

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

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Version 1.2

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.ncdp.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	

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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
				<i>Also Refer to Appendix A – Cross-walk between the Stop Reason Codes and Descriptions and Maintenance Reason Codes, Page 17</i>
	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 <ul style="list-style-type: none"> • 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
				<ul style="list-style-type: none"> • N is 9-digit Case Number, else defaults to 9 zeroes • F is Money Pay Code (MPC)
				<p>Data Value Examples: 071XNAKX 9035363220 099XNAKX 350149708 099XN X 150185084 072XN X 8505471570</p>
				<p>COE Code values used:</p> <ul style="list-style-type: none"> • 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
				<p>Auto-Enrolled Code values used:</p> <ul style="list-style-type: none"> • 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
				<p>Choice-Enrolled Code values used:</p> <ul style="list-style-type: none"> • 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
				<p>Money Pay Code values used:</p> <ul style="list-style-type: none"> • 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 <p>For MSCAN CCOs - F=Money Pay Code (MPC) Sending '0' through '5'</p> <p>For MSCHIP CCOs – Field will be a space character.</p>
	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	303, 356, 357, 473, 474	<p>303 - Maintenance Effective Date</p> <p>356 - Eligibility Begin</p> <p>357 – Eligibility End (ONLY when not open-ended, i.e., 22991231)</p> <p>473 - Medicaid Begin</p> <p>474 - Medicaid End (ONLY when not open-ended, i.e., 22991231)</p>
	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	<p>74 – Corrected Insured</p> <p>IL – Insured or Subscriber</p>
	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	Communication Number	HP, TE	HP – Home Phone Number
	PER05	Qualifier		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
	DMG	Member Demographic Information		Required if Member DOB is not Blank
	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

Loop ID	Reference	Name	Codes	Notes/Comments
	NM105	Responsible Party Middle Name		Refer to TR3
	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,	AG – Preventative Care/Wellness AH – 24 Hour Care AJ – Medicare Risk

Loop ID	Reference	Name	Codes	Notes/Comments
			LTC, LTD, MM, MOD, PDG, POS, PPO, PRA, STD, UR, VIS	AK – Mental Health DCP – Dental Capitation 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

Loop ID	Reference	Name	Codes	Notes/Comments
				Y2 - Non-Person Entity
	NM102	Entity Type Qualifier	1, 2	1 – Person 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

Loop ID	Reference	Name	Codes	Notes/Comments
	NM102	Entity Type Qualifier	2	2 – Non-Person Entity
	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

'DD' DEATH
'EA' EXCLUSION INELIG AGE
'DM' MCARE
'NE' NOT ELIGIBLE
'LE' LOSS OF ELIGIBILITY
'CO' REASSIGN-CNTY-MOVE (Out of state address)
'NC' COE CHANGED TO MANAGED CARE INELIG
'CC' CLIENT CHOICE (Opt out segment is entered)
'AC' ADMIN-CLOSURE WITH CAUSE
'CO' CHANGING FROM MSCHP TO MSCAN OR VICE VERSA
'EN' EXCLUSION NATIVE AMERICAN
'EH' EXCLUSION WAIVER HCBS
'NH' NURSING HOME
'CC' CLIENT CHOICE (Changing to another CCO)
'DT' MASS TRANSFER
'OD' OPEN ENROLLMENT
'CP' CHANGE CCO (Manual only) For Disenrollment

Maintenance Reason Code (Type code = 024 Termination)

03 Death
07 Termination of Benefits
07 Termination of Benefits
07 Termination of Benefits
07 Termination of Benefits
07 Termination of Benefits
07 Termination of Benefits
14 Voluntary Withdrawal
14 Voluntary Withdrawal
22 Plan Change
25 Change in Identifying Elements
33 Personnel Data
33 Personnel Data
XT Transfer
XT Transfer
XT Transfer
XT Transfer

Start Reason Codes and Descriptions

'AK' AUTO ENROLLMENT CASE
'AA' AUTO ENROLLMENT DEFAULT
'CE' CLIENT-CHOICE (Manual initial enrollment)
'AT' AUTO ENROLLMENT MASS TRANSFER
'AL' AUTO ENROLLMENT CLAIM COUNT
'AD' AUTO ENROLLMENT DOS
'AI' AUTO ENROLLMENT ICN
'OE' ASSIGN - OPEN ENROLLMENT
'CP' CHANGE CCO (Manual only) For Enrollment

Maintenance Reason Code (Type code = 021 Addition)

28 Initial Enrollment
28 Initial Enrollment
28 Initial Enrollment
28 Initial Enrollment
28 Initial Enrollment
28 Initial Enrollment
28 Initial Enrollment
28 Initial Enrollment
28 Initial Enrollment

Start Reason Codes and Descriptions

AR' AUTO ENROLLMENT RE-INSTATE
AE' ADMIN-ASSIGNMENT

Maintenance Reason Code (Type code = 025 Reinstatement)

41 Re-enrollment
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

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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: <ul style="list-style-type: none"> * 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
1.2	9/15/2023	EDI Technical	Loop 2100A Segment DMG, Page 12, added.

