MMIS Replacement Project (MRP)

Benefit Enrollment and Maintenance (834) Transaction
Standard Companion Guide

Companion to Benefit Enrollment and Maintenance
ASC X12N 834 005010X220
Implementation Guide

April 2023

Version 1.1

Disclosure Statement

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Preface

This Companion Guide to the Benefit Enrollment and Maintenance (834) adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with the State of Mississippi, Division of Medicaid (DOM). Transmissions based on this Companion Guide, used in tandem with the **ASC X12N 834 005010X220 Implementation Guide and the associated addendum 005010X220A1**, 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 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 Implementation Guides.

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1. Introduction

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 (DHHS) 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 transaction standards enabling the electronic exchange of health information and to adopt specifications for implementing each standard. HIPAA intends to:

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

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into trading partner agreements 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 specification or are not in the standard’s implementation specifications
- Change the meaning or intent of the standards implementation specifications

1.1. Scope

The Companion Guide is to be used with and supplement the requirements in the HIPAA Accredited Standards Committee (ASC) X12 Implementation Guides. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion Guide is to provide trading partners with a guide to communicate Mississippi Division of Medicaid (MS DOM) specific information required to successfully exchange transactions.

The Companion Guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claim status request and response transactions to MS DOM.

1.2. Overview

This section of the Companion Guide will provide guidance for establishing a relationship with Mississippi DOM for the business purpose of exchanging the Benefit Enrollment and Maintenance (834) transaction.

1.3. References

This section specifies additional on-line sources of helpful information related to electronic data interchange and X12 transactions.

- Workgroup for Electronic Data Interchange (WEDI) – http://www.wedi.org
- United States Department of Health and Human Services (DHHS) – http://aspe.hhs.gov/
- Centers for Medicare and Medicaid Services (CMS) – http://www.cms.gov/
- Designated Standard Maintenance Organizations (DSMO) – http://www.hipaa-dsmo.org/
- National Council of Prescription Drug Programs (NCPDP) – http://www.ncpdp.org/

- National Uniform Billing Committee (NUBC) – http://www.nubc.org/
- Washington Publishing Company (WPC) at http://wpc-edi.com/
- Accredited Standards Committee (ASC X12) – http://www.x12.org/
- Affordable Care Act (ACA) Section 1104 information is at the CMS website. For information on ACA Administrative Simplification information follow this link: https://www.cms.gov/regulations-and-guidance/HIPAA-Administrative-Simplification/affordable-care-act/operatingrulesforHIPAATransactions.html

1.4. Additional Information

It is assumed that the trading partner has purchased and is familiar with the ASC X12 Type 3 Technical Report (TR3) being referenced in this Companion Guide. TR3s can be purchased from the ASC X12 store at http://store.x12.org/store/.

2. Getting Started

2.1. Working with Mississippi DOM

The Electronic Data Interchange (EDI) Department is available to assist trading partners when questions arise. See Section 5 for details.

2.2. Trading Partner Registration

Trading Partner registration is completed through the secure provider portal. All required fields must be completed, and an electronic signature must be included.

2.3. Certification and Testing Overview

All covered entities who submit electronic transactions are required to certify. This includes Clearing houses, Software Vendors, Provider Groups, and Coordinated Care Organizations (CCOs). Such agencies certify users who submit transactions through them on their behalf. Users who submit transactions directly must be certified. Users who submit transactions through CCOs should receive certification requirement information from the CCO.

3. Testing with the Payer

Testing is not required for Benefit Enrollment and Maintenance (834).

4. Connectivity with the Payer/Communications

Users can register to access the provider portal in order to upload EDI files.

To register/logon to the provider portal, visit: Mississippi Medical Assistance Portal for Providers > Home (msxix.net).

Submission of EDI Transactions via MOVEit, go to: Mississippi Replacement Project (msxix.net)

4.1. Passwords

Passwords are provided during initial enrollment and can be reset by contacting Provider Relations – Electronic Claims Submission (ECS) Department at 1 800-884-3222. These passwords may not be shared.

5. Contact Information

In an effort to assist the community with their electronic data exchange needs, MS DOM has the following options available for either contacting a help desk or referencing a website for further assistance:

- For general information go to Mississippi DOM Website: EDI Technical Documents | Mississippi Division of Medicaid (ms.gov)
- For EDI Services (technical, enrollment, or setup questions):
  - E-mail: MS_EDI_Helpdesk@gainwelltechnologies.com
  - Telephone: 1 800-884-3222
  - Hours are Monday through Friday from 08:00 AM to 05:00 PM CST.

6. Payer Specific Business Rules and Limitations

Payer specific business rule information regarding MS DOM can be found at the “For Our Providers” webpage on the MS DOM website, , Providers | Mississippi Division of Medicaid (ms.gov).

7. Acknowledgements and/or Reports

No acknowledgements are expected for the 834 transactions.

8. Trading Partner Agreements

An Electronic Data Interchange (EDI) Trading Partner is defined as any MS DOM customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to or receives electronic data from MS DOM.

Payers have EDI Trading Partner Agreements (TPAs) that accompany the standard Implementation Guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

9. Transaction-Specific Information

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA are detailed in a table. The tables contain a row for each segment that has additional information MS DOM provides that 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 MS DOM

In addition to the row for each segment, one or more additional rows are used to describe Mississippi DOM 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.

All Mississippi DOM clients are considered “subscribers”, so they all have individual loops. See the Implementation Guide for additional information.

9.1. Naming Your Files

When downloading batch files, the submitter files will be in the following format, example 820, 834, 835, TA1, 999:

- TP01234567_YYYYJJJ_(9 digit sequence).820
- TP01234567_YYYYJJJ_(9 digit sequence).834
- TP01234567_YYYYJJJ_(9 digit sequence).835
- TP01234567_YYYYJJJ_(9 digit sequence).TA1
- TP01234567_YYYYJJJ_(9 digit sequence).999
  *Where YYYYJJJ is the 4-digit year and 3-digit Julian day.

10. Conventions

Most of the companion guide is in table format (see example below). Only loops, elements, or segments with clarifications or comments are listed. For further information, please see the TR3 for each transaction.

Table 1. Conventions Sample

Loop ID	Segment/ Element Reference	Loop Name	Codes	Notes/Comments
	834	**Benefit Enrollment and Maintenance (834)**		
	BGN	**Beginning Segment**		
	BGN02	Transaction Set Reference Number		***Unique Value that is System Generated based on file type (Daily, Monthly, Quarterly, etc.) and submission date.***
	BGN08	Action Code	2, 4, RX	2 – Change 4 - Verify RX – Replace
1000A	**N1**	**Sponsor Name**		
	N102	Plan Sponsor Name	MISSISSIPPI DIVISION OF MEDICAID	
	N103	Identification Code Qualifier	FI	FI - Federal Taxpayer ID
	N104	Sponsor Identifier	640476393	Mississippi Division of Medicaid Tax ID

Table 2. Conventions Fields

Column Name	Description
Loop ID	Loop, header, or trailer.
Segment/Element Reference	Segment or Element ID.

Column Name	Description
Loop Name	Name of Loop, header, or trailer.
Codes	Code values.
Note/Comments	Comments or clarifications for Mississippi DOM. Values, data length, and repeats are also listed here. Clarifications in field length only indicate what Mississippi DOM uses or returns to process the transaction. MS DOM still accepts the minimum and maximum field lengths required by the Technical Report Type 3 (TR3) for each element.

10.1. Transaction 834, Health Care Claim: Benefit Enrollment and Maintenance

Table 3. Benefit Enrollment and Maintenance (834)

Loop ID	Reference	Name	Codes	Notes/Comments
	834	**Benefit Enrollment and Maintenance (834)**		
	ISA	**Interchange Control Header**		
	ISA01	Authorization Information Qualifier	00	00 - No Authorization Information Present
	ISA03	Security Information Qualifier	00	00 - No Authorization Information Present
	ISA05	Interchange ID Qualifier	ZZ	ZZ – Mutually Defined
	ISA06	Interchange Sender ID	77032	
	ISA07	Interchange ID Qualifier	ZZ	ZZ – Mutually Defined
	ISA08	Interchange Receiver ID	TP000169 TP000172 TP000173 TP000174 TP000175 or Trading Partner ID	**For MSCAN** Magnolia the Field would be populated with ‘TP000169’ UHC the Field would be populated with ‘TP000174’ Molina the Field would be populated with ‘TP000172' **For MSCHIP** UHC the Field would be populated with ‘TP000175’ Molina the Field would be populated with ‘TP000173’ **All Others** – Gainwell Technologies Electronic Transaction Identification Number (ETIN) to the submitter is expected in this data element. This is the same as your Trading Partner ID
	ISA11	Repetition Separator	^	Caret
	ISA12	Interchange Control Version Number	00501	

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA15	Interchange Usage Indicator		***Refer to TR3***
	ISA16	Component Element Separator	:	Colon
	GS	**Functional Group Header**		
	GS01	Functional Identifier Code	BE	BE - Benefit Enrollment and Maintenance
	GS02	Application Sender's Code	77032	Value should equal ISA06.
	GS03	Application Receiver's Code	TP000169 TP000172 TP000173 TP000174 TP000175 or Trading Partner ID	Value should equal ISA08.
	GS07	Responsible Agency Code	X	
	GS08	Version / Release / Industry / Identifier Code	005010X220A1	
	ST	**Transaction Set Header**		
	ST01	Transaction Set Identifier Code	834	834 – Benefit Enrollment and Maintenance
	ST03	Implementation Convention Reference	005010X220A1	
	BGN	**Beginning Segment**		
	BGN02	Transaction Set Reference Number		***Unique Value that is System Generated based on file type (Daily, Monthly, Quarterly, etc.) and submission date.***
	BGN08	Action Code	2, 4, RX	2 – Change 4 - Verify RX – Replace
	REF	**Transaction Set Policy Number**		
	REF02	Master Policy Number		As reported unless CCO, Medicaid Provider Number from the CCO's Provider Record.
	DTP	**File Effective Date**		
	DTP01	Date Time Qualifier	382	382 - Enrollment
	DTP02	Date Time Period	D8	D8 - Date expressed in format CCYYMMDD
	DTP03	File Effective Date		
	QTY	**Transaction Set Control Totals**		

Loop ID	Reference	Name	Codes	Notes/Comments
	QTY01	Quantity Qualifier	TO	TO - Total
	QTY02	Record Totals		***Refer to TR3***
1000A	**N1**	**Sponsor Name**		
	N101	Entity Identifier Code	P5	P5 - Sponsor
	N102	Plan Sponsor Name	MISSISSIPPI DIVISION OF MEDICAID	
	N103	Identification Code Qualifier	FI	FI - Federal Taxpayer ID
	N104	Sponsor Identifier	640476393	Mississippi Division of Medicaid Tax ID
1000B	**N1**	**Payer**		
	N101	Entity Identifier Code	IN	IN – Insurer
	N102	Insurer Name		As reported unless CCO, Medicaid Provider Name from the CCO's Provider Record.
	N103	Identification Code Qualifier	FI	FI - Federal Taxpayer ID
	N104	Insurer Identification Code		As reported unless CCO, Federal Taxpayer's Identification Number from the CCO's Provider Record.
2000	**INS**	**Member Level Detail**		
	INS01	Member Indicator	Y – Yes	Y – Yes
	INS02	Individual Relationship Code	18	18 – Self
	INS03	Maintenance Type Code	001, 021, 024, 025, 030	001 – Change 021 – Addition 024 – Cancellation or Termination 025 – Reinstatement 030 – Audit or Compare
	INS04	Maintenance Reason Code	**03, 07,14, 15, 21, 22, 25, 28, 33, 41. 43, XT**	**03 – Death** **07 – Termination of Benefits** **14 – Voluntary Withdrawal** **15 – PCP (Primary Care Provider)** **21 – Disability** **22 – Plan Change** **25 – Change in Identifying Elements (Name, DOB, Gender, SSN)** **28 – Initial Enrollment** **33 – Personal Data (Rate Cell)** **41 – Re-enrollment** **43 – Change of Location** **XT - Transfer**

Loop ID	Reference	Name	Codes	Notes/Comments
				Also Refer to Appendix A – Cross-walk between the Stop Reason Codes and Descriptions and Maintenance Reason Codes, Page 17
	INS05	Benefit Status Code	A	A – Active
	INS08	Employment Status Code	FT, TE	FT – Full-time TE – Terminated
	INS10	Handicap Indicator	N, Y	For MSCAN ONLY: N – No (Beneficiary is not Aged/Blind/Disabled) Y – Yes (Beneficiary is Aged/Blind/Disabled)
	REF	**Subscriber Identifier**		
	REF01	Reference Identification Qualifier	0F	0F – Subscriber Number
	REF02	Subscriber Identifier		Value is Beneficiary Medicaid ID.
	REF	**Member Policy Number**		
	REF01	Reference Identification Qualifier	1L	1L – Group or Policy Number
	REF02	Member Group or Policy Number		Value is Beneficiary Medicaid ID.
	REF	**Member Supplemental Identifier**		
	REF01	Reference Identification Qualifier	17, 3H, 6O, Q4, ZZ	17 - Client Reporting Category 3H - Case Number 6O - Cross Reference Number Q4 - Prior Identifier Number ZZ - Mutually Defined
	REF02	Member Supplemental Identifier		This field is populated with Category of Eligibility/Pregnancy Indicator/Hospice Indicator/Auto-Enrolled Indicator/Court Code/DHS/CaseID/Money Pay Code/Case ID in the format XXXABCCDENNNNNNNNNF • XXX is the Category of Eligibility • A is Pregnancy Indicator (defaults to ‘X’ else ‘Y’ if pregnant) • B is Hospice Indicator (Y/N) • CC is Auto-Enrolled Indicator (2-Character start reason) • D is Court Code (defaults to ‘X’ else ‘Y’ if member has a court order) • E is DHS Indicator (defaults to a space character unless Monthly and Foster Care then returns ‘Y”)

Loop ID	Reference	Name	Codes	Notes/Comments
				• N is 9-digit Case Number, else defaults to 9 zeroes • F is Money Pay Code (MPC) **Data Value Examples:** 071XNAKX 9035363220 099XNAKX 350149708 099XN X 150185084 072XN X 8505471570 COE Code values used: • 001 - SSI - Individual • 003 - Foster Care Children • 005 – SSI – in Institution • 019 - Disabled Child Living at Home • 025 - Working Disabled • 026 - Foster Care Children • 027 - Breast and Cervical Cancer • 071 - Newborn 0-1 (<194 % FPL) • 072 - Children ages 1-5 • 073 - Children ages 6-19 • 074 - Quasi-CHIP ages 6-19 • 075 - Parents/Caretakers of Minors • 088 - Pregnant Women • 099 - CHIP Auto-Enrolled Code values used: • AA – Auto Enrollment by Default • AD – Auto Enrollment DOS • AI – Auto Enrollment ICN • AK – Auto Enrollment by Case • AL – Auto Enrollment Claim Count • AR – Auto Enrollment Re-Instate • AT – Auto Enrollment Mass Transfer Choice-Enrolled Code values used: • AE – Admin-Assignment (Managed Care Operation’s choice) • CE – Client-Choice (Manual initial enrollment from Member’s choice)

Loop ID	Reference	Name	Codes	Notes/Comments
				Money Pay Code values used: • 0 – Not receiving cash assistance • 1 – Receiving cash assistance • 2 – CWS foster care • 3 – IV-E foster care • 4 - IV-E adoption assistance • 5 – CWS adoption assistance For MSCAN CCOs - F=Money Pay Code (MPC) Sending '0' through '5' For MSCHIP CCOs – Field will be a space character.
	DTP	**Member Level Dates**		
	DTP01	Date Time Qualifier	303, 356, 357, 473, 474	303 - Maintenance Effective Date 356 - Eligibility Begin 357 – Eligibility End (ONLY when not open-ended, i.e., 22991231) 473 - Medicaid Begin 474 - Medicaid End (ONLY when not open-ended, i.e., 22991231)
	DTP02	Date Time Period Format Qualifier	D8	D8 – CCYYMMDD
	DTP03	Status Information Effective Date		This date reflects that the Client is eligible and enrolled in the specified program for the reporting period.
2100A	**NM**	**Member Name**		
	NM101	Entity Identifier Code	74, IL	74 – Corrected Insured IL – Insured or Subscriber
	NM102	Entity Type Qualifier	1	1 – Person
	NM103	Member Last Name		***Refer to TR3***
	NM104	Member First Name		***Refer to TR3***
	NM105	Member Middle Name or Initial		***Refer to TR3***
	NM108	Identification Code Qualifier	34	34 - Social Security Number
	NM109	Member Identifier		In the case where no SSN is available, receive 000000000.
	PER	**Member Communication Number**		
	PER01	Contact Function Code	IP	IP – Insured Party
	PER03 PER05	Communication Number Qualifier	HP, TE	HP – Home Phone Number TE - Telephone

Loop ID	Reference	Name	Codes	Notes/Comments
				For MSCHIP - UHC the Field would be populated with "HP' and 'TE' for other CCOs For MSCAN CCOs – Field would be populated with 'TE'
	PER04 PER06	Communication Number		***Refer to TR3***
	N3	**Member Residence Street Address**		**Required**
	N4	**Member Residence City, State, Zip Code**		**Required**
	N405	Location Qualifier	CY	CY - County/Parish
	ICM	**Member Income**		
	ICM01	Frequency Code	U	U – Unknown
	ICM02	Wage Amount	0	0
	ICM05	Salary Grade Code		For MSCHIP ONLY: Member Poverty Level or FPL (A, B or C)
	LUI	**Member Language**		
	LUI01	Identification Code Qualifier	LE	LE - ISO 639 Language Codes
	LUI03	Language Description		Value is CCO enrollment application Beneficiary Handwritten Language in "other' field.
2100F	**NM**	**Custodial Parent**		
	NM101	Entity Identifier Code	S3	S3 – Custodial Parent
	NM102	Entity Type Qualifier	1	1 – Person
	NM103	Custodial Parent Last Name		***Refer to TR3*** ***If no name given, default value as "UNKNOWN"***
	NM104	Custodial Parent First Name		***Refer to TR3***
	NM105	Custodial Parent Middle Name		***Refer to TR3***
	NM107	Custodial Parent Name Suffix		***Refer to TR3***
2100G	**NM**	**Responsible Person**		
	NM101	Entity Identifier Code	QD	QD – Responsible Party
	NM102	Entity Type Qualifier	1	1 – Person
	NM103	Responsible Party Last or Organization Name		***Refer to TR3***
	NM104	Responsible Party First Name		***Refer to TR3***
	NM105	Responsible Party Middle Name		***Refer to TR3***

Loop ID	Reference	Name	Codes	Notes/Comments
	NM107	Responsible Party Name Suffix		***Refer to TR3***
	PER	**Responsible Person Communication Number**		
	PER01	Contact Function Code	RP	RP – Responsible Person
	PER03 PER05 PER07	Communication Number Qualifier	TE	TE – Telephone
	PER04 PER06	Communication Number		
	N3	**Responsible Person Street Address**		**Required**
	N4	**Responsible Person City, State, Zip Code**		**Required**
2200	**DSB**	**Disability Information**		
	DSB01	Disability Type Code	1, 2	1 - Short Term Disability 2 - Long Term Disability For SED/MYPAC field should be populated with '1 Short Term Disability' For 'PRTF' field should be populated with '2 Long Term Disability'.
	DTP	**Disability Eligibility Dates**		
	DTP01	Date Time Qualifier	360, 361	360 – Initial Disability Period Start 361 – Initial Disability Period End
	DTP02	Date Time Period Format Qualifier	D8	D8 - Date expressed in format CCYYMMDD
	DTP03	Disability Date		***Refer to TR3***
2300	**HD**	**Health Coverage**		
	HD01	Maintenance Type Code	001, 002, 021, 024, 025, 026, 030, 032	001 - Change 002 - Delete 021 - Additions 024 - Cancellation or Termination 025 - Reinstatement 026 - Correction 030 – Audit or Compare 032 – Employee Information Not Applicable
	HD03	Insurance Line Code	AG, AH, AJ, AK, DCP, DEN, EPO, FAC, HE, HLT, HMO, LTC, LTD, MM, MOD, PDG,	AG – Preventative Care/Wellness AH – 24 Hour Care AJ – Medicare Risk AK – Mental Health DCP – Dental Capitation

Loop ID	Reference	Name	Codes	Notes/Comments
			POS, PPO, PRA, STD, UR, VIS	DEN – Dental EPO – Exclusive Provider Organization FAC – Facility HE – Hearing HLT – Health HMO – Health Maintenance Organization LTC – Long-Term Care LTD – Long-Term Disability MM – Major Medical MOD – Mail Order Drug PDG – Prescription Drug POS – Point of Service PPO – Preferred Provider Organization PRA – Practitioners STD – Short-Term Disability UR – Utilization Review VIS - Vision For MSCHIP - HLT - Health For MSCAN - HMO – Health Maintenance Organization All Others as reported
	HD05	Coverage Level Code	IND	IND – Individual For MSCHIP ONLY: EMP – Employee All Others as reported
	DTP	**Health Coverage Dates**		
	DTP01	Date Time Qualifier	303, 348, 349	303 - Maintenance effective Date 348 – Benefit Begin (This is the effective date of coverage. This qualifier is always sent when adding or reinstating coverage.) 349 – Benefit End (This is the end date of coverage. This qualifier is always sent when terminating or reinstating coverage.)
	DTP02	Date Time Period Format Qualifier	D8, RD8	D8 - Date expressed in format CCYYMMDD RD8 - Range of dates expressed in format CCYYMMDD-CCYYMMDD
	DTP03	Coverage Period		***Refer to TR3***
2310	**NM1**	**Provider Name**		
	NM101	Entity Identifier Code	P3, Y2	P3 - Primary Care Provider Y2 - Non-Person Entity
	NM102	Entity Type Qualifier	1, 2	1 – Person

Loop ID	Reference	Name	Codes	Notes/Comments
				2 – Non-Person Entity
	NM103	Provider Last or Organization Name		***Refer to TR3***
	NM104	Provider First Name		***Refer to TR3***
	NM105	Provider Middle Name or Initial		***Refer to TR3***
	NM107	Provider Name Suffix		***Refer to TR3***
	NM108	Identification Code Qualifier	XX	XX – NPI
	NM109	Provider Identifier		Value is 10-digit NPI of Provider
	NM110	Entity Relationship Code	72	72 – Unknown
	PER	**Provider Communications Numbers**		
	PER01	Contact Function Code	IC	IC - Information Contact
	PER03 PER05	Communication Number Qualifier	TE	TE – Telephone
	PER04 PER06	Communication Number		***Refer to TR3***
	PLA	**Prober Change Reason**		
	PLA05	Maintenance Reason Code	AI	AI – No Reason Given
2320	**COB**	**Coordination Of Benefits**		**COB segments never sent for MSCHIP.**
	COB01	Payer Responsibility Sequence Number Code	U	U – Unknown
	COB03	Coordination of Benefits Code	5	5 – Unknown
	REF	**Additional Coordination of Benefits Identifiers**		
	REF01	Reference Identification Qualifier	6P, SY	6P - Group Number SY - Social Security Number
	PER	**Administrative Communications Numbers**		
	PER01	Contact Function Code	CN	CN – General Contact
	PER03	Communication Number Qualifier	TE	TE – Telephone
	PER04	Communication Number		***Refer to TR3***
2330	**NM1**	**Coordination of Benefits Related Entity**		**For MSCAN ONLY**
	NM101	Entity Identifier Code	GW, IN	GW – Group IN – Insurer
	NM102	Entity Type Qualifier	2	2 – Non-Person Entity

Loop ID	Reference	Name	Codes	Notes/Comments
	NM103	Coordination of Benefits Insurer Name		***Refer to TR3***
	SE	**Transaction Set Trailer**		
	SE01	Transaction Segment Count		***Refer to TR3***
	SE02	Transaction Set Control Number		***Refer to TR3***
	GE	**Functional Group Trailer**		
	GE01	Number of Transaction Sets Included		***Refer to TR3***
	GE02	Group Control Number		***Refer to TR3***
	IEA	**Interchange Control Trailer**		
	IEA01	Number of Included Functional Groups		***Refer to TR3***
	IEA02	Interchange Control Number		***Refer to TR3***

Appendix A. 834 Cross-walk between the Stop Reason Codes and Descriptions and Maintenance Reason Codes and Descriptions

Stop Reason Codes and Descriptions	Maintenance Reason Code (Type code = 024 Termination)
'DD' DEATH	03 Death
'EA' EXCLUSION INELIG AGE	07 Termination of Benefits
'DM' MCARE	07 Termination of Benefits
'NE' NOT ELIGIBLE	07 Termination of Benefits
'LE' LOSS OF ELIGIBILITY	07 Termination of Benefits
'CO' REASSIGN-CNTY-MOVE (Out of state address)	07 Termination of Benefits
'NC' COE CHANGED TO MANAGED CARE INELIG	07 Termination of Benefits
'CC' CLIENT CHOICE (Opt out segment is entered)	14 Voluntary Withdrawal
'AC' ADMIN-CLOSURE WITH CAUSE	14 Voluntary Withdrawal
'CO' CHANGING FROM MSCHP TO MSCAN OR VICE VERSA	22 Plan Change
'EN' EXCLUSION NATIVE AMERICAN	25 Change in Identifying Elements
'EH' EXCLUSION WAIVER HCBS	33 Personnel Data
'NH' NURSING HOME	33 Personnel Data
'CC' CLIENT CHOICE (Changing to another CCO)	XT Transfer
'DT' MASS TRANSFER	XT Transfer
'OD' OPEN ENROLLMENT	XT Transfer
'CP' CHANGE CCO (Manual only) For Disenrollment	XT Transfer

Start Reason Codes and Descriptions	Maintenance Reason Code (Type code = 021 Addition)
'AK' AUTO ENROLLMENT CASE	28 Initial Enrollment
'AA' AUTO ENROLLMENT DEFAULT	28 Initial Enrollment
'CE' CLIENT-CHOICE (Manual initial enrollment)	28 Initial Enrollment
'AT' AUTO ENROLLMENT MASS TRANSFER	28 Initial Enrollment
'AL' AUTO ENROLLMENT CLAIM COUNT	28 Initial Enrollment
'AD' AUTO ENROLLMENT DOS	28 Initial Enrollment
'AI' AUTO ENROLLMENT ICN	28 Initial Enrollment
'OE' ASSIGN - OPEN ENROLLMENT	28 Initial Enrollment
'CP' CHANGE CCO (Manual only) For Enrollment	28 Initial Enrollment

Start Reason Codes and Descriptions	Maintenance Reason Code (Type code = 025 Reinstatement)
AR' AUTO ENROLLMENT RE-INSTATE	41 Re-enrollment
AE' ADMIN-ASSIGNMENT	41 Re-enrollment

Change Reason	Maintenance Reason Code (Type code = 001 Change)
	15 PCP

21 Disability
25 Change in Identifying Elements (name, DOB, gender, SSN)
33 Personnel Data (rate cell)
43 Change of Location

Appendix B. Change History

Version #	Date of release	Author	Description of change
0.1	12/16/2021	EDI Technical Team	Initial document creation. Section 9.1, Page 5 - Naming Your File Loop 2200, Page 12 – CR #1566 Disability Information
0.2	3/1/2022	EDI Technical Team	Loop Segments ISA08 and GS03, Page 6 and 7 - Corrections to Trading Partner IDs used for TPI vs UAT.
0.3	6/1/2022	EDI Technical Team	Loop Segment 1000A, MN1, Page 8, “Division of” removed, now reads “Mississippi Medicaid” Loop Segment 2000, REF02, Page 9 and 10 – CO #12138/CR #1407 – For MSCAN Add Money Pay Code (MPC) Rules Mississippi Logo clean-up Copyright change from 2021 to 2022
0.4	8/17/2022	EDI Technical Team	CR #12533 Loop Segment 1000A, MN1, Page 8, “Division of” added back to original setup to read as ““Mississippi Division of Medicaid” Loop Segment 2000, REF02, Page 9, correct to “1L – Value is Beneficiary Medicaid ID, Clarification for the Member Supplemental Identifier for Pregnancy Indicator, Court Code and DHS Indicator Loop Segment 2000 and 2300 DTP01, Page 11 and 14 End Date clarification when DTP End Date is open-ended.
0.5	8/25/2022	EDI Technical	Loop Segment 2300 DTP01, Page 14 End Date addition to Qualifiers 348 – Benefit Begin (This is the effective date of coverage. This qualifier is always sent when adding or reinstating coverage.) and 349 – Benefit End (This is the end date of coverage. This qualifier is always sent when terminating or reinstating coverage and the ‘357 code (2000 DTP01) is not populated.)
0.6	9/13/2022	EDI Technical	Section 9.1, Page 5 - Naming Your File Loop Segment 2300 DTP01, Page 14 349 – Benefit End Note/Comment verbiage “~~and the ‘357 code (2000 DTP01) is not populated.)~~” removed

Version #	Date of release	Author	Description of change
0.7	9/30/2022	EDI Technical	Production connectivity URLs and contact information updated, Pages 3 and 4
0.8	10/17/2022	EDI Technical	Loop Segments ISA08 and GS03, Pages 7 and 8 - Corrections to Trading Partner IDs used for PRODUCTION Loop Segment 2000, REF02, Page 9 and 10 COE 001 value updated and COE 005 value and description added.
0.9	10/17/2022	EDI Technical	Loop Segment 2000, REF02, Pages 9 and 10, Member Supplemental Identifier Notes/Comment clarification and data value examples added ~~Court Code values used:~~ ~~• I - Insurance~~ ~~• E - Cash~~ ~~• O - Other~~ ~~• X - this will be sent when the court code is blank (no court code on file)~~ removed.
1.0	12/09/2022	EDI Technical	Loop Segment 2000, REF02, Page 10, Auto-Enrolled Code and Choice-Enrolled values and descriptions added.
1.1	4/5/2023	EDI Technical	Loop Segment 2000, INS04, Pages 8 and 9, Maintenance Reason Codes and Descriptions added and reference to Appendix A, Pages 17 and 18 for the Cross-walk between the Stop Reason Codes and Descriptions and Maintenance Reason Codes and Descriptions Appendix B is now the Change History Log