coverage Dates	**Yes**
2300	AMT	Health Coverage Policy	**Yes**
2300	REF	Health Coverage Policy Number	**Yes**
2300	LX	Provider Information	**Yes**
2310	NM1	Provider Name	**Yes**
2310	PER	Provider Communications Numbers	**Yes**
2320	COB	Coordination of Benefits	**Yes**
2320	REF	Additional Coordination of Benefits Identifiers	**Yes**
2320	DTP	Coordination of Benefits Eligibility Dates	**No**
2330	NM1	Coordination of Benefits Related Entity	**Yes**
2330	N3	Coordination of Benefits Related Entity Address	**No**
2330	N4	Coordination of Benefits Other Insurance Company City, State, Zip Code	**No**
2330	PER	Administration Communications Contact	**No**
2700	LS	Additional Reporting Categories	**No**
2710	LX	Member Reporting Categories	**No**
2750	N1	Reporting Category	**Yes**
2750	REF	Reporting Category Reference	**Yes**
2750	DTP	Reporting Category Date	**Yes**
2700	LE	Additional Reporting Categories Loop Termination	**No**
	SE	Transaction Set Trailer	**Yes**
	GE	Functional Group Trailer	**Yes**
	IEA	Interchange Control Trailer	**Yes**

*NOTE: Ohio Medicaid sends the segments listed above on the 834. For segments where additional notes are provided in this Companion Guide, the **Ohio Specific Guidance** column indicates "**Yes**". For all other segments, there are no additional notes provided. In such cases, this column indicates "**No**" and the details are in **blue** color.*

E. Implementation Checklist

See Trading Partner Information Guide found here: http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx.

F. Frequently Asked Questions

See Trading Partner Information Guide found here: http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx.