# ADDENDUM 2

# Eligibility and Enrollment Record Layout

PRMMIS 834 Companion Guide

ICD_PRMMIS_MGD_0015_834_INBOUND_CARRIER_
ERROR_REPORT

# HIPAA Transaction
# Standard Companion Guide

# Refers to the Technical Report Type 3 (TR3) Implementation Guides Based on Instructions Related to Benefit Enrollment and Maintenance (834)

# Companion Guide Version Number: 2.02

# May 2024

## Puerto Rico Medicaid Management Information System Services

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Companion guides may contain two types of data, instructions for electronic communications with the publishing entity (communications/connectivity instructions), and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 implementation guide (transaction instructions). Either the communications/connectivity component or the transaction instruction component must be included in every companion guide. The components may be published as separate documents or as a single document.

The communications/connectivity component is included in the companion guide when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The transaction instruction component is included in the companion guide when the publishing entity wants to clarify the implementation guide instructions for submission of specific electronic transactions. The transaction instruction component content is limited by ASC X12's copyrights and Fair Use statement.

This companion guide does not replace the HIPAA ANSI ASC X12N Implementation Guide. Nor does it contain any actions that would result in a Non-Compliant Transaction.

This companion guide is subject to change without prior notice. Trading Partners are responsible for periodically checking for companion guide updates on the PRDOH website.

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## Preface

This companion guide to the v5010 ASC X12N Technical Report Type 3 (TR3) Implementation Guide, and associated errata and addenda, adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging transactions electronically with Puerto Rico Medicaid Program. Transmissions based on this companion guide, used in tandem with the TR3, also called Health Care Benefit Enrollment and Maintenance (834) ASC X12N (version 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 TR3 adopted for use under HIPAA. This companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

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# 1 INTRODUCTION

This section describes how TR3, also called 834 ASC X12N (005010X220A1), which was adopted under HIPAA, will be detailed with the use of a table. The table contains a Notes/Comments column for each segment that Puerto Rico Medicaid Program (PRMP) has additional information to provide over and above the information in the TR3. That information can do the following:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the implementation guide 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 PRMP

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

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a Notes/Comments column for each segment that PRMP has additional information to provide, over and above the information in the TR3. The following is just an example of the type of information that would be spelled out or elaborated on in Section 10: Transaction Specific Information.

| Page# | Loop ID | Reference | Name | Codes | Notes/Comments |
|---|---|---|---|---|---|
| 193 | 2100C | NM1 | Subscriber Name | | This type of row exists to indicate that a new segment has begun. It is shaded at 10 percent and notes or comments about the segment itself go in this cell. |
| 196 | 2100C | REF | Subscriber Additional Identification | | |
| 197 | 2100C | REF01 | Reference Identification Qualifier | 18 49 6P HJ N6 | These are the only codes transmitted. |
| | | | 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 three columns makes it clear that the code value belongs to the row immediately above it. |
| 218 | 2110C | EB | Subscriber Eligibility or Benefit Information | | |

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| 231 | 2110C | EB13-1 | Product/Service ID Qualifier | AD | This row illustrates how to indicate a component data element in the Reference column and how to specify that only one code value is applicable. |
|---|---|---|---|---|---|

## Scope

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

PRMP 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 PRMP. It does not change the requirements of the IG in any way.

Refer to the companion guide first if there is a question about how PRMP processes a HIPAA transaction. For further information, contact prmmis_edi_support@gainwelltechnologies.com. This document is intended as a resource to assist providers, clearinghouses, service bureaus, and all other trading partners with PRMP interChange in successfully conducting EDI of administrative health care transactions. This document does not provide detailed data specifications, which are published separately by the industry committees responsible for their creation and maintenance.

## Overview

PRMP and all other covered entities are required by HIPAA to comply with the EDI standards for health care, as established by the Secretary of the federal Department of Health and Human Services (HHS). The Secretary of the HHS is required by HIPAA to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. The Health Insurance Portability and Accountability Act of 1996 directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

The Health Insurance Portability and Accountability Act of 1996 serves to:
- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

The 834 transaction is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer. The intent is the initial enrollment and subsequent maintenance of individuals who are enrolled in healthcare. This transaction specifically addresses the enrollment and maintenance of healthcare only.

The payer refers to a third party entity that pays claims or administers the insurance benefit. A sponsor is the party that ultimately pays for the coverage or benefit. A member is an individual eligible for coverage because of his or her association with a sponsor. An insured individual is a member who has been enrolled for coverage under PRMP.

This Companion Guide contains the format and establishes the data contents of the Benefit Enrollment and Maintenance 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

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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 Organizations (MCO) or Medicare Advantage Organizations(MAO)-referred to as "carriers" in the rest of this document. This implementation guide specifically addresses the enrollment and maintenance of health care products only.

This guide is designed to help those responsible for testing and setting up electronic Benefit Enrollment and Maintenance transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting, and identifies codes and data elements that do not apply to PRMP. This guide supplements (but does not contradict) requirements in the ASC X12N 834 (version 005010X220A1) implementation. This information should be given to the "carrier's" business area to ensure that Benefit Enrollment and Maintenance transactions are interpreted correctly. This companion guide provides communications-related information a trading partner needs to obtain support, format the interchange control header (ISA) and functional group header (GS) envelopes, and exchange test and production transactions with PRMP.

This companion guide must be used in conjunction with the TR3 instructions. The companion guide is intended to assist trading partners in implementing electronic Benefit Enrollment and Maintenance transactions that meet PRMP processing standards, by identifying pertinent structural and data-related requirements and recommendations.

As utilized by the PRPM, this transaction is designed to accomplish the function of sending enrollment information to PRMP participating Carriers.

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

**834 Full/Audit File:** This is a full file extract of the members enrolled with a Carrier at a specific point in time each month. It contains the most current information related to that member. This file is used to keep "carrier's" system in sync with PRMP. As a result, INS03 in Loop 2000 (Member Level Detail) as well as HD01 in Loop 2300 (Health Coverage) will be set to 030 (audit or full file).

**834 Changes File:** This file reflects any changes made to a member's demographic, eligibility or enrollment information. It is generated five days a week (Monday through Friday). The Carriers 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.

Loop 2300 is used to indicate coverage information. 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 Carrier's "assignee" Provider Medicaid ID. Within each set, the member details are grouped in the following sequence: TERMINATION records (INS03 = 024), followed by ADD records (INS03 = 021),  and CHANGE records (INS03 = 001).

## References & Applicable Web Sites

For more information regarding the ASC X12 standards for EDI 834 (version 005010X220A1) and to purchase copies of the TR3 documents, consult the Washington Publishing Company Web site at http://www.wpc-edi.com/.

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

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Additional information is available on the following Web sites:

- Accredited Standards Committee X12N develops and maintains X12 EDI and XML standards, standards interpretations and guidelines as they relate to all aspects of insurance and insurance-related business processes: www.x12.org.
- Centers for Medicare and Medicaid Services (CMS) is the unit within the HHS that administers the Medicare and Medicaid programs. The CMS provides the Electronic Health Care Transactions and Code Sets Model Compliance Plan at https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Code-Sets/index.htmL.
- Designated Standard Maintenance Organizations (DSMO) is a resource for information about the standard-setting organizations and transaction change request system: www.hipaa-dsmo.org.
- Health Level Seven (HL7) is one of several ANSI-accredited Standards Development Organizations (SDOs) and is responsible for clinical and administrative data standards: www.hl7.org.
- Healthcare Information and Management Systems (HIMSS) is an organization exclusively focused on providing global leadership for the optimal use of IT and management systems for the betterment of health care: www.himss.org.
- National Committee on Vital and Health Statistics (NCVHS) was established by Congress to serve as an advisory body to the HHS on health data, statistics and national health information policy; for more information, refer to: www.ncvhs.hhs.gov.
- Office for Civil Rights (OCR) is the office within the federal HHS responsible for enforcing the Privacy Rule under HIPAA, which can be found at: www.hhs.gov/ocr/hipaa.
- The federal HHS is a resource for the Notice of Proposed Rule Making, rules, and other information about HIPAA, which can be found at: www.aspe.hhs.gov/admnsimp.
- Washington Publishing Company (WPC) is a resource for HIPAA-required transaction implementation guides and code sets, which can be found at: www.wpc-edi.com/.
- The WEDI is a workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA: www.wedi.org.
- The registry for the NPI is the National Plan and Provider Enumeration System (NPPES), at: https://nppes.cms.hhs.gov/NPPES/Welcome.do.
- Implementation guides and non-medical code sets are at: store.x12.org/.
- The HIPAA statute, Final Rules, and related Notices of Proposed Rulemaking (NPRMS) are available at: https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Code-Sets/index.html.
- The CMS online manuals system and Internet only manuals (IOM) system, including transmittals and program memoranda, can be found at: www.cms.hhs.gov/Manuals/.

## Additional Information

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979, ANSI chartered the ASC X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standard is recognized by the United States as the standard for North America. Electronic Data Interchange adoption has been proved to reduce the administrative burden on providers.

The intended audience for this document is the technical and operational staff responsible for generating, receiving, and reviewing electronic health care transactions.

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## National Provider Identifier

As a result of HIPAA, the federal HHS adopted a standard identifier for health care providers. The Final Rule, published by the HHS, adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI replaces all payer-specific identification numbers (e.g., Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions); therefore, all health care providers are required to obtain an NPI to identify themselves on these transactions. The NPI is the only identification number that will be allowed on these transactions.

PRMP has determined that all providers, except for personal care-only providers, specialized medical vehicle providers, and blood banks, are health care providers (per the definitions within the NPI Final Rule) and, therefore, are required to obtain and use an NPI. PRMP requires all health care providers to submit their NPI on electronic transactions.

## Acceptable Characters

The HIPAA transactions must not contain any carriage returns, nor line feeds; the data must be received in one, continuous stream. PRMP accepts the extended character set. Uppercase characters are recommended.

## Acknowledgements

An accepted 999 Implementation Acknowledgement (999), rejected 999 Implementation Acknowledgement, or rejected TA1 InterChange Acknowledgement (TA1) will be generated in response to all submitted files. Trading partners are responsible for retrieving acknowledgments from their "response" folder to determine the status of their files.

## File/System Specifications

EDI only accepts Windows/PC/DOS formatted files. Any file transmitted to EDI must be named in accordance to standard file naming conventions, including a valid three character file extension. The following standards should be used:
- To avoid accidently overwriting files, do not send multiple files with the same name on the same day
- File Names should not be longer than 45 characters – the first 20 characters will be used to identify the file through PRMMIS
- Zip or compressed files are allowed, but a zip or compressed file should contain only one X12 file
- Zip files must contain the extension .zip (not case sensitive)
- The maximum number of members per 834 file is 50,000; this applies to both Audit and Daily files.

### File Naming Convention for Managed Care 834 Inbound

Carriers will send an 834 to PRMMIS Monday through Friday.

File naming convention for inbound 834 files from Carriers:

**Example:**
Submission Date: 06/30/2023

20230630_FM_690150_834DI_##.X12

Date file was created (YYYYMMDD format)
underscore

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Two to 4 character abbreviation of Carrier's (MCO/MAO) name
underscore
Trading Partner ID
Underscore
834
D            (daily)
I            (inbound)
## - two digit sequence for multiple files per day

The standards above will avoid accidently overwriting files. Do not send multiple files with the same name on the same day.

See Appendix J for a list of Trading Partner IDs and 834 inbound file names by carrier.
*Note:* Any data file that is 5MB or larger is required to be zipped or compressed before transmitting it to EDI.

## File Naming Convention for Managed Care 834 Outbound

Three types of 834 Outbound files for Carriers:

1. 834 Daily runs Monday through Friday every week (834DO).
2. 834 Audit runs on the 3rd business day of every month (834MO).
3. 834 Termination Resends runs daily based on data present within the request table.

File Name format for Outbound 834:

1. BatchID_834DO_TradingPartnerID_YYYYMMDD_##.X12 - Daily
2. BatchID_834MO_TradingPartnerID_YYYYMMDD_##.X12 – Audit
3. BatchID_834TRM_TradingPartnerID_YYYYMMDD_##.X12 – Termination Re-sends

BatchID is the unique ID assigned by PRMMIS to each file.

TradingPartnerID is the Carrier's Trading Partner ID.

## - two digit sequence for multiple files per day

## Carrier Acknowledgements

PRMMIS will accept 999 Implementation Acknowledgement transactions from trading partners after they have downloaded their 834 Health Care Benefit Enrollment and Maintenance transaction. If you return an acknowledgement file after downloading your 834 X12, we request that you name your file using the 834 X12 file's name and make the extension ".ACK".

Example:
You receive the following X12 file:

BatchID_834DO_TradingPartnerID_YYYYMMDD_##.X12 – Daily
BatchID_834MO_TradingPartnerID_YYYYMMDD_##.X12 – Audit

Acknowledgement file you upload to SFTP:

BatchID_834DO_TradingPartnerID_YYYYMMDD_##.ACK – Daily
BatchID_834MO_TradingPartnerID_YYYYMMDD_##.ACK – Monthly Audit

BatchID is the unique ID assigned by PRMMIS to each file.

TradingPartnerID is the Carrier's Trading Partner ID.

## - two digit sequence for multiple files per day.

## 2 GETTING STARTED

### Testing Overview

Test transactions (ISA15 value of "T") must be sent to our Testing (UAT) environment.

Production transactions (ISA15 value of "P") must be sent to our Production environment (PROD).

*Reminder:* Submitters are responsible for the preservation, privacy, and security of data in their possession. While using production data that contains Personal Health Information (PHI) to conduct testing, the data must be guarded and disposed of appropriately.

## 3 CONNECTIVITY WITH PUERTO RICO MEDICAID PROGRAM / COMMUNICATIONS

This section describes the process for downloading HIPAA 834 transactions, along with various security requirements and exceptions to handling procedures.

### Process Flows

Outbound 834 - Retrieval of Puerto Rico Medicaid Program's Benefit Enrollment and Maintenance daily or monthly 834 file via Carrier's 834 folder on PRMMIS SFTP Site.
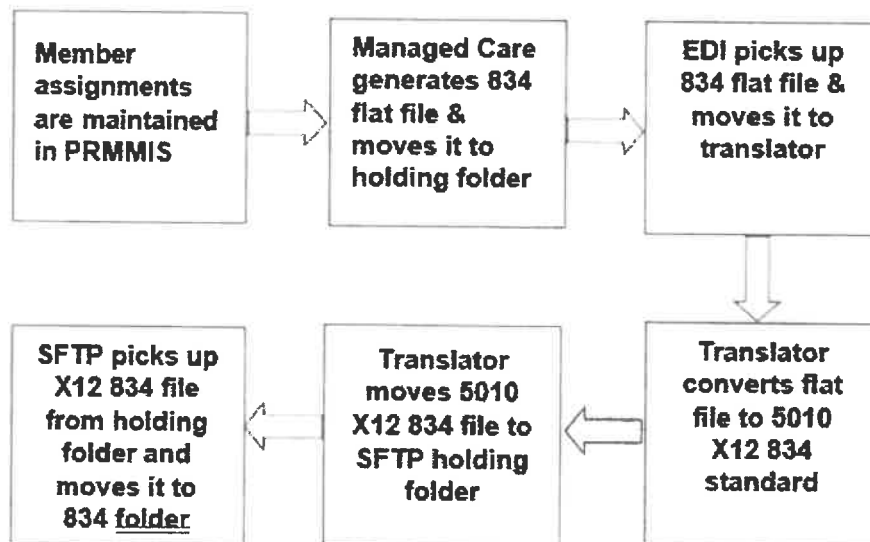
Inbound 834 - Submission of Carrier's (MCO/MAO) daily 834 file using their upload 834 folder on PRMMIS SFTP Site. Carrier is responsible for picking up TA1 or 999 acknowledgement, and the HTML error file if file fails compliance, from the "response" folder.

```
┌─────────────────┐      ┌─────────────────┐      ┌─────────────────┐
│ Carrier         │      │ Carrier         │      │ EDI moves 834   │
│ maintains       │ ──▶  │ generates       │ ──▶  │ files from      │
│ Member          │      │ 5010 834 file & │      │ SFTP to         │
│ assignments     │      │ uploads to      │      │ translator      │
│ in their system │      │ PRMMIS SFTP     │      │                 │
└─────────────────┘      └─────────────────┘      └─────────────────┘
                                                           │
                                                           ▼
┌─────────────────┐      ┌─────────────────┐      ┌─────────────────┐
│ Managed Care    │      │ EDI moves       │      │ 834 is checked  │
│ picks up XML    │ ◀──  │ XML file to     │ ◀──  │ for             │
│ file from       │      │ internal        │      │ compliance &    │
│ holding folder  │      │ Managed Care    │      │ translated into │
│ and processes   │      │ folder on       │      │ XML file        │
│ it              │      │ PRMMIS          │      │                 │
└─────────────────┘      └─────────────────┘      └─────────────────┘
```
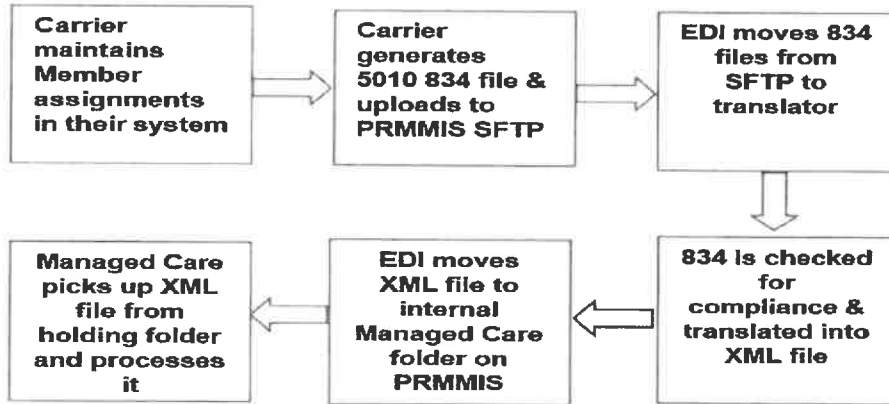
## Transmission Administrative Procedures

Access to MoveIT (SFTP) is available only to authorized users. Submitters are required to be PRMP trading partners.

## Re-transmission Procedure

In the event of an interrupted communications session, the trading partner only has to reconnect and initiate their file transfer as they normally would.

## Batch

Trading partners can submit all batch transactions to PRMMIS and download acknowledgements and response files. The user must have their own internet connection to access the FTP server.

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# 4 CONTACT INFORMATION

Refer to this companion guide with your questions, then use the contact information below for questions not answered by this guide.

## Electronic Data Interchange Helpdesk

If you have questions related to PRMP's 834, contact the EDI Helpdesk by email at prmmis_edi_support@gainwelltechnologies.com or by phone at 1-833-209-8326.

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## 5 CONTROL SEGMENTS / ENVELOPES

### ISA - Interchange Control Header

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This section describes PRMP's use of the ISA. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

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To promote efficient, accurate electronic transaction processing, note the following PRMMIS specifications:

- Each trading partner is assigned a six-digit trading partner ID
- All date/times are in the CCYYMMDDHHMM format (24 hour)
- Payer ID can be found in all companion guides
- Only one interchange (ISA/IEA) loop and one functional (GS/GE) loop is allowed per file

Transactions transmitted are identified by an ISA and trailer segment (IEA) which form the envelope enclosing the transmission. The ISA marks the beginning of the transmission (batch) and provides sender and receiver identification. The table below shows the fields that PRMP will be sending.

The ISA data segment is a fixed length record and all fields must be supplied. Fields that are not populated with actual data must be filled in with spaces.

*Note:* PRMMIS sends files with one ISA/IEA loop per file.

| TR3 Page # | Loop ID | Reference | Name | Codes | Reqd | Notes/Comments |
|---|---|---|---|---|---|---|
| C.3 | None | ISA | Interchange Control Header | | | The ISA is a fixed-length record with fixed-length elements. |
| C.4 | | ISA01 | Authorization Information Qualifier | 00 | IN | No authorization information present. |
| C.4 | | ISA02 | Authorization Information | | IN | [10 spaces] |
| C.4 | | ISA03 | Security Information Qualifier | 00 | IN | No security information present. |
| C.4 | | ISA04 | Security Information | | IN | [10 spaces] |
| C.4 | | ISA05 | Interchange ID (Sender) Qualifier | ZZ | IN | ZZ=Mutually Defined |
| C.4 | | ISA06 | Interchange Sender ID | | IN | Inbound from Carriers: Carrier's Trading Partner ID supplied by PRMMIS, [6 digits left justified and 9 spaces]. Outbound to Carriers: "PRMMIS" Puerto Rico Medicaid Management System., [6 characters left justified and 9 spaces]. |
| C.5 | | ISA07 | Interchange ID (Receiver) Qualifier | ZZ | IN | ZZ=Mutually Defined |
| C.5 | | ISA08 | Interchange Receiver ID | | IN | Inbound from Carriers: "PRMMIS" Puerto Rico Medicaid Management System., [6 characters left justified and 9 spaces]. Outbound to Carriers: Carrier's Trading Partner ID supplied by PRMMIS, [6 digits left justified and 9 spaces]. |
| C.5 | | ISA09 | Interchange Date | | IN | The date format is YYMMDD. |

| TR3 Page # | Loop ID | Reference | Name | Codes | Reqd | Notes/Comments |
|---|---|---|---|---|---|---|
| C.5 | | ISA10 | Interchange Time | | IN | The time format is HHMM. |
| C.5 | | ISA11 | Repetition Separator | ^ | IN | A Caret "^" will be sent. |
| C.5 | | ISA12 | Interchange Control Version Number | 00501 | IN | 00501 = Control Version Number |
| C.5 | | ISA13 | Interchange Control Number | | IN | The interchange control number assigned in ISA13 will be identical to the value in IEA02. |
| C.6 | | ISA14 | Acknowledgement Requested | 0 | IN | No interchange acknowledgment requested (TA1). *Note:* TA1 will be sent if file envelope is corrupted. |
| C.6 | | ISA15 | Usage Identifier | T & P | IN | Code indicating whether the data enclosed is production or test. |
| | | | | T | | T=Test Data File submitted to PRMMIS test environment. |
| | | | | P | | P= Production Data File submitted to PRMMIS production environment. |
| C.6 | | ISA16 | Component Element Separator | : | IN | A colon ":" will be sent. |

## IEA – Interchange Control Header

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

| TR3 Page # | Loop ID | Reference | Name | Codes | Notes/Comments |
|---|---|---|---|---|---|
| C.10 | None | IEA | Interchange Control Trailer | | |
| C.10 | | IEA01 | Number of Included Functional Groups | | Number of included Functional Groups |
| C.10 | | IEA02 | Interchange Control Number. | | Must be identical to the value in ISA13 |

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## GS - Functional Group Header

This section describes the use of the functional group control segments. It includes a description of expected application sender and receiver codes.

The table below shows the fields that PRMMIS will be sending.

| TR3 Page # | Loop ID | Reference | Name | Codes | Reqd | Notes/Comments |
|---|---|---|---|---|---|---|
| C.7 | None | GS | Functional Group Header | | | |
| C.7 | | GS01 | Functional ID Code | BE | IN | "BE" Health Care Benefit Enrollment and Maintenance (834). |
| C.7 | | GS02 | Application Sender's Code | | IN | Inbound: Carrier's Trading Partner ID supplied by PRMP.<br><br>Outbound: "PRMMIS" |
| C.7 | | GS03 | Application Receiver's Code | | IN | Inbound: "PRMMIS"<br><br>Outbound: Carrier's Trading Partner ID supplied by PRMP. |
| C.7 | | GS04 | Date | | IN | The date format is CCYYMMDD. |
| C.8 | | GS05 | Time | | IN | The time format is HHMMSS. |
| C.8 | | GS06 | Group Control Number | | IN | Group Control Number – Must be identical to GE02. |
| C.8 | | GS07 | Responsible Agency Code | X | IN | "X" Responsible Agency Code |
| C.8 | | GS08 | Version/ Release/Industry Identifier Code | 005010 X220A1 | IN | Version/ Release/ Industry Identifier Code |

## GE - Functional Group Trailer

The table below shows the fields that Puerto Rico Medicaid will be sending.

| TR3 Page # | Loop ID | Reference | Name | Codes | Notes/Comments |
|---|---|---|---|---|---|
| C.9 | None | GE | Functional Group Trailer | | |
| C.9 | | GE01 | Number of Transaction Sets Included | | Total number of transaction sets |
| C.9 | | GE02 | Group Control Number | | Must be identical to the value in GS06 |

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### ST-SE Transaction Set

This section describes PRMP's use of transaction set control numbers.

PRMP recommends that trading partners follow the guidelines set forth in the TR3 — start the first ST02 in the first file with 000000001 and increment from there. The TR3 should be reviewed for how to create compliant transaction set control segments.

## TRANSACTION SET HEADER (ST)
The TR3 should be reviewed for specific information.

| TR3 Page # | LOOP ID | Reference | NAME | CODES | Reqd | Notes/Comments |
|---|---|---|---|---|---|---|
| 70 | None | ST | Transaction Set Header | | | |
| 70 | | ST01 | Transaction Set Identifier Code | 834 | IN | 834 Health Care Benefit & Enrollment Maintenance |
| 70 | | ST02 | Transaction Set Control Number | | IN | The Transaction Set Control Number in ST02 and SE02 must be identical. The number must be unique within a specific interchange (ISA-IEA). |
| 70 | | ST03 | Implementation Guide Version Name | 005010X 220A1 | IN | This field contains the same value as GS08. |

## TRANSACTION SET TRAILER (SE)
The TR3 should be reviewed for specific information.

| TR3 Page # | LOOP ID | Reference | NAME | CODES | Reqd | Notes/Comments |
|---|---|---|---|---|---|---|
| 496 | None | SE | TRANSACTION SET TRAILER | | | |
| 496 | | SE01 | Transaction Segment Count | | IN | Total number of segments included in a transaction set including the ST and SE segments |
| 496 | | SE02 | Transaction Set Control Number | | IN | The Transaction Set Control Number in ST02 and SE02 must be identical. |

### File Delimiters

PRMMIS uses the following delimiters in the 834 file:
- **Data Element:** Byte 4 in the ISA segment defines the data element separator to be used throughout the entire transaction. The data element delimiter is an asterisk (*).
- **Repetition Separator:** ISA11 defines the repetition separator to be used throughout the entire transaction. The repetition separator is a caret (^).
- **Component-Element:** ISA16 defines the component element delimiter to be used throughout the entire transaction. The component-element delimiter is a colon (:).
- **Data Segment:** Byte 106 of the ISA segment defines the segment terminator used throughout the entire transaction. The data segment delimiter is a tilde (~).

These characters ( * : ~ ^ ) can not be present within the data content of the transaction elements.

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# 6 PUERTO RICO MEDICAID PROGRAM-SPECIFIC BUSINESS RULES AND LIMITATIONS

### Trading Partner Identification Number

The EDI team will create any needed Trading Partner Profiles during the PRMP's implementation of the 834.

### Testing

Production Authorization Testing will be required for inbound 834 files.

### Terminology

The term "subscriber" will be used as a generic term throughout the companion guide.

### Limits

There is no file size restriction on how many records will be reported in an 834.

### Scheduled Maintenance

PRMMIS recycles the servers every night between 00:00 a.m. to 01:00 a.m. AST.

PRMMIS schedules regular maintenance every Sunday from 00:00 a.m. to 04:00 a.m. AST.

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# 7 Notes on 834 Benefit Enrollment and Maintenance

### 834 - Daily
A daily 834 is generated to report demographic, eligibility and enrollment changes on existing members. Daily files are produced Monday through Friday, if available.

### 834 – Monthly Audit
An 834 monthly Audit file is produced on the 3rd business day of the month to provide a full list of members for the Plan for the current month. 834 Audit transactions contain a complete Roster that includes new, current, and terminated members. No past changes will be reported. The 834 daily files will use the same formats as the 834 audit files.

The 834 files will be available for retrieval for six months. If an 834 file is needed after six months, contact the EDI Helpdesk via e-mail using prmmis_edi_support@gainwelltechnologies.com

### Usage of REF segment for Recipient IDs
There is guidance around the various recipient identifiers provided using the **REF (Member Supplemental Identifier)** segment in the 2000 loop.

• When REF01 = F6, this is the **recipient's Medicare ID** as provided by the eligibility system. 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 = Q4, this is the **recipient's linked (or secondary) id**. This is an Inactive ID in PRMMIS 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.

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# 8 ACKNOWLEDGEMENTS AND/OR REPORTS

## Acknowledgements

**TA1** — Transaction Acknowledgement
PRMMIS will only respond with a TA1 when the batch X12 contains Envelope errors. If a TA1 is produced, then a 999 will not be sent. The submitted 834 will need to be corrected and resubmitted.

**999** — Functional Acknowledgement
This file informs the submitter that the transaction arrived and provides information about the syntactical quality of the Functional Groups in a batch X12 file. PRMMIS will always respond with a 999 for a batch X12 file. The submitted 834 will need to be corrected and resubmitted.

**HTML** – Compliance Check HTML Report
This file informs the submitter that the transaction had envelope or compliance errors and provides information about the error in a more readable format.

## Report Inventory

There are no acknowledgement reports at this time.

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## 9 TRANSACTION-SPECIFIC INFORMATION

This section describes how ASC X12N implementation guides adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that PRMP has something additional, over and above, the information in the implementation guides. 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 implementation guide's 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 PRMP

In addition to the row for each segment, one or more additional rows are used to describe PRMP's usage for composite and simple data elements and for any other information. Notes and comments will be placed at the deepest level of detail. For example, a note about a code value will 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. The table contains a Notes/Comments column for each segment that PRMP has additional information to provide, over and above the information in the TR3.

### 005010X220A1 — 834 Health Care Benefit Enrollment and Maintenance

| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | Req | Notes/Comments |
|---|---|---|---|---|---|---|---|
| 32 | | | BGN | Beginning Segment | | | |
| 32 | 1/1 | | BGN01 | Transaction Set Purpose Code | 00 15 22 | IN | |
| | | | | Original | 00 | | Indicates the first time the transaction is sent. |
| | | | | Resubmission | 15 | | Sent when the original transmission was incorrect, has yet to be processed by the receiver, and a new corrected transmission is being sent. |
| | | | | Information Copy | 22 | | Sent when the original transmission was lost or not processed, and the sender is passing another transmission that is the same as the original. |

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| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | Req | Notes/Comments |
|---|---|---|---|---|---|---|---|
| 33 | 1/50 | | BGN02 | Transaction Set Reference Number | | IN | This element is 50 characters of free form text to identify this specific file's information.<br>Example:<br>• Positions 1-7, Report ID, valid values are "INITIAL" or "CHANGE ".<br>• Positions 8–8, Space.<br>• Positions 9–14, Enrollment month in a CCYYMM format.<br>• Positions 15–15, Space.<br>• Positions 16–19, Sequence number of the transaction set indicating the order that the transaction sets are created and the order in which the transaction sets are to be processed.<br>Example:<br>INITIAL 202308 0001<br>OR<br>CHANGE 202308 0001 |
| 33 | 8/8 | | BGN03 | Transaction Set Creation Date | | IN | Date when the X12 file was generated |
| 33 | 4/8 | | BGN04 | Transaction Set Creation Time | | IN | Time when the X12 file was generated. Format used - HHMM |
| 33 | 2/2 | | BGN05 | Time Zone Code | TT | | "TT" = Atlantic Time |
| 35 | 1/50 | | BGN06 | Original Transaction Set Reference Number | | | Required when there is a previously sent transaction to cross-reference. |
| 35 | 1/2 | | BGN08 | Action Code | 2<br>4<br>RX | IN | |
| | | | | Change (Update) | 2 | | Used to identify a transaction of additions, terminations and changes to the current enrollment. |
| | | | | Verify | 4 | | Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized. |
| | | | | Replace | RX | | Used to identify a full enrollment transmission to be used to identify additions, terminations and changes that need to be applied to the payer's enrollment system. |
| 36 | | | REF | Transaction Set Policy Number | | | |
| 36 | 2/3 | | REF01 | Reference Identification Qualifier | 38 | IN | "38" = Master Policy Number |
| 36 | 1/50 | | REF02 | Master Policy Number | | IN | Carrier's Trading Partner ID supplied by PRMMIS. |
| 37 | | | DTP | File Effective Date | | | This segment communicates the start and end date of the coverage period associated with this premium payment.<br>Note: segment is Located |

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| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | Req | Notes/Comments |
|---|---|---|---|---|---|---|---|
| 37 | 3/3 | | DTP01 Date Time Qualifier | | 007 | | |
| | | | | Effective | 007 | | |
| 37 | 2/3 | | DTP02 | Date Time Period Format Qualifier | D8 | | "D8" = Date Expressed in Format CCYYMMDD. |
| 37 | 1-35 | | DTP03 | Date Time Period | | | |
| 38 | | | QTY | Transaction Set Control Totals | | | |
| 38 | 2/2 | | QTY01 | Trace Type Code | TO | | "TO" = Total |
| 38 | 1/15 | | QTY02 | Record Totals | | | |
| 39 | | 1000A | N1 | Sponsor Name | | | |
| 39 | 2/3 | 1000A | N101 | Entity Identifier Code | P5 | | "P5" = Plan Sponsor |
| 39 | 1/60 | 1000A | N102 | Plan Sponsor Name | PRMP | | |
| 40 | 1/2 | 1000A | N103 | Identification Code Qualifier | FI | | "FI" = Federal Taxpayer's Identification Number |
| 40 | 2/80 | 1000A | N104 | Sponsor Identifier | 660437470 | | Federal Tax ID of Sponsor (PRMP) |
| 41 | | 1000B | N1 | Payer | | | |
| 41 | 2/3 | 1000B | N101 | Entity Identifier Code | IN | IN | "IN" = Insurer |
| 41 | 1/60 | 1000B | N102 | Insurer Name | | IN | Name of carrier |
| 42 | 1/2 | 1000B | N103 | Identification Code Qualifier | FI | IN | "FI" = Federal Taxpayer's Identification Number |
| 42 | 2/80 | 1000B | N104 | Insurer Identification Code | | IN | Federal Tax ID of carrier |
| 43 | | 1000C | N1 | TPA/Broker Name | | | This loop does not meet the situational requirements to be sent by Puerto Rico Medicaid. |
| 45 | | 1100C | ACT | TPA/Broker Account Information | | | This loop does not meet the situational requirements to be sent by Puerto Rico Medicaid. |
| 47 | | 2000 | INS | Member Level Detail | | | PRMP considers the Member as the Subscriber/Member in all reporting situations. |
| 48 | 1/1 | 2000 | INS01 | Member Indicator | Y | IN | "Y" = Yes |
| 48 | 2/2 | 2000 | INS02 | Individual Relationship Code | 18 | IN | "18" = Self |
| 49 | 3/3 | 2000 | INS03 | Maintenance Type Code | 001 021 024 030 | IN | |
| | | | | Change (Daily) | 001 | | Indicate a change to an existing subscriber/dependent record. |
| | | | | Addition | 021 | | Add a subscriber. |
| | | | | Cancellation or Termination | 024 | | Cancellation, termination, or deletion of a subscriber. |
| | | | | Audit or Compare (Monthly) | 030 | | Outbound only: Sending a full file (BGN08 = '4' or 'RX') to verify that the sponsor and payer databases are in sync. |

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| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | Req | Notes/Comments |
|---|---|---|---|---|---|---|---|
| 49 | 2/3 | 2000 | INS04 | Maintenance Reason Code | | IN | See Appendix A for list of possible codes.<br><br>When INS04=03, the date of death is indicated within the INS12 field and as the Medicaid end date in the 2000 loop |
| 51 | 1/1 | 2000 | INS05 | Benefit Status Code | A | IN | "A" = Active |
| 51 | 1/1 | 2000 | INS06-1 | Medicare Plan Code | A<br>B<br>C<br>D<br>E | IN | |
| | | | | Medicare Part A | A | | |
| | | | | Medicare Part B | B | | |
| | | | | Medicare Part A and B | C | | |
| | | | | Medicare Part D | D | | |
| | | | | No Medicare | E | | |
| 52 | 2/2 | 2000 | INS08 | Employment Status Code | AC<br>TE | IN | Status of the subscriber in Medicaid. |
| | | | | Active | AC | | |
| | | | | Terminated | TE | | |
| 53 | 2/3 | 2000 | INS11 | Date Time Period Format Qualifier | D8 | | "D8" = Date Expressed in Format CCYYMMDD |
| 54 | 1/35 | 2000 | INS12 | Date Time Period | | | Member / Individual Death Date CCYYMMDD format |
| 55 | | 2000 | REF | Subscriber Identifier | | | |
| 55 | 2/3 | 2000 | REF01 | Reference Identification Qualifier | 0F | IN | "0F" = Subscriber Number |
| 55 | 1/35 | 2000 | REF02 | Subscriber Identifier | PRMMIS medicaid id MPI | IN | Subscriber ID as assigned by PRMP. 11 digits as assigned by M3G. |
| 56 | | 2000 | REF | Member Policy Number | | | This segment does not meet the situational requirements to be sent by Puerto Rico Medicaid. |
| 57 | | 2000 | REF | Member Supplemental Identifier | | | Additional details are provided in Section 7 - Notes on 834 Benefit Enrollment and Maintenance.<br><br>*Note:* Segment can repeat 13 times. |
| 57 | 2/3 | 2000 | REF01 | Reference Identification Qualifier | F6<br>Q4 | | |
| | | | | Health Insurance Claim (HIC) Number | F6 | | MBI |
| | | | | Prior Identifier Number | Q4 | | To pass the Identifier Number under which the member had previous coverage with the payer. |
| 57 | 1/50 | 2000 | REF02 | Member Supplemental Identifier | | | |

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| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | Req | Notes/Comments |
|---|---|---|---|---|---|---|---|
| 58 | | 2000 | DTP | Member Level Dates | | | Required when enrolling a member or when the sponsor is informed of a change to any applicable date listed in DTP01. Only those dates that apply to the particular insurance contract need to be sent.<br><br>*Note:* Segment can repeat 24 times.<br><br>DTP01 values 473 (Medicaid Begin Date) and 474 (Medicaid End) date will be present on all 834 Maintenance Type Codes (001, 021, 024 and 030). |
| 58 | 3/3 | 2000 | DTP01 | Date Time Qualifier | | | See Appendix B for list of valid qualifiers. |
| 59 | 2/3 | 2000 | DTP02 | Date Time Period Format Qualifier | D8 | | "D8" = Date Expressed in Format CCYYMMDD. |
| 59 | 1/35 | 2000 | DTP03 | Status Information Effective Date | | | |
| 62 | | 2100A | NM1 | Member Name | | | |
| 62 | 2/3 | 2100A | NM101 | Entity Identifier Code | 74 IL | IN | |
| | | | | Corrected Insured | 74 | | This code is used if this transmission is correcting the identifier information on a member already enrolled.<br><br>*Note:* Usage of this code requires the sending of an NM1 with code '70' in loop 2100B. |
| | | | | Insured or Subscriber | IL | | This code is used when enrolling a new member or updating a member with no change in identifying information. |
| 63 | 1/1 | 2100A | NM102 | Entity Type Qualifier | 1 | IN | "1" = Person |
| 63 | 1/60 | 2100A | NM103 | Member Last Name | | IN | last name #1 & last name #2 with pipe delimiter to separate |
| 63 | 1/35 | 2100A | NM104 | Member First Name | | IN | |
| 63 | 1/25 | 2100A | NM105 | Member Middle Name | | | |
| 64 | 1/2 | 2100A | NM108 | Identification Code Qualifier | | | "34" = Social Security Number |
| 64 | 2/80 | 2100A | NM109 | Member Identifier | | | Social Security Number |
| 65 | | 2100A | PER | Member Communications Numbers | | | |
| 66 | 2/2 | 2100A | PER01 | Contact Function Code | IP | | "IP" = Insured Party |
| 66 | 2/2 | 2100A | PER03 | Communication Number Qualifier | TE | | "TE" Telephone |
| 66 | 1/256 | 2100A | PER04 | Communication Number | | | Member's Telephone Number if on file |
| 66 | 2/2 | 2100A | PER05 | Communication Number Qualifier | TE | | "TE" Telephone |
| 66 | 1/256 | 2100A | PER06 | Communication Number | | | Member's 2nd Telephone Number if on file |

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| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | Req | Notes/Comments |
|---|---|---|---|---|---|---|---|
| 68 | | 2100A | N3 | Member Residence Street Address | | | |
| 68 | 1/55 | 2100A | N301 | Member Address Line | | | |
| 68 | 1/55 | 2100A | N302 | Member Address Line2 | | | |
| 69 | | 2100A | N4 | Member City, State, ZIP Code | | | |
| 69 | 2/30 | 2100A | N401 | Member City Name | | IN | |
| 69 | 2/2 | 2100A | N402 | Member State Code | | IN | |
| 70 | 3/15 | 2100A | N403 | Member Zip Code | | IN | *Note:* If zip +4 is unknown send 9998. |
| 70 | 1/2 | 2100A | N405 | Location Qualifier | CY | IN | "CY" = County/Parish |
| 70 | 1/30 | 2100A | N406 | Location Identifier | | IN | Contains 3-digit county code<br><br>See Appendix F for list of valid codes. |
| 71 | | 2100A | DMG | Member Demographics | | | |
| 71 | 2/3 | 2100A | DMG01 | Date Time Period Format Qualifier | D8 | | "D8" = Date Expressed in Format CCYYMMDD |
| 71 | 1/35 | 2100A | DMG02 | Member Birth Date | | | |
| 72 | 1/1 | 2100A | DMG03 | Gender Code | F<br>M<br>U | | |
| | | | | Female | F | | |
| | | | | Male | M | | |
| | | | | Unknown | U | | This code is to be used only when the gender is unknown or when it can not be sent due to reporting restrictions. |
| 72 | 1/1 | 2100A | DMG04 | Marital Status Code | B<br>D<br>I<br>M<br>R<br>S<br>U<br>W<br>X | | |
| | | | | Registered Domestic Partner | B | | |
| | | | | Divorced | D | | |
| | | | | Single | I | | |
| | | | | Married | M | | |
| | | | | Unreported | R | | |
| | | | | Separated | S | | |
| | | | | Unmarried (Single or Divorced or Widowed) | U | | This code should be used if the previous status is unknown. |
| | | | | Widowed | W | | |
| | | | | Legally Separated | X | | |

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| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | Req | Notes/Comments |
|---|---|---|---|---|---|---|---|
| 72 | | 2100A | DMG05 | Composite Race Or Ethnicity Information | | | **Note:** Element can repeat up to 10 times. |
| 73 | 1/1 | 2100A | DMG05 - 1 | Race Code | | | See Appendix C for list of possible codes. Since this is a repeating field multiple race codes can be entered in this field separated by value in ISA11 ("^"). |
| 76 | | 2100A | EC | Employment Class Code | | | This segment does not meet the situational requirements to be sent by Puerto Rico Medicaid. |
| 79 | | 2100A | ICM | Member Income | | | This segment does not meet the situational requirements to be sent by Puerto Rico Medicaid. |
| 81 | | 2100A | AMT | Member Policy Amounts | | | **Note:** Segment can repeat up to 7 times |
| 81 | 1/3 | 2100A | AMT01 | Amount Qualifier Code | C1 | | Co-Payment Amount (maximum monthly out of pocket) |
| 81 | 1/18 | 2100A | AMT02 | Contract Amount | | | |
| 82 | | 2100A | HLH | Member Health Information | | | This segment does not meet the situational requirements to be sent by Puerto Rico Medicaid. |
| 84 | | 2100A | LUI | Member Language | | | Required if the sponsor knows that the member's primary language is not English, and such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations.<br><br>**Note:** Segment can repeat as needed. |
| 84 | 1/2 | 2100A | LUI01 | Identification Code Qualifier | LE | | "LE" ISO 639 Language Codes |
| 85 | 2/80 | 2100A | LUI02 | Language Code | | | SPA for example |
| 85 | 1/80 | 2100A | LUI03 | Language Description | | | Situational Rule: Required if the sender is unable to code the necessary language identification in LUI01 and LUI02. |
| 85 | 1/2 | 2100A | LUI04 | Language Use Indicator | 6 7 | | |
| | | | | Language Writing | 6 | | |
| | | | | Language Speaking | 7 | | |
| 86 | | 2100B | NM1 | Incorrect Member Name | | | Required if a corrected name is being sent in loop 2100A or if previously supplied demographics are being changed. If only the demographics are being changed, the code in NM101 in loop 2100A will be IL, and the code in NM101 in this loop will be 70. |

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| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | R eq | Notes/Comments |
|---|---|---|---|---|---|---|---|
| 86 | 2/3 | 2100B | NM101 | Entity Identifier Code | 70 | | "70" = Prior Incorrect Insured<br><br>**Note:** This code identifies that the information that follows is previously reported enrollment information that is being corrected. |
| 87 | 1/1 | 2100B | NM102 | Entity Type Qualifier | 1 | | "1" = Person |
| 87 | 1/60 | 2100B | NM103 | Prior Incorrect Member Last Name | | | 1st last name & 2nd last name with pipe delimiter to separate |
| 87 | 1/35 | 2100B | NM104 | Prior Incorrect Member First Name | | | |
| 87 | 1/25 | 2100B | NM105 | Prior Incorrect Member Middle Name | | | Middle initial only in PRMMIS |
| 87 | 1/2 | 2100B | NM108 | Identification Code Qualifier | 34 | | "34" = Social Security Number |
| 88 | 2/80 | 2100B | NM109 | Prior Incorrect Insured Identifier | | | Prior incorrect Social Security Number |
| 89 | | 2100B | DMG | Incorrect Member Demographics | | | Required when changing previously supplied demographics. |
| 89 | 2/3 | 2100B | DMG01 | Date Time Period Format Qualifier | D8 | | "D8" = Date Expressed in Format CCYYMMDD |
| 90 | 1/35 | 2100B | DMG02 | Prior Incorrect Insured Birth Date | | | |
| 90 | 1/1 | 2100B | DMG03 | Prior Incorrect Insured Gender Code | F<br>M<br>U | | |
| | | | | Female | F | | |
| | | | | Male | M | | |
| | | | | Unknown | U | | This code is to be used only when the gender is unknown or when it can not be sent due to reporting restrictions. |
| 90 | 1/1 | 2100B | DMG04 | Marital Status Code | B<br>D<br>I<br>M<br>R<br>S<br>U<br>W<br>X | | |
| | | | | Registered Domestic Partner | B | | |
| | | | | Divorced | D | | |
| | | | | Single | I | | |
| | | | | Married | M | | |
| | | | | Unreported | R | | |
| | | | | Separated | S | | |
| | | | | Unmarried (Single or Divorced or Widowed) | U | | This code should be used if the previous status is unknown. |
| | | | | Widowed | W | | |
| | | | | Legally Separated | X | | |

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| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | R eq | Notes/Comments |
|---|---|---|---|---|---|---|---|
| 90 | | 2100B | DMG05 | Composite Race Or Ethnicity Information | | | |
| 90 | 1/1 | 2100B | DMG05 – 1 | Race Code | | | See Appendix C for list of possible codes. |
| 92 | | 2100C | NM1 | Member Mailing Address | | | When the member mailing address is different from the residence address sent in loop 2100A. |
| 92 | 2/3 | 2100C | NM101 | Entity Identifier Code | 31 | | "31" = Postal Mailing Address |
| 92 | 1/1 | 2100C | NM102 | Entity Type Qualifier | 1 | | "1" = Person |
| 94 | | 2100C | N3 | Member Mailing Street Address | | | |
| 94 | 1/55 | 2100C | N301 | Member Mailing Address Line | | IN | |
| 94 | 1/55 | 2100C | N302 | Member Mailing Address Line2 | | | |
| 95 | | 2100C | N4 | Member Mailing City, State, ZIP | | | |
| 95 | 2/30 | 2100C | N401 | Member Mailing City Name | | IN | |
| 95 | 2/2 | 2100C | N402 | Member Mailing State Code | | IN | |
| 96 | 3/15 | 2100C | N403 | Member Mailing ZIP Code | | IN | *Note:* If zip +4 is unknown send 9998. |
| 97 | | 2100D | NM1 | Member Employer | | | This loop does not meet the situational requirements to be sent by Puerto Rico Medicaid. |
| 106 | | 2100E | NM1 | Member School | | | This loop does not meet the situational requirements to be sent by Puerto Rico Medicaid. |
| 114 | | 2100F | NM1 | Custodial Parent | | | This segment does not meet the situational requirements to be sent by Puerto Rico Medicaid. |
| 123 | | 2100G | NM1 | Responsible Person | | | The person(s) who are Responsible for the member.  *Note:* Loop can repeat up to 13 times. |
| 123 | 2/3 | 2100G | NM101 | Entity Identifier Code | QD | | Responsible Party |
| 124 | 1/1 | 2100G | NM102 | Entity Type Qualifier | 1 | | "1" = Person |
| 124 | 1/60 | 2100G | NM103 | Responsible Party Last or Organization Name | | | |
| 124 | 1/35 | 2100G | NM104 | Responsible Party First Name | | | |
| 124 | 1/25 | 2100G | NM105 | Responsible Party Middle Name | | | |
| 125 | 1/2 | 2100G | NM108 | Identification Code Qualifier | ZZ | | ZZ = mutually defined |
| 125 | 2/80 | 2100G | NM109 | Responsible Party Identifier | | | PRMMIS 31Medicaid id/MPI |
| 126 | | 2100G | PER | Responsible Person Communications Numbers | | | Required when the Responsible Person contact information is provided to the sponsor. |
| 127 | 2/2 | 2100G | PER01 | Contact Function Code | RP | | "RP" = Responsible Person |

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| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | R eq | Notes/Comments |
|---|---|---|---|---|---|---|---|
| 127 | 2/2 | 2100G | PER03 | Communication Number Qualifier | TE | | "TE" = Telephone |
| 127 | 1/256 | 2100G | PER04 | Communication Number | | | |
| 127 | 2/2 | 2100G | PER05 | Communication Number Qualifier | TE | | "TE" = Telephone |
| 128 | 1/256 | 2100G | PER06 | Communication Number | | | |
| 129 | | 2100G | N3 | Responsible Person Street Address | | | **ADMINISTRACION DE** |
| 129 | 1/55 | 2100G | N301 | Responsible Person Address Line | | | **SEGUROS DE SALUD** |
| 129 | 1/55 | 2100G | N302 | Responsible Person Address Line2 | | | **23 - 0 0 0 4 5 H** |
| 130 | | 2100G | N4 | Responsible Person City, State, ZIP | | | |
| 130 | 2/30 | 2100G | N401 | Responsible Person City Name | | | **Contrato Número** |
| 131 | 2/2 | 2100G | N402 | Responsible Person State Code | | | |
| 131 | 3/15 | 2100G | N403 | Responsible Person ZIP | | | **Note:** If zip +4 is unknown send 9998. |
| 132 | | 2100H | NM1 | Drop Off Location | | | The Drop Off Location loop does not meet the situational requirements to be used by Puerto Rico Medicaid. |
| 137 | | 2200 | DSB | Disability Information | | | The Disability Information loop does not meet the situational requirements to be used by Puerto Rico Medicaid. |
| 140 | | 2300 | HD | Health Coverage | | | When enrolling a new member or when adding, updating, removing coverage or auditing an existing member.<br><br>**Note:** Loop can repeat up to 99 times. |
| 140 | 3/3 | 2300 | HD01 | Maintenance Type Code | 001 021 024 030 | IN | **001, 021,** and **024,** re used with the 834 change file.<br><br>**030** is used with the monthly 834 full file. |
| | | | | Change | 001 | | |
| | | | | Addition | 021 | | |
| | | | | Cancellation or Termination | 024 | | Use this code for cancelling/terminating a coverage |
| | | | | Audit or Compare | 030 | | Outbound Only. |
| 141 | 2/3 | 2300 | HD03 | Insurance Line Code | HMO | | HMO – Health Maintenance Organization<br><br>**Note:** The dates on this loop are associated with the assignment plan. |
| 142 | 1/50 | 2300 | HD04 | Plan Coverage Description | **Appendix G** | IN | See Appendix G for layout of HD04. 834 Inbound Managed Care Region is required for INBOUND. |
| 142 | 3/3 | 2300 | HD05 | Coverage Level Code | IND | | "IND" = Individual |

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| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | Req | Notes/Comments |
|---|---|---|---|---|---|---|---|
| 143 | | 2300 | DTP | Health Coverage Dates | | | *Note:* Segment can repeat up to 6 times. |
| 143 | 3/3 | 2300 | DTP01 | Date Time Qualifier | 348 349 695 | IN | |
| | | | | Benefit Begin | 348 | | This is the effective date of coverage. This code must always be sent when adding or reinstating coverage. |
| | | | | Benefit End | 349 | | The termination date represents the last date of coverage in which claims will be paid for the individual being terminated. |
| | | | | Previous Period | 695 | | This value is only to be used when reporting Previous Coverage Months. |
| 144 | 2/3 | 2300 | DTP02 | Date Time Period Format Qualifier | D8 RD8 | IN | |
| | | | | Date Expressed in Format CCYYMMDD. | D8 | | |
| | | | | Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | RD8 | | This value is only to be used when reporting Previous Coverage Months. |
| 144 | 1/35 | 2300 | DTP03 | Coverage Period | | IN | |
| 145 | | 2300 | AMT | Health Coverage Policy | | | The Health Coverage Policy segment does not meet the situational requirements to be used by Puerto Rico Medicaid. |
| 146 | | 2300 | REF | Health Coverage Policy Number | | | The Health Coverage Policy Number segment does not meet the situational requirements to be used by Puerto Rico Medicaid. |
| 148 | | 2300 | REF | Prior Coverage Months | | | The Prior Coverage Month segment does not meet the situational requirements to be used by Puerto Rico Medicaid. |
| 150 | | 2300 | IDC | Identification Card | | | The Identification Card segment does not meet the situational requirements to be used by Puerto Rico Medicaid. |
| 152 | | 2310 | LX | Provider Information | If needed this loop repeats in this order: PMG1 PCP1 PCP2 | | Provide information about the primary care providers and/or managed care organizations selected by the member. *Note:* Loop can repeat up to 30 times. |
| 152 | 1/6 | 2310 | LX01 | Assigned Number | | | This is a sequential number representing the number of loops (providers) for this member. |
| 153 | | 2310 | NM1 | Provider Name | | | |
| 153 | 2/3 | 2310 | NM101 | Entity Identifier Code | P3 Y2 | IN | |
| | | | | Primary Care Provider | P3 | | PCP1/PCP2 |
| | | | | Managed Care Organization | Y2 | | PMG1 |

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| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | Req | Notes/Comments |
|---|---|---|---|---|---|---|---|
| 154 | 1/1 | 2310 | NM102 | Entity Type Qualifier | 1 | IN | Person – All providers will be indicated as a "Person" (1) |
| 154 | 1/60 | 2310 | NM103 | Provider Last or Organization Name | | | If provider is actually a person this field will contain their 1st last name and 2nd last name with pipe delimiter to separate.  If provider is an organization this field will contain the company name. |
| 154 | 1/35 | 2310 | NM104 | Provider First Name | | | If Provider is an Organization this field will be empty. |
| 154 | 1/25 | 2310 | NM105 | Provider Middle Name | | IN | Provider's Medicaid ID as assigned by PRMMIS |
| 154 | 1/10 | 2310 | NM106 | Provider Name Prefix | PCP1 PCP2 PMG1 | IN | Used to indicate PCP1, PCP2 or PMG1 |
| 155 | 1/2 | 2310 | NM108 | Identification Code Qualifier | XX | IN | |
| | | | | CMS National Provider Identifier (NPI) | XX | | |
| 155 | 2/80 | 2310 | NM109 | Provider Identifier | | IN | If provider has an NPI it will go here. |
| 155 | 2/2 | 2310 | NM110 | Entity Relationship Code | 25 26 72 | IN | |
| | | | | Established Patient | 25 | | |
| | | | | Not Established Patient | 26 | | |
| | | | | Unknown | 72 | | |
| 156 | | 2310 | N3 | Provider Address | | | |
| 156 | 1/55 | 2310 | N301 | Provider Address Line | | IN | |
| 156 | 1/55 | 2310 | N302 | Provider Address Line | | | |
| 157 | | 2310 | N4 | Provider City, State, ZIP | | | |
| 157 | 2/30 | 2310 | N401 | Provider City Name | | IN | |
| 157 | 2/2 | 2310 | N402 | Provider State Code | | IN | |
| 158 | 3/15 | 2310 | N403 | Provider Postal Zone or ZIP Code | | IN | Note: If zip +4 is unknown send 9998. |
| 158 | 2/3 | 2310 | N404 | Country Code | | | Required when the address is outside the United States of America.  Use the alpha-2 country codes from Part 1 of ISO 3166. |
| 159 | | 2310 | PER | Provider Communications Number | | | Segment can repeat twice |
| 160 | 2/2 | 2310 | PER01 | Contact Function Code | IC | | IC Information Contact |

| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | Req | Notes/Comments |
|---|---|---|---|---|---|---|---|
| 160 | 2/2 | 2310 | PER03 | Communication Number Qualifier | TE | | 24 hour Telephone Number |
| 160 | 1/256 | 2310 | PER04 | Communication Number | | | |
| 162 | | 2310 | PLA | Provider Change Reason | | | To report the reason and the effective date that a member changes providers as described by the NM1 segment in Loop 2310. |
| 162 | 1/2 | 2310 | PLA01 | Action Code | 2 | IN | "2" Change (Update) |
| 162 | 2/2 | 2310 | PLA02 | Entity Identifer Code | IP | IN | "1P" Provider |
| 162 | 8/8 | 2310 | PLA03 | Effective Date | CCYYMMDD | IN | This is the effective date of the change of PCP. When the Carrier sends the beginning date of the PCP and it Is outside of the current Eligibility date, the system will use the Eligibility date to update PRMMIS. If the Carrier sends a PCP begin date that is within the Eligibility date range, PRMMIS will utilize the Carriers date. |
| 163 | 2/3 | 2310 | PLA05 | Maintenance Reason Code | 14 22 46 AA AB AC AD AE AF AG AH AI AJ | IN | |
| | | | | Voluntary Withdrawal | 14 | | |
| | | | | Plan Change | 22 | | |
| | | | | Current Customer Information File in Error | 46 | | |
| | | | | Dissatisfaction with Office Staff | AA | | |
| | | | | Dissatisfaction with Medical Care/Services Rendered | AB | | |
| | | | | Inconvenient Office Location | AC | | |
| | | | | Dissatisfaction with Office Hours | AD | | |
| | | | | Unable to Schedule Appointments in a Timely Manner | AE | | |
| | | | | Dissatisfaction with Physician's Referral Policy | AF | | |
| | | | | Less Respect and Attention Time Given than to Other Patients | AG | | |

| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | Req | Notes/Comments |
|---|---|---|---|---|---|---|---|
| | | | | Patient Moved to a New Location | AH | | |
| | | | | No Reason Given | AI | | |
| | | | | Appointment Times not Met in a Timely Manner | AJ | | |
| 164 | | 2320 | COB | Coordination of Benefits | | | Required whenever an individual has another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. Loop can repeat 5 times. |
| 164 | 1/1 | 2320 | COB01 | Payer Responsibility Sequence Number Code | P S T U | | |
| | | | | Primary | P | | |
| | | | | Secondary | S | | |
| | | | | Tertiary | T | | |
| | | | | Unknown | U | | |
| 164 | 1/50 | 2320 | COB02 | Member Policy Number | | | Required when the policy number is available. |
| 164 | 1/1 | 2320 | COB03 | Coordination of Benefits Code | 1 | | "1" Coordination of Benefits |
| 165 | 1/2 | 2320 | COB04 | Service Type Code | 1 35 48 50 54 89 90 A4 AG AL BB | | Required when detailed COB coverage information is agreed to be exchanged.<br><br>Up to 9 values can be listed separated by value in ISA11 – Repetition Separator. The preferred repetition separator is a caret (^). |
| | | | | Medical Care | 1 | | |
| | | | | Dental Care | 35 | | |
| | | | | Hospital – Inpatient | 48 | | |
| | | | | Hospital – Outpatient | 50 | | |
| | | | | Long Term Care | 54 | | |
| | | | | Free Standing Prescription Drug | 89 | | |
| | | | | Mail Order Prescription Drug | 90 | | |
| | | | | Psychiatric | A4 | | |

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| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | Req | Notes/Comments |
|---|---|---|---|---|---|---|---|
| | | | | Skilled Nursing Care | AG | | |
| | | | | Vision (Optometry) | AL | | |
| | | | | Partial Hospitalization (Psychiatric) | BB | | |
| 166 | | 2320 | REF | Additional Coordination Of Benefits Identifiers | | | Required if additional COB identifiers are supplied by the subscriber. Can repeat 4 times. |
| 166 | 2/3 | 2320 | REF01 | Reference Identification Qualifier | 60 6P | | |
| | | | | Account Suffix Code | 60 | | |
| | | | | Group Number | 6P | | |
| 167 | 1/50 | 2320 | REF02 | Member Group Number | | | |
| 168 | | 2320 | DTP | Coordination Of Benefits Eligibility Dates | | | Required when the submitter needs to send effective dates for coordination of benefits. Can repeat 2 times. |
| 168 | 3/3 | 2320 | DTP01 | Date/Time Qualifier | 344 345 | | |
| | | | | Coordination of Benefits Begin | 344 | | |
| | | | | Coordination of Benefits End | 345 | | |
| 168 | 2/3 | 2320 | DTP02 | Date Time Period Format Qualifier | D8 | | Date Expressed in Format CCYYMMDD |
| 168 | 1/35 | 2320 | DTP03 | Coordination of Benefits Date | | | |
| 169 | | 2330 | NM1 | Coordination Of Benefits Related Entity | | | Required to send the name of the insurance company when provided to the sponsor. Can repeat 3 times. |
| 169 | 2/3 | 2330 | NM101 | Entity Identifier Code | 36 GW IN | | |
| | | | | Employer | 36 | | |
| | | | | Group | GW | | |
| | | | | Insurer | IN | | |
| 170 | 1/1 | 2330 | NM102 | Entity Type Qualifier | 2 | | "2" = Non-Person Entity |
| 170 | 1/60 | 2330 | NM103 | Coordination of Benefits Insurer Name | | | Required to send the insurance company name if no standard identifier is available to pass in NM109. Outbound 834 will include 3 digit insurer code, a space, and then the insurer name. |
| 170 | 1/2 | 2330 | NM108 | Identification Code Qualifier | FI NI | | |
| | | | | Federal Taxpayer's Identification Number | FI | | |

| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | Req | Notes/Comments |
|---|---|---|---|---|---|---|---|
| | | | | National Association of Insurance Commissioners (NAIC) Identification | NI | | |
| 170 | 2/80 | 2330 | NM109 | Coordination of Benefits Insurer Identification Code | | | Required when supplied by the employee to the sponsor. |
| 171 | | 2330 | N3 | Coordination Of Benefits Related Entity Address | | | Can repeat 2 times. |
| 171 | 1/55 | 2330 | N301 | Address Information | | | |
| 171 | 1/55 | 2330 | N302 | Address Information | | | |
| 172 | | 2330 | N4 | Coordination Of Benefits Other Insurance Company City, State, Zip Code | | | |
| 172 | 2/30 | 2330 | N401 | Coordination of Benefits Other Insurance Company City Name | | | |
| 173 | 2/2 | 2330 | N402 | Coordination of Benefits Other Insurance Company State Code | | | |
| 173 | 3/15 | 2330 | N403 | Coordination of Benefits Other Insurance Company Postal Zone or ZIP Code | | | Note: If zip +4 is unknown send 9998. |
| 173 | 2/3 | 2330 | N404 | Country Code | | | Required when the address is outside the United States of America. Use the alpha-2 country codes from Part 1 of ISO 3166. |
| 174 | | 2330 | PER | Administrative Communications Contact | | | Required when detailed COB coverage information is agreed to be exchanged. |
| 174 | 2/2 | 2330 | PER01 | Contact Function Code | CN | | "CN" = General Contact |
| 175 | 2/2 | 2330 | PER03 | Communication Number Qualifier | TE | | "TE" = Telephone |
| 175 | 1/256 | 2330 | PER04 | Communication Number | | | |
| 176 | | 2700 | LS | Additional Reporting Categories | | | |
| 176 | 1/4 | 2700 | LS01 | Loop Identifier Code | 2700 | | Constant "2700" (start loop) |
| | | 2710 | LX | Member Reporting Categories | | | |
| 177 | 1/6 | 2710 | LX01 | Assigned Number | 1 | | Start with 1 and increment by 1 |
| | | 2750 | N1 | Reporting Category | | | |
| 178 | 2/3 | 2750 | N101 | Entity Identifier Code | 75 | | Constant "75" (Participant) |
| 178 | 1/60 | 2750 | N102 | Member Reporting Category Name | | | Constant "ADDITIONAL MEMBER IDENTIFICATION DATA" |
| | | 2750 | REF | Reporting Category Reference | | | |
| 179 | 2/3 | 2750 | REF01 | Reference Identification Qualifier | ZZ | | Constant "ZZ" (Mutually Defined) |

| TR3 Page # | Min/Max | Loop ID | Reference | Name | Codes | R eq | Notes/Comments |
|---|---|---|---|---|---|---|---|
| 179 | 1/50 | 2750 | REF02 | Member Reporting Category Reference ID | | | Multiple values delimited by pipe character.<br><br>See Appendix H |
| | | 2750 | DTP | Reporting Category Date | | | |
| 181 | 3/3 | 2750 | DTP01 | Date Time Qualifier | 007 | | Constant "007" (Effective) |
| 181 | 2/3 | 2750 | DTP02 | Date Time Period Format Qualifier | RD8 | | Constant "RD8" (Start thru end dates) |
| 181 | 1/35 | 2750 | DTP03 | Member Reporting Category Effective Dates | CCYYMMDD-CCYYMMDD | | CCYYMMDD-CCYYMMDD Contains Coverage Code Effective and End Dates |
| | | 2700 | LE | Additional Reporting Categories Loop Termination | | | |
| 183 | 1/4 | 2700 | LE01 | Loop Identifier Code | 2700 | | Constant "2700" (end loop) |

# APPENDICES

## Appendix A – Maintenance Reason Codes (INS04)

(Subject to change/addition by Gainwell, grayed out = not applicable.)

| Code | Description | Notes/Comments |
|---|---|---|
| 1 | Divorce | |
| 2 | Birth | |
| 3 | Death | |
| 4 | Retirement | |
| 5 | Adoption | |
| 6 | Strike | |
| 7 | Termination of Benefits | |
| 8 | Termination of Employment | |
| 9 | Consolidation Omnibus Budget Reconciliation Act (COBRA) | |
| 10 | Consolidation Omnibus Budget Reconciliation Act (COBRA) Premium Paid | |
| 11 | Surviving Spouse | |
| 14 | Voluntary Withdrawal | Inbound Only |
| 15 | Primary Care Provider (PCP) Change | |
| 16 | Quit | |
| 17 | Fired | |
| 18 | Suspended | |
| 20 | Active | |
| 21 | Disability | |
| 22 | Plan Change | Outbound Only<br>Use this code when a member changes from one Plan to a different Plan. This is not intended to identify changes to a Plan. |

| Code | Description | Notes/Comments |
|------|-------------|----------------|
| 25 | Change in Identifying Data Elements (demographic) | Outbound Only<br>Use this code when a change has been made to the primary elements that identify a member. Such primary elements include the following: first name, last name, Social Security Number, date of birth, and employee identification number. |
| 26 | Declined Coverage | Use this code when a member declined a previously active coverage. |
| 27 | Pre-Enrollment | Use this code when a member has retro-enrollment periods. |
| 28 | Initial Enrollment | Inbound Only<br>Use this code the first time the member selected coverage with the Plan Sponsor. |
| 29 | Benefit Selection | Outbound Only<br>Use this code when a member changes benefits within a Plan. |
| 31 | Legal Separation | |
| 32 | Marriage | |
| 33 | Personnel Data | Outbound Only<br>Use this code for any data change that is not included in any of the other allowed codes. An example would be change in Coordination of Benefits information. |
| 37 | Leave of Absence with Benefits | |
| 38 | Leave of Absence without Benefits | |
| 39 | Lay Off with Benefits | |
| 40 | Lay Off without Benefits | |
| 41 | Re-enrollment | |
| 43 | Change of Location | Outbound Only<br>Use this code to indicate a change of address. |
| 59 | Non Payment | Outbound Only |
| AA | Dissatisfaction with Office Staff | |
| AB | Dissatisfaction with Medical Care/Services Rendered | |
| AC | Inconvenient Office Location | |
| AD | Dissatisfaction with Office Hours | |
| AE | Unable to Schedule Appointments in a Timely Manner | |
| AF | Dissatisfaction with Physician's Referral Policy | |
| AG | Less Respect and Attention Time Given than to Other Patients | |
| AH | Patient Moved to a New Location | |
| AI | No Reason Given | Outbound Only |
| AJ | Appointment Times not Met in a Timely Manner | |
| AL | Algorithm Assigned Benefit Selection | |
| EC | Member Benefit Selection | Use this code for initial and subsequent enrollment when an insurance carrier needs to recognize that a member made an explicit plan choice. |
| XN | Notification Only | Outbound Verify Only<br>Use this code in complete enrollment transmissions. This is used when INS03 is equal to 030 (Audit/Compare). |
| XT | Transfer | Use this code when a member has an organizational change (i.e. a location change within the organization) with no change in benefits or plan.<br>The 'XT' will indicate that the members information for the date period provided should be 'Voided'. |

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## Appendix B – Member Level Date Qualifiers (DTP01)

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(Subject to change/addition by Gainwell, grayed out = not applicable.)

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| Code | Description | Notes/Comments |
|------|-------------|----------------|
| 50 | Received | Used to identify the date an enrollment application is received. |
| 286 | Retirement | |
| 296 | Initial Disability Period Return To Work | |
| 297 | Initial Disability Period Last Day Worked | |
| 300 | Enrollment Signature Date | |
| 301 | Consolidated Omnibus Budget Reconciliation Act(COBRA) Qualifying Event | |
| 303 | Maintenance Effective | This code is used to send the effective date of a change to an existing member's information, excluding changes made in Loop 2300. |
| 336 | Employment Begin | |
| 337 | Employment End | |
| 338 | Medicare Begin | Effective Date for Medicare Coverage |
| 339 | Medicare End | The termination date represents the last date of coverage in which claims will be paid for the member being terminated. |
| 340 | Consolidated Omnibus Budget Reconciliation Act(COBRA) Begin | |
| 341 | Consolidated Omnibus Budget Reconciliation Act(COBRA) End | |
| 344 | TPL Begin | TPL Begin Date |
| 345 | TPL End | TPL End Date |
| 348 | Benefit Begin | Effective Date for Enrollment Coverage |
| 349 | Benefit End | The termination date represents the last date of coverage in which claims will be paid for the member being terminated. |
| 350 | Education Begin | This is the start date for the student at the current educational institution. |
| 351 | Education End | This is the expected graduation date the student at the current educational institution. |
| 356 | Eligibility Begin | The date when a member could elect to enroll or begin benefits in any health care plan through the employer. This is not the actual begin date of coverage, which is conveyed in the DTP segment at position 2700. |
| 357 | Eligibility End | The eligibility end date represents the last date of coverage for which claims will be paid for the individual being terminated. |
| 383 | Adjusted Hire | |
| 385 | Credited Service Begin | The start date from which an employee's length of service, as defined in the plan document, will be calculated. |
| 386 | Credited Service End | The end date to be used in the calculation of an employee's length of service, as defined in the plan document. |
| 393 | Plan Participation Suspension | |
| 394 | Rehire | |
| 473 | Medicaid Begin | Effective Date for Medicaid Eligibility. |
| 474 | Medicaid End | The termination date represents the last date of coverage in which claims will be paid for the member being terminated. |
| 695 | Previous Period | This value is only used when reporting previous coverage months. |

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## Appendix C – Race Code (DMG05-1)

| Code | Description | Notes/Comments |
|------|-------------|----------------|
| 7 | Not Provided | |
| 8 | Not Applicable | |
| 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 | |
| Z | Mutually Defined | |

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## Appendix F – County Codes in Puerto Rico (N406)

| CODE | COUNTY | CODE | COUNTY | CODE | COUNTY |
|------|--------|------|--------|------|--------|
| 004 | Adjuntas | 112 | Florida | 220 | Orocovis |
| 008 | Aguada | 116 | Guanica | 224 | Patillas |
| 012 | Aguadilla | 120 | Guayama | 228 | Penuelas |
| 016 | Aguas Buenas | 124 | Guayanilla | 232 | Ponce |
| 020 | Aibonito | 128 | Guaynabo | 236 | Quebradillas |
| 024 | Anasco | 132 | Gurabo | 240 | Rincon |
| 028 | Arecibo | 136 | Hatillo | 244 | Rio Grande |
| 032 | Arroyo | 140 | Hormigueros | 248 | SabanaGrande |
| 036 | Barceloneta | 144 | Humacao | 252 | Salinas |
| 040 | Barranquitas | 148 | Isabela | 256 | San German |
| 044 | Bayamon | 152 | Jayuya | 266 | San Juan |
| 048 | Cabo Rojo | 156 | Juana Diaz | 276 | San Lorenzo |
| 052 | Caguas | 160 | Juncos | 280 | SanSebastian |
| 056 | Camuy | 164 | Lajas | 284 | Santa Isabel |
| 060 | Canovanas | 168 | Lares | 288 | Toa Alta |
| 064 | Carolina | 172 | Las Marias | 292 | Toa Baja |
| 068 | Catano | 176 | Las Piedras | 296 | TrujilloAlto |
| 072 | Cayey | 180 | Loiza | 300 | Utuado |
| 076 | Ceiba | 184 | Luquillo | 304 | Vega Alta |
| 080 | Ciales | 188 | Manati | 308 | Vega Baja |
| 084 | Cidra | 192 | Maricao | 312 | Vieques |
| 088 | Coamo | 196 | Maunabo | 316 | Villalba |
| 092 | Comerio | 200 | Mayaguez | 320 | Yabucoa |
| 096 | Corozal | 204 | Moca | 324 | Yauco |
| 100 | Culebra | 208 | Morovis | 000 | OTHER STATE |
| 104 | Dorado | 212 | Naguabo | | |
| 108 | Fajardo | 216 | Naranjito | | |

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## Appendix G – Plan Coverage Description (HD04)

Fields will be separated by pipe character " | ". The Record Type will be provided, a "|" and then the value for the field.

| Record Type | Health Coverage Information | Value | Loop Type | Carrier | Req on Inbound |
|---|---|---|---|---|---|
| 01 | MANAGED CARE REGION | 1 char | Enrollment | All | YES |
| 02 | ENROLLMENT CONFIRMATION | Y or N | Enrollment | All | YES |
| 03 | PLAN TYPE (01 or 02) - GHIP (45 Medicaid) and MASNP (45 Medicaid and Medicare) | 01 or 02 | Enrollment | All | |
| 04 | AUTO ASSIGNMENT INDICATOR Y/N (to a specific carrier) | Y or N | Enrollment | Vital and ASES | |
| 05 | PLAN VERSION | 3 char | Enrollment | Platino and ASES | YES for Platino |
| 30 | COVERAGE CODE (AIJ/F will be a separate eligibility segment described in Record Types 37 and 38) | 3 char | Coverage | All | |
| 31 | GROUP CODE | 3 char | Coverage | All | |
| 32 | GROUP VIII INDICATOR | Y or N | Coverage | ASES only | |
| 33 | EMERGENCY INDICATOR ( 00 = no, 01 = COVID19, 02 = COVID192) (future use TBD) | 00,01,02 | Coverage | Vital and ASES | |
| 34 | INCARCERATION INDICATOR (I = Incarcerated, A = AIJ, F = Forensic Psychiatric, space = not incarcerated) | I, A, F, SPACE | Coverage | Vital and ASES | |
| 35 | FOSTER CARE INDICATOR | Y or N | Coverage | Vital and ASES | |
| 36 | DOMESTIC ABUSE INDICATOR | Y or N | Coverage | All | |
| 37 | HYBRID COVERAGE CODE (Incarceration AIJ and Forensic Psychiatric) | 3 char | Coverage | Vital and ASES | |
| 38 | HYBRID GROUP CODE (Incarceration AIJ and Forensic Psychiatric) | 3 char | Coverage | Vital and ASES | |
| 50 | RATE CELL – 8/31 will be derived based on ASES rules until post P3 | 3 char | Rate Cell | All | |
| 60 | RAW RISK SCORE (123.5678) | 8 char | Risk | Vital and ASES | |
| 61 | MEMBER RISK SCORE (as provided by actuary and stored in PRMMIS) (123.5678) | 8 char | Risk | Vital and ASES | |

Below are some samples of how the 2300 Loop HD segment will look for changes. The begin date of the change transaction will be used to determine the end date for the previous record. Basically, if the change transaction begin date is 01/01/2024, the end date for the previous record will be 12/31/2023, or begin date minus one day.

The change transactions will also be grouped. This means that if any value within the same 'Loop Type' changes, a loop will be created for each of those within that 'Loop Type'. Example if the Record Type – 01 (Region Code) changes, the Enrollment Confirmation, Plan Type, Auto Assignment and Plan Version loops will be produced. This is necessary because the begin date and end date for these fields are the same.

For example, if the region code changes, all enrollment loop record types will be generated.
```
X = Region Code
    HD*001**HMO*01|x*IND~
    DTP*348*D8*20230901~
    DTP*349*D8*20240831~
x = Enrollment Confirmation
    HD*001**HMO*02|x*IND~
    DTP*348*D8*20230901~
    DTP*349*D8*20240831~
```

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xx = Plan Type
```
HD*001**HMO*03|x*IND~
DTP*348*D8*20230901~
DTP*349*D8*20240831~
```
x = Auto Assignment
```
HD*001**HMO*04|x*IND~
DTP*348*D8*20230901~
DTP*349*D8*20240831~
```

xxx = Plan Version
```
HD*001**HMO*05|xxx*IND~
DTP*348*D8*20230901~
DTP*349*D8*20240831~
```

The monthly 834 Audit file, Maintenance Code 030, and Add Transactions, Maintenance Code 021, will contain a loop for every value within Appendix G.

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## Appendix H – Member Reporting Category Reference ID (2750 REF02 )

Fields will be separated by pipe character " | ".

| Order | ADDITIONAL MEMBER IDENTIFICATION DATA | value | size | + pipe |
|-------|----------------------------------------|--------|------|--------|
| 1 | GENDER IDENTITY (M or F or U) | M, F, U | 1 | 2 |
| 2 | TRADING PARTNER id of previous carrier | 9 char | 9 | 10 |
| 3 | TRADING PARTNER id of future carrier | 9 char | 9 | 10 |
| 4 | ACTIVE STATE POLICE | Y or N | 1 | 2 |
| 5 | POLICE SPOUSE | Y or N | 1 | 2 |
| 6 | POLICE CHILD < 26 YRS OLD | Y or N | 1 | 2 |
| 7 | REHABILITATION CENTER | Y or N | 1 | 2 |
| 8 | MENTAL HEALTH FACILITY | Y or N | 1 | 2 |
| 9 | ADOPTION ASSISTANCE | Y or N | 1 | 2 |
| 10 | HOMELESS | Y or N | 1 | 2 |
| 11 | UNIVERSITY EMPLOYEE | Y or N | 1 | 2 |
| 12 | PUBLIC CORPORATION EMPLOYEE | Y or N | 1 | 2 |
| 13 | PUBLIC EMPLOYEE OR PENSIONER | Y or N | 1 | 2 |
| 14 | EMPLOYMENT MUNICIPALITY | 3 char | 3 | 3 |

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Note: Employment Municipality contains the municipality which is the same as county. See Appendix F for values.

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## Appendix I – Managed Care Region

| Region | Puerto Rico Region Name |
|--------|-------------------------|
| A | North |
| B | Metro-North |
| E | East |
| F | North-East |
| G | South-East |
| Z | West |
| J | San Juan |
| S | South-West |
| P | Virtual Region |

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## Appendix J – Trading Partner IDs and 834 Inbound File Names

| Carrier Name | File Abbreviation | Trading Partner |
|---|---|---|
| ADMINISTRACION DE SEGUROS DE SALUD DE PUERTO RICO | ASES | 680100 |
| FIRST MEDICAL HEALTH PLAN, INC. | FM | 690150 |
| HUMANA PLATINO | HUMA | 690700 |
| MCS ADVANTAGE | MCS | 690800 |
| MEDICARE Y MUCHO MAS | MMMP | 690320 |
| MMM MULTI HEALTH, LLC | MMMV | 690350 |
| PLAN DE SALUD MENONITA | PSM | 690900 |
| PREFERRED MEDICARE CHOICE | PMC | 690330 |
| TRIPLE-S ADVANTAGE | TPA | 690410 |
| TRIPLE-S SALUD, INC. | TPS | 690450 |

20230630_FM_690150_834DI_01.X12
20230630_MMMV_690350_834DI_01.X12
20230630_PSM_690900_834DI_01.X12
20230630_TPS_690450_834DI_01.X12
20230630_MMMP_690320_834DI_01.X12
20230630_PMC_690330_834DI_01.X12
20230630_MCS_690800_834DI_01.X12
20230630_HUMA_690700_834DI_01.X12
20230630_TPA_690410_834DI_01.X12

20230630_ASES_690150_834DI_01.X12
20230630_ASES_690350_834DI_01.X12
20230630_ASES_690900_834DI_01.X12
20230630_ASES_690450_834DI_01.X12
20230630_ASES_690320_834DI_01.X12
20230630_ASES_690330_834DI_01.X12
20230630_ASES_690800_834DI_01.X12
20230630_ASES_690700_834DI_01.X12
20230630_ASES_690410_834DI_01.X12

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## Appendix K – 834 Business Rules

All extension elements should be part of the same transaction.

HD04 Record Type 01 (Appendix G – Plan Coverage Description): The Region sent on the 834 Inbound Files will not be used to update PRMMIS. The Region is part of the demographic information that is provided by the Eligibility Vendor. The Region can only be updated by the Eligibility Vendor. If a Region provided on the 834 Inbound File does not match what is on the PRMMIS system, an information message will be provided. This informational message will communicate to the Carrier that the Region within their system does not match PRMMIS.

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### Appendix L – 834 Monthly Audit File Carrier Procedures

**Processing of the 834 Monthly Audit File**
The 834 Monthly Audit File contains all active members at the specific point in time of the job execution. The data shows exactly the structure of the member, including the begin and end dates.

All Carriers should reconcile their data with the 834 Monthly Audit File. To do this, we advise the Carriers to read the file, member by member. There are several possibilities of updates based on what is contained within the Carriers system compared to the 834 Audit file.

1) If the member is found within the Carriers system
   a. The Carriers data should be compared to the 834 Audit file.
   b. If differences are found, the Carriers data should be updated with the information provided on the 834 Audit file.
2) If the member is not found within the Carriers system
   a. The member should be added utilizing the data provided on the 834 Audit file.

*Note (2/01/2024): At this time, it is recommended for Carriers to review members NOT on the 834 Audit file, but 'active' within the Carriers system. These member examples should be sent to the EDI Helpdesk for analysis. Do Not automatically term these members.*

*At this time, if Carrier system limitations exist and if you are not able to Add or Change members systematically, CTN requests can be made by utilizing the EDI Helpdesk.*

*These extra steps will only be necessary until data stabilization is achieved.*

**Example of 834 Audit Data:**
```
INS*Y*18*030*XN*A*E**AC~
REF*0F*80000000000~
DTP*473*D8*20201101~
DTP*474*D8*20241231~
NM1*IL*1*FRED            |HEEENNEEE*JJHHJJHH****34*595959595~
PER*IP**TE*7872418615~
N3*AAAAAA CCCCC*CARR 000 R 00000 O0~
N4*XXX XXXXXXXX*PR*000009998**CY*176~
DMG*D8*19850912*M*I*C~
LUI*LE*SPA**6~
LUI*LE*SPA**7~
NM1*31*1~
N3*PO BOX 000~
N4*XXX XXXXXXXX*PR*000000000~
NM1*QD*1*FRED            | HEEENNEEE*JJHHJJHH ****ZZ*80000000000~
PER*RP**TE*7879999999~
N3*PO BOX 000~
N4* XXX XXXXXXXX*PR*000000000~
HD*030**HMO*01|E*IND~        HD04 Segments begin here, each have begin and end dates
DTP*348*D8*20181101~
DTP*349*D8*20231231~
HD*030**HMO*02|Y*IND~
DTP*348*D8*20181101~
DTP*349*D8*20231231~
HD*030**HMO*03|01*IND~
DTP*348*D8*20181101~
DTP*349*D8*20231231~
HD*030**HMO*04|N*IND~
```

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```
DTP*348*D8*20181101~
DTP*349*D8*20231231~
HD*030**HMO*30|100*IND~
DTP*348*D8*20231101~
DTP*349*D8*20231231~
HD*030**HMO*31|MTM*IND~
DTP*348*D8*20231101~
DTP*349*D8*20231231~
HD*030**HMO*32|Y*IND~
DTP*348*D8*20231101~
DTP*349*D8*20231231~
HD*030**HMO*33|00*IND~
DTP*348*D8*20231101~
DTP*349*D8*20231231~
HD*030**HMO*34|*IND~
DTP*348*D8*20231101~
DTP*349*D8*20231231~
HD*030**HMO*35|N*IND~
DTP*348*D8*20231101~
DTP*349*D8*20231231~
HD*030**HMO*36|N*IND~
DTP*348*D8*20231101~
DTP*349*D8*20231231~
HD*030**HMO*50|V02*IND~
DTP*348*D8*20230101~
DTP*349*D8*20231231~
HD*030**HMO*60|1.8687*IND~
DTP*348*D8*20230501~
DTP*349*D8*20231231~
HD*030**HMO*61|1.9300*IND~
DTP*348*D8*20230501~
DTP*349*D8*20231231~   HD04 Segments End Here
LX*1~
NM1*Y2*1*XXXXXX, INC.**000000000*PMG1**XX*1111111111*25~
N3*XXXXXX XXXXXXXXXXX XXXXXXXXXX 0*XXXX 0000 KM. 0.3~
N4*XXXXXXXXXX*PR*00000998~
PLA*2*1P*20230801**AI~
LX*2~
NM1*P3*1*XXXXXXXXX|XXXXXXXXX*XXXXX*000000000*PCP1**XX*1111111111*25~
N3*XXXXXXXXXXXXXXXXXX 111 Km. 11.1 XXXXXXXXXXX~
N4*XXXXXX*PR*000000000~
PLA*2*1P*20230801**AI~
LS*2700~
LX*1~
N1*75*ADDITIONAL MEMBER IDENTIFICATION DATA~
REF*ZZ*M|       |    |N|N|N|N|N|N|N|N|N|~
DTP*007*RD8*20231101-20231231~
LE*2700~
```

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# Change Summary

**Version 2.02 Revision Log**

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: ___Gainwell___     Date: __05-17-2024__

| Loop ID | Page(s) Revised | Reference | Name | Codes | Text Revised | Reason/ Identified By |
|---------|-----------------|-----------|------|-------|--------------|-----------------------|
| 2000 | 12 | File/System Specifications | File Naming Convention for Managed Care 834 Outbound | | Added text describing the new file for resending Termination transactions. | Automated a process to resend terminations when needed.  Gainwell |

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**Version 2.01 Revision Log**

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: ___Gainwell___ Date: ___02-28-2024___

| Loop ID | Page(s) Revised | Reference | Name | Codes | Text Revised | Reason/ Identified By |
|---|---|---|---|---|---|---|
| 2000 | 26 | INS04 | Maintenance Reason Code | | When INS04=03, the date of death is indicated within the INS12 field and as the Medicaid end date in the 2000 loop | Text revised to clarify that the date of death is contained within the INS12 field and as the Medicaid end date. Carrier asked for clarification |
| N/A | 40 | | Appendix A | XT | The 'XT' will indicate that the members information for the date period provided should be 'Voided' | Including 'XT' for Termination transactions when the members information needs to be 'Voided'. Gainwell introduced this as part of the Data Clean-up effort. |

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**Version 2.00 Revision Log**

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name:  Gainwell          Date:  02-01-2024

| Loop ID | Page(s) Revised | Reference | Name | Codes | Text Revised | Reason/ Identified By |
|---------|-----------------|-----------|------|-------|--------------|-----------------------|
| N/A | 12 | | 1 Introduction File/System Specifications | | Corrected the Carrier Acknowledgements File Names (acknowledgements sent to PRMMIS in response to the 834 Daily Outbound File and the 834 Monthly Audit File that are sent from PRMMIS) | Gainwell updated the Carrier Acknowledgements File Names to specify the daily and monthly acknowledgement files. |
| 2000 | 26 | DTP | Member Level Dates | | Added clarification: DTP01 values 473 (Medicaid Begin Date) and 474 (Medicaid End) date will be present on all 834 Maintenance Type Codes (001, 021, 024 and 030). | Gainwell updated based on Carrier feedback. |
| N/A | 49 | | Appendix K – 834 Business Rules | | Appendix K was created to provide the 834 Business Rules. | Gainwell added for clarification of Business Processes |
| N/A | 49 | | Appendix K – 834 Business Rules | | A Business Rule regarding the Region was added. | Gainwell updated per PRMP direction. |
| 2000 | 26 | INS12 | Date Time Period | | Member / Individual Death Date CCYYMMDD format | Clarification/update based on Carrier feedback. |
| 2310 | 35 | PLA03 | Effective Date | | This is the effective date of the change of PCP. When the Carrier sends the beginning date of the PCP and it is outside of the current Eligibility date, the system will use the Eligibility date to update PRMMIS. If the Carrier sends a PCP begin date that is within the Eligibility date range, PRMMIS will utilize the Carriers date. | Added clarification on when the date provide by the Carrier will be used. |

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**Version 1.12 Revision Log**

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: __Gainwell__     Date: __10-30-2023__

| Loop ID | Page(s) Revised | Reference | Name | Codes | Text Revised | Reason/ Identified By |
|---------|-----------------|-----------|------|-------|--------------|------------------------|
| N/A | 44 | | Appendix G | | Record Type 02 – Enrollment Confirmation Carrier Column - All | Gainwell updated the Carrier Column for the Enrollment Confirmation field to be 'All'. This had been discussed for months that all Carriers were to send the Enrollment Confirmation Flag. The documentation within this column was updated to reflect those conversations. - Carrier Identified |

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**Version 1.11 Revision Log**

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Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

**Contrato Número**

Name:  Gainwell     Date:  10-04-2023

| Loop ID | Page(s) Revised | Reference | Name | Codes | Text Revised | Reason/ Identified By |
|---------|-----------------|-----------|------|-------|--------------|-----------------------|
| | 18 | GS05 | Time | | Added the SS to the format. The time format is HHMMSS. | Added the SS for the seconds to the time format. Logic has been sending HHMMSS. This is a CG documentation update. Carrier Identified. |
| | 24 | BGN05 | Time Zone Code | TT | Changed Code to "TT" = Atlantic Time | The CG stated 'TS' – Atlantic Standard Time. The process is sending 'TT' – Atlantic Time. This is a CG documentation update. Carrier Identified. |
| 2100A | 29 | LUI03 | Language Description | | SPANISH for example was the text. The previous statement was changed to indicate that this field is not always necessary.<br><br>New text below - Situational Rule: Required if the sender is unable to code the necessary language identification in LUI01 and LUI02. | SPANISH for example was the text. It was changed to indicate that this field is not always necessary. This is a CG documentation update. Carrier Identified. |
| N/A | 44 | | Appendix G | | Added Record Types 37 – HYBRID COVERAGE CODE and 38 – HYBRID GROUP CODE for the Incarceration AIJ and Forensic Psychiatric | Changes required due to the Incarceration identification of the members. Gainwell Identified |
| 2100A | 27 | N401 | Member City Name | | Added the "IN" within the REQ column. This is a required field. | The "IN" was missed within the REQ column for Inbound transactions. The TR3 is clear that it is required. Carrier Identified |
| 2100A | 27 | N402 | Member State Code | | Added the "IN" within the REQ column. This is a required field. | The "IN" was missed within the REQ column for Inbound transactions. The TR3 is clear that it is required. Carrier Identified |
| 2100A | 27 | N403 | Member Zip Code | | Added the "IN" within the REQ column. This is a required field. | The "IN" was missed within the REQ column for |

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| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | Inbound transactions. The TR3 is clear that it is required. Carrier Identified |
| 2310 | 33 | NM106 | Provider Name Prefix | PCP1 PCP2 PMG1 | Added 'PMG1' to list of valid values for this field. | 'PMG1' was being populated in this field. It was not identified as a valid value in the Companion Guide. Carrier Identified |
| 2310 | 34 | N402 | Provider State Code | | Added the "IN" within the REQ column. This is a required field. | The "IN" was missed within the REQ column for Inbound transactions. The TR3 is clear that it is required. Gainwell Identified |
| 2310 | 34 | N403 | Provider Postal Zone or ZIP Code | | Added the "IN" within the REQ column. This is a required field. | The "IN" was missed within the REQ column for Inbound transactions. The TR3 is clear that It is required. Gainwell Identified |

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**Version 1.10 Revision Log**
Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

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Name: ___Gainwell____ Date: _09-27-2023____

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| Loop ID | Page(s) Revised | Reference | Name | Codes | Text Revised | Reason/ Identified By |
|---------|-----------------|-----------|------|-------|--------------|----------------------|
| 2100A | 27 | N3 | Member Residence Street Address | | Removed comment from notes column | The notes column contained a note stating that this is required when enrolling a new member. The REQ column did not have an "IN" value stating that this segment is required. This segment is not required, so comment was removed. Carrier Identified. |
| 2100A | 27 | N4 | Member City, State, ZIP Code | | Removed comment from notes column | The notes column contained a note stating that this is required when enrolling a new member. The REQ column did not have an "IN" value within all the fields within this segment. The complete segment is not required, only the fields identified with the "IN" in the REQ column. Comment removed from notes section. Carrier Identified. |
| 2100A | 28 | DMG | Member Demographics | | Removed comment from notes column | The notes column contained a note stating that this is required when enrolling a new member. The REQ column did not have an "IN" value stating that this segment is required. This segment is not required, so comment was removed. Carrier Identified. |

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| | | | | | | |
|---|---|---|---|---|---|---|
| 2310 | 33 | NM105 | Provider Middle Name | | Added "IN" to the REQ column. | This field is required and should contain the Provider's Medicaid ID as assigned by PRMMIS. Indicator, "IN" was missing from the REQ column. Carrier Identified |
| 2750 | 38 | REF02 | Member Reporting Category Reference ID | | Removed note regarding Plan Version. | Plan Version was removed from Appendix H. The note within the field was not removed. Carrier Identified. |
| 2100A | 29 | AMT01 | Member Policy Amounts | | Removed inadvertently from Companion Guide. Has always been within the code. Added back. | The logic has always been within the 834 code. Only the CG was updated inadvertently. No logic changes were made. Gainwell identified. |

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**Version 1.9 Revision Log**

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: _Gainwell_     Date: _09-21-2023_

| Loop ID | Page(s) Revised | Reference | Name | Codes | Text Revised | Reason/ Identified By |
|---|---|---|---|---|---|---|
| 2750 | 38 | REF02 | Member Reporting Category Reference ID | | Removed "IN" from REQ column. | Gainwell moved the Enrollment Confirmation Indicator from this loop. Required for Inbound identification needed to be removed. – Carrier Identified |
| 2100A | 29 | AMT01 | Member Policy Amounts | | Segment not used by PRMMMIS – grayed out this segment | Carrier Identified |
| 2300 | 32 | DTP01 | Date Time Qualifier | | Removed value '303' – not used. | This qualifier is not used based on the newest updates to the 2300 Loop – Carrier Identified |
| N/A | 46 | | Appendix H | | Renumbered elements within the table. | Gainwell Identified |
| N/A | 44 | | Appendix G | I | Replace the 'I' – incarcerated | Gainwell replaced the Incarcerated value. The Enrollment Counselor will provide this to Gainwell, which will be able to be passed back to the Carriers. – PRMP Identified |
| N/A | 44 | | Appendix G | | Added column to indicate which Health Coverage Items are required on Inbound 834 files from the Carriers | Gainwell Identified |

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## Version 1.8 Revision Log
### Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name:  Gainwell          Date:  09-19-2023

| Loop ID | Page(s) Revised | Reference | Name | Codes | Text Revised | Reason/ Identified By |
|---|---|---|---|---|---|---|
| N/A | 40 | INS04 | Appendix A | 27 | Updated notes to:  Use this code when a member has retro-enrollment periods. Removed 'gray' highlight since the code will be used. | Gainwell added clarification to this value. |
| N/A | 42 | DTP01 | Appendix B | 303 | Added Maintenance Effective | Gainwell added to specify dates for Risk Score and Rate changes. |
| N/A | 42 | DTP01 | Appendix B | 344, 345 | Added Codes for TPL Begin and End dates | Gainwell added to specify TPL Begin and End Dates. |
| N/A | 42 | DTP01 | Appendix B | 695 | Added Previous Coverage Months | Gainwell added to specify Previous Coverage Months |
| N/A | 45 | | Appendix G | I | Removed the 'I' - incarcerated | Gainwell removed the Incarcerated value, not being used at this time. |
| N/A | 45 | | Appendix G | | Replaced the Gender Identity with Enrollment Confirmation | The Enrollment Confirmation is considered part of the health coverage information – Carrier Identified |
| N/A | 45 | | Appendix G | | Added Plan Version | With the revamp of the 2300 loop, the addition of the Plan Version was included here and removed from the 2750 loop. – Gainwell Identified |
| N/A | 45 | | Appendix G | | Removed string of data for this field usage. Each type of change will be identified individually. A Record Type has been assigned to each type of change allowed. The data string for the Health Coverage Loop 2300 will utilize the Record Type separated by the "|" and then the field value. | Additional information needed to be contained within the 2300 Health Coverage Loop. Appendix G is used to detail those items that will be part of this loop. – Carrier Identified. |
| N/A | 46 | | Appendix H | | Replaced Enrollment Confirmation with Gender Identity | Switched with Enrollment Confirmation as |

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| | | | | | Contrato Número | part of the Health Coverage Loop changes – Carrier Identified |
|---|---|---|---|---|---|---|
| N/A | 46 | | Appendix H | | Removed Plan Version. | Placed the Plan Version within the 2300 loop. – Gainwell Identified. |
| 2100A | 27 | N405 | Location Qualifier | CY | Added the 'IN' to the Req column. | The location identifier(N406) was indicated as being required for Inbound. The designation for the Location Qualifier (N405) to be required for Inbound was missing. – Carrier Identified |
| 2100C | 31 | N402 | Member Mailing State Code | | Added the 'IN' to the Req column. | The 2100C NM1 segment is required for the Inbound files. The N402 fields was not marked with 'IN' in the REQ column. – Carrier Identified |
| 2100C | 31 | N403 | Member Mailing Zip Code | | Added the 'IN' to the Req column. | The 2100C NM1 segment is required for the Inbound files. The N403 fields was not marked with 'IN' in the REQ column. – Carrier Identified |
| 2300 | 32 | DTP01 | Date Time Qualifier | 303 | Added the data qualifier 303 – Maintenance Effective | The date qualifier 303 was added to identify dates for the Risk Score and Rate changes. – Carrier Identified |
| 2300 | 32 | DTP01 | Date Time Qualifier | 695 | Added the data qualifier 695 – Previous Period | The date qualifier 695 was added to identify dates for the previous periods. – Gainwell Identified |
| 2750 | 38 | REF02 | Member Reporting Category Reference ID | | Removed the statement indicating that the Enrollment Confirmation is required. | Updates due to the 2300 loop enhancement – Gainwell Identified |

| | 11 | | File Naming Convention for Managed Care 834 Inbound | | Added a seq number to the Inbound file to allow for multiple Inbound files per day | Carrier Identified |
|---|---|---|---|---|---|---|

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**Version 1.7 Revision Log**
Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

2 3 - 0 0 0 4 5

Name:  Gainwell        Date:  08-18-2023

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| Loop ID | Page(s) Revised | Reference | Name | Code(s) | Text Revised | Reason / Identified by |
|---------|-----------------|-----------|------|---------|--------------|------------------------|
| N/A | 12, 21 | N/A | 834 – Monthly Audit | N/A | Schedule change for the 834 monthly audit files from the first working day of the month to the third business day of the month | A Carrier was concerned about the initial audit file being executed on a Friday. Also, changed to ensure the M3G extensions were processed prior to the 834 Audit. |
| N/A | 16 | ISA05, ISA07 | Interchange ID (Receiver and Sender) Qualifier | ZZ | ZZ=Mutually Defined | Gainwell changed this to clarify what the value 'ZZ' represented. |
| N/A | 17 | ISA15 | Usage Identifier | T, P | T=Test Data P= Production Data | Gainwell changed this to clarify what the values 'T' and 'P' represented. |
| N/A | 19 | ST03 | Implementation Guide Version Name | | Field is Required added 'IN' | Gainwell added the 'IN' (inbound required) value to clarify that this field is needed to pass X12 compliance checks. |
| N/A | 24 | REF01 | Reference Identification Qualifier | | Field is Required added 'IN' | Gainwell added the 'IN' (inbound required) value to clarify that the qualifier field is required. |
| N/A | 24 | REF02 | Master Policy Number | | Field is Required added 'IN' | Gainwell added the 'IN' (inbound required) value to clarify that the Master Policy Number field is required. |
| N/A | 24 | DTP01 | Date Time Qualifier | 090 091 303 382 388 | Removed Values from the Companion Guide; Not used Code used for Outbound only | Based on conversations with a Carrier regarding valid values not used within PRMMIS, values not used in multiple fields were removed. |
| 2000 | 25 | INS03 | Maintenance Type Code 'Reinstatement' | 025 | Removed Value from the Companion Guide; Not used | Based on conversations with a Carrier regarding valid values not used within PRMMIS, values not |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | used in multiple fields were removed. |
| 2000 | 26 | REF02 | Subscriber Identifier | | Added clarification that the Subscriber ID should be 11 digits as assigned by M3G. | Gainwell discovered during the testing of the Carrier's Inbound files that the Subscriber ID was containing leading zeroes. Added this clarification for consistency. |
| 2300 | 32 | HD01 | Maintenance Type Code : Delete (002) Reinstatement (025) Corrections (026) Employee Information (032) | 002 025 026 032 | Removed Values from the Companion Guide; Not used | Based on conversations with a Carrier regarding valid values not used within PRMMIS, values not used in multiple fields were removed. |
| 2300 | 32 | DTP01 | Date Time Qualifier: Enrollment Signature Date (300) Maintenance Effective Date (303) Premium Paid to Date End (343) Last Premium Paid Date (543) | 300 303 343 543 | Removed Values from the Companion Guide; Not used | A Carrier asked about the Signature Date valid value. Gainwell does not provide a Signature Date within the 834. Discussed with a Carrier that the values not used would be removed. |
| 2310 | 33 | NM106 | Provider Name Prefix | PCP1 PCP2 | Updated Note and Removed the Word 'Change' | Gainwell corrected the note on this field. This field will be populated with PCP1 or PCP2 when applicable, not just for changes. |
| 2310 | 33 | NM107 | Provider Name Suffix | | Removed this field, not used. | Gainwell discovered during testing that this field was not required. |
| 2310 | 33 | NM108 | Identification Code Qualifier: Social Security Number (34) Federal Taxpayer's Identification Number (FI) Service Provider Number (SV) | 34 FI SV | Updated Existing Value as a Required Field 'IN" and Removed Other Values from the Companion Guide; Not used (34, FI, SV) | Based on conversations with a Carrier regarding valid values not used within PRMMIS, values not used in multiple fields were removed. |
| 2310 | 35 | PLA05 | Appointment Times not Met in a Timely Manner | AJ | Last "Maintenance Reason Code" for | A Carrier identified that we were |

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| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | Change Physician was missing. | value within the valid value list. |
| 2330 | 37 | NM103 | Coordination of Benefits Insurer Name | | Outbound 834 will include 3-digit insurer code a space and then the insurer name | A Carrier required the 3-digit insurer code. Change was made to include this code as the first portion of the name field. |
| 2750 | 38 | DTP03 | Member Reporting Category Effective Dates | CCYYMM DD- CCYYMM DD | Defined Field | A Carrier identified that the begin and end dates for the Coverage Codes were missing. Gainwell utilized this field for that purposed. |
| | | | | | | |

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**Version 1.6 Revision Log**

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: ___Gainwell___ Date: ___08-09-2023___

| Loop ID | Page(s) Revised | Reference | Name | Codes | Text Revised |
|---------|-----------------|-----------|------|-------|--------------|
| | 24 | BGN02 | Transaction Set Reference Number | | **Replace all text with:** This element is 50 characters of free form text to identify this specific file's information. Example:<br>• Positions 1-7, Report ID, valid values are "INITIAL" or "CHANGE ".<br>• Positions 8–8, Space.<br>• Positions 9–14, Enrollment month in a CCYYMM format.<br>• Positions 15–15, Space.<br>• Positions 16–19, Sequence number of the transaction set indicating the order that the transaction sets are created and the order in which the transaction sets are to be processed. Example:<br>`INITIAL 202308 0001`<br>OR<br>`CHANGE  202308 0001` |
| 2000 | 26 | INS08 | Employment Status Code | AC TE | Change to Required field |
| 2000 | 26 | REF01 | Reference Identification Qualifier | 0F | Change Code from 0F to 0F |

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**Version 1.5 Revision Log**
Companion Guide: 834 Health Care Benefit Enrollment and Maintenance **23 - 00045** H

Name: __Gainwell__     Date: __07-26-2023__

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| Loop ID | Page(s) Revised | Reference | Name | Codes | Text Revised |
|---|---|---|---|---|---|
| | 11 | Naming convention for inbound files | | | Suffix of file name changed from .DAT to .X12 |
| | 12 | Naming convention for outbound files | | | Suffix of file name changed from .DAT to .X12 |
| | 16 | ISA06 | Interchange Sender ID | | Inbound from Carriers: Carrier's Trading Partner ID supplied by PRMMIS, [6 digits left justified and 9 spaces].<br><br>Outbound to Carriers: "PRMMIS" Puerto Rico Medicaid Management System., [6 characters left justified and 9 spaces]. |
| | 16 | ISA08 | Interchange Receiver ID | | Inbound from Carriers: "PRMMIS" Puerto Rico Medicaid Management System., [6 characters left justified and 9 spaces].<br><br>Outbound to Carriers: Carrier's Trading Partner ID supplied by PRMMIS, [6 digits left justified and 9 spaces]. |
| | 18 | GS02 | Application Sender's Code | | Inbound: Carrier's Trading Partner ID supplied by PRMMIS.<br><br>Outbound: "PRMMIS" |
| | 18 | GS03 | Application Receiver's Code | | Inbound: "PRMMIS"<br><br>Outbound: Carrier's Trading Partner ID supplied by PRMMIS. |
| | 24 | BGN02 | Transaction Set Reference Number | | **Replace all text with:** This element is 50 characters of free form text to identify this specific file's information. Example:<br>• Positions 1-7, Report |

| | | | | | |
|---|---|---|---|---|---|
| | | | ADMINISTRACION DE SEGUROS DE SALUD **23 - 0 0 0 4 5** A Contrato Número | | ID, valid values are "INITIAL" or "CHANGE" or "FINAL" • Positions 8–8, Space. • Positions 9–14, Enrollment month in a CCYYMM format. • Positions 15–15, Space. • Positions 16–19, Sequence number of the transaction set indicating the order that the transaction sets are created and the order in which the transaction sets are to be processed. Example: INITIAL 202308 0001 OR CHANGE 202308 0001 OR FINAL 202308 0001 |
| 1000B | 25 | N104 | Sponsor Identifier | 660437470 | Add PRMP Tax ID to code column |
| 2100A | 29 | DMG05 - 1 | Race Code | | See Appendix C for list of possible codes. Since this is a repeating field multiple race codes can be entered in this field separated by value in ISA11 ("^"). |
| 2100A | 29 | DMG05 - 2 | Code List Qualifier Code | | Remove element. |
| 2100A | 29 | DMG05 - 3 | Race or Ethnicity Code | | Remove element. |
| 2100B | 30 | DMG05 - 2 | Code List Qualifier Code | | Remove element. |
| 2100B | 30 | DMG05 - 3 | Race or Ethnicity Code | | Remove element. |
| 2310 | 34 | NM102 | Entity Type Qualifier | 1 | Person – All providers will be indicated as a "Person" (1). |
| 2310 | 34 | NM103 | Provider Last or Organization Name | | **Change text to:** If provider is actually a person this field will contain their 1st last name and 2nd last name with pipe delimiter to |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | separate. If provider is an organization this field will contain the company name. |
| 2310 | 34 | NM104 | Provider First Name | | **New text:** If Provider is an Organization this field will be empty. |
| 2310 | 35 | NM105 | Provider Middle Name | | **New text:** Provider's Medicaid ID as assigned by PRMMIS. |
| 2310 | 35 | NM107 | Provider Name Suffix | | **New text:** If Provider is an Organization this field will be empty. |
| 2310 | 35 | NM109 | Provider Identifier | | **New text:** If provider has an NPI it will go here. |
| | 48 | Sample file naming examples | | | Suffix of file names changed from .DAT to .X12. |

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**Version 1.4 Revision Log**
Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

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Name: __Gainwell__    Date: __06-30-2023__

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| Loop ID | Page(s) Revised | Reference | Name | Codes | Text Revised |
|---|---|---|---|---|---|
| | 9 | Last paragraph before **References & Applicable Web Sites** | Gainwell | | The order of transactions in the 834 outbound file changed to (1) terminations, (2) adds, (3) changes. |
| | 9 | Last bullet on page | Gainwell | | Corrected link for CMS website – added "l." |
| | 11 | New paragraph after **File/System Specifications** File Naming Convention for Managed Care 834 Inbound | Gainwell | | Changed inbound file naming convention. |
| | 12 | New paragraph before **Getting Started** | Gainwell | | Added "Carrier Acknowledgements." |
| | 17 | ISA06 - Interchange Sender ID | Gainwell | | Outbound value changed to "PRMMIS" |
| | 19 | GS02 - Application Sender's Code | Gainwell | | Outbound value changed to "PRMMIS" |
| | 23 | Section 8 Acknowledgement 999 | Gainwell | | Removed this statement as it is not valid for 834: *If a "rejected" 999 is produced, then claims/encounters will not be sent to the claims engine for adjudication.* |
| | 25 | BGN02 | Gainwell | | Translation has been revised to retain spaces in this field. |
| 2310 | 36 | Provider Last or Organization Name | Gainwell | | New text in Notes "If a person, field will contain last name \| last name 2". |
| 2310 | 36 | Provider First Name | Gainwell | | New text in Notes "If an organization, will contain "X." |
| | 47 | HD04 | Gainwell | | Removed "TBD ASES" from field 3 – coverage code |
| | 48 | Appendix H | Gainwell | | Added "TRADING PARTNER ID of future carrier" as item #4 and renamed the list below |

| | 50 | Appendix J | Gainwell | | list of Trading Partner IDs and 834 inbound file names by carrier |
|---|---|---|---|---|---|

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**Version 1.3 Revision Log**

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name:    Gainwell          Date:  05-05-2023

| Loop ID | Page(s) Revised | Reference | Name | Codes | Text Revised |
|---------|-----------------|-----------|------|-------|--------------|
|  |  |  | Gainwell |  | Removed DRAFT watermark |
|  | 47 | HD04 | Gainwell |  | Removed "TBD ASES" from field 3 – coverage code |
|  | 8 | Scope | Gainwell |  | Corrected EDI HelpDesk email address. |
|  | 40 | Appendix A | Gainwell |  | Removed "DRAFT" and changed statement to "Subject to change/addition by Gainwell, grayed out = not applicable." |
|  | 42 | Appendix B | Gainwell |  | Removed "DRAFT" and changed statement to "Subject to change/addition by Gainwell, grayed out = not applicable." |
|  | 44 & 45 | Appendixes D & E | Gainwell |  | Removed Appendix D and Appendix E as not applicable for PRMP |
|  | 47 | HD04 | Gainwell |  | Removed "TBD ASES" from field 3 – coverage code |

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**Version 1.2 Revision Log**

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name:  Gainwell                                    Approved by:_____    Date:   04/17/2023

| Loop ID | Page(s) Revised | Reference | Name | Codes | Text Revised |
|---|---|---|---|---|---|
| ALL | | | | | Added column "Req'd" to indicate fields required for 834 INBOUND. |
| | 47 | Appendix G, HD04 | Gainwell | | Removed "TRADING PARTNER id of previous carrier". Added "Raw Risk Score". Removed comment regarding rate cell calculation as it will be a part of 834. Moved Managed Care Region to order #1 and renumbered. This data element is required on INBOUND 834. |
| 2750 | 48 | Appendix H, Loop 2750 | Gainwell | | Added "Enrollment Confirmation". Added "Plan Version".. Added "TRADING PARTNER id of previous carrier". Renumbered. Added notes regarding INBOUND required data elements. |
| | | Title Page Footer | Gainwell | | Changed version to 1.2 and updated other references to April instead of March. |
| 2310 | 34 | NM106 Provider Name Prefix | Gainwell | PCP1 PCP2 | Added this as a place to indicate add/change for PCP1 or PCP2 |
| | 49 | Appendix I | Gainwell | | New to identify Managed Care Region valid values |

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**Version 1.1 Revision Log**

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: ___Gainwell___         Date: _____

| Loop ID | Page(s) Revised | Reference | Name | Codes | Text Revised |
|---|---|---|---|---|---|
| | | | | | Initial Submission |
| | 11-12 | | Gainwell | | 10/27/2022: Revised file name conventions |
| | 9 | 834 Audit File 834 Changes File | Gainwell | | 02/01/2023: Corrected INS01 to INS03 |
| | 45 | Appendix G HD04 | Gainwell | | 02/03/2023: Removed "plan version" from HD04, Appendix G, and renumbered |
| | 9 | 834 Changes File | Gainwell | | Removed sentence *"Membership spans should not be used to process changes (INS03 = 001)."* as it does not provide any value. |
| | | Appendix G HD04 | Gainwell | | 03/07/2023: Added data element #14 for Trading partner id of previous carrier |
| | | | Gainwell | | 03/07/2023: Version changed to "1.1" |

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Change Log

| Date | Change |
|------|--------|
| 9/18/2023 | Removed 4009 Error - Invalid or empty provider suffix NM107 (N/A) |
| 9/18/2023 | Added 4018 Error - Invalid or empty plan version for Platino carrier. 2750_REF02 |
| 9/18/2023 | Added 4019 Error - Member is not Eligible for the Benefit/Assignment Plan |
| 9/18/2023 | Added 4020 Error - Member medicaid no eligible |
| 9/18/2023 | Added 4021 Error - Member assgnment carriers not match |
| 9/18/2023 | Added 4022 Error - Incoming dte_end greater than currrent enrollment DTP01_349 |
| 9/18/2023 | Added 4023 Error - Maintenance Type code on loops 2000 and 2300 are different. |
| 9/18/2023 | Added 4024 Error - Invalid or empty Municipality code N406 |
| 9/18/2023 | Added 4026 Error - Invalid or empty Enrollment indicator code |

**ginwell**

# Puerto Rico Medicaid Management Information System

ICD_PRMMIS_MGD_0015_834_INBOUND_CARRIER_ERROR_REPORT

# MANAGED CARE 0015 834 INBOUND CARRIER ERROR REPORT

Interface Control Document

Version 2.2

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## Change History

| Version # | Date | Modified By | Description |
|-----------|------|-------------|-------------|
| 1.0 | 10/27/2023 | Gainwell Technologies | Initial submission |
| 2.0 | 1/30/2024 | Gainwell Technologies | Post Implementation Update |
| 2.1 | 2/21/2024 | Gainwell Technologies | New Error Code - 4034 |
| 2.2 | 3/22/2024 | Gainwell Technologies | New Error Codes – 4012, 4035 and 9002; update to Error Type values. |

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# 1 Acronyms

The following table contains the list of abbreviations used within this document.
Note: This acronym list will not include all potential HIPAA-related transaction information.

**Table 1 – Acronyms**

| Acronyms | Definition |
|----------|------------|
| ASES | Administracion De Seguros De Salud De Puerto Rico |
| CMS | Centers for Medicare & Medicaid Services |
| CSV | Comma-Separated Values |
| FM | First Medical |
| HIPAA | Health Insurance Portability and Accountability Act of 1996 |
| HUMA | Humana Platino |
| MCS | MCS Advantage |
| MMMP | Medicare Y Mucho Mas |
| MMMV | MMM Multi Health, LLC |
| PSM | Plan De Salud Menonita |
| PMC | Primary Medicare Choice |
| PRMMIS | Puerto Rico Medicaid Management Information System |
| PRMP | Puerto Rico Medicaid Program |
| TPA | Triple-S Advantage |
| TPS | Triple-S Salud, Inc. |

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## 2 Interface Overview

This file will be transmitted from Puerto Rico Medicaid Management Information System (PRMMIS) to the Puerto Rico Carriers and will contain errors identified while processing 834 inbound transactions. The CSV report will contain the errors identified.

### 2.1 Use Requirements

PRMMIS will send the CSV error file to notify the Carriers of errors that are identified when processing their 834 inbound file. It is the responsibility of Puerto Rico Carriers to correct the source data and re-send using the 834 inbound transaction.

### 2.2 Communication Methods and Format

The file will be transmitted from PRMMIS to Carriers after the 834 carrier inbound processing is complete.

The first line of the error file will contain header information. Each field within a record will be separated by comma as the delimiter. If a field value contains a comma as part of the value, the field will be enclosed in quotation marks. If a field contains a quotation mark, it will be escaped by preceding it with a quotation mark. A field that does not have a value does not need to contain a single space.

The fields will be written to a Comma-Separated Values (CSV) file as per the layout listed later in this document.

File name format will be:        ######_ABRV_ZZZZZZ_834DI_yyyymmdd_01.csv

| ###### | internal number assigned by the report program |
| ABRV | carrier abbreviation |
| ZZZZZZ | Trading Partner ID |
| yyyymmdd | date report is produced |

### 2.3 Timing and Frequency

The file will be transmitted to the carriers on a daily basis (Monday – Friday) after the 834 inbound process is complete. Each 834 inbound file will produce an error report and include only 'header' data if no errors are found.

### 2.4 Monitoring and Reporting

The report will reflect the field for the error and the reason for failure of the transactions sent. The CSV file is created as part of the 834 inbound processing job stream in PRMMIS.

### 2.5 Error Handling

All records that pass validity checks will be applied to the PRMMIS database. Records with errors will not be applied to the PRMMIS database. Errors should be corrected by each carrier and retransmitted when the member data is corrected. Warnings are records that have been processed, but need carrier updates to be made. Informational messages are considered informational only.
Below is the list of the errors and warnings that will be sent:

| ERROR CODE | ERROR TYPE | MESSAGE |
|---|---|---|
| 4000 | Error | Medicaid ID not valid - REF02 |
| 4001 | Error | Invalid or empty Trading Partner ID - ISA06 |
| 4002 | Error | Invalid or empty Maintenance Type Code - HD01 |
| 4005 | Error | Invalid or empty Carrier End Date - DTP01_349 |

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| 4006 | Error | Invalid or empty Provider Type - NM101 |
|------|-------|----------------------------------------|
| 4007 | Error | Invalid or empty Entity Qualifier - NM108 |
| 4008 | Error | Invalid or empty Provider Prefix - NM106 |
| 4012 | Error | Invalid or empty provider effective date. PLA03 |
| 4013 | Error | Invalid or empty Provider Maintenance Reason - PLA05 |
| 4014 | Error | Enrollment not found on Change transaction - 001 |
| 4017 | Error | Invalid dates End Date is Before Effective Date |
| 4019 | Error | Member is not eligible for the Benefit/Assignment Plan |
| 4023 | Error | Maintenance Type Code on Loops 2000 and 2300 are different |
| 4024 | Error | Invalid or empty Municipality Code – N406 |
| 4025 | Error | Invalid or empty member coverage date |
| 4026 | Error | Invalid or empty Enrollment Confirmation indicator |
| 4027 | Error | Member is not a Virtual Region member in PRMMIS |
| 4028 | Error | Inconsistent dates on loop 2300 it needs to be the same |
| 4029 | Error | Member already enroll with this carrier .021 not allowed |
| 4030 | Error | Add txn from a Vital carrier .021 not allowed |
| 4031 | Error | Oxi834TransSet node does not exist |
| 4032 | Error | No carrier match on 1 or more assign segments |
| 4034 | Error | Invalid incoming effective date, greater than 24 months |
| 4035 | Error | Found GAP on Elig segments |
| 0010 | Informational | No changes in incoming Assignments |
| 0011 | Informational | No changes in incoming Assignments for Platino carrier |
| 0012 | Informational | No change on incoming Terminate Assignment |
| 0013 | Informational | No change on incoming ASES Assignment |
| 0014 | Informational | Member with no PRV loop info |
| 0015 | Warning | Plan Version is empty or not valid |
| 9001 | Informational | Incoming Region does not match PRMMIS Region |
| 9002 | Informational | Virtual region members not allowed for the carrier |

## 2.6 Assumptions

The CSV daily file will contain all errors identified during the inbound 834 update process.
It is expected that each Carrier will review the CSV file and make necessary updates to ensure that the data in PRMMIS is accurate.

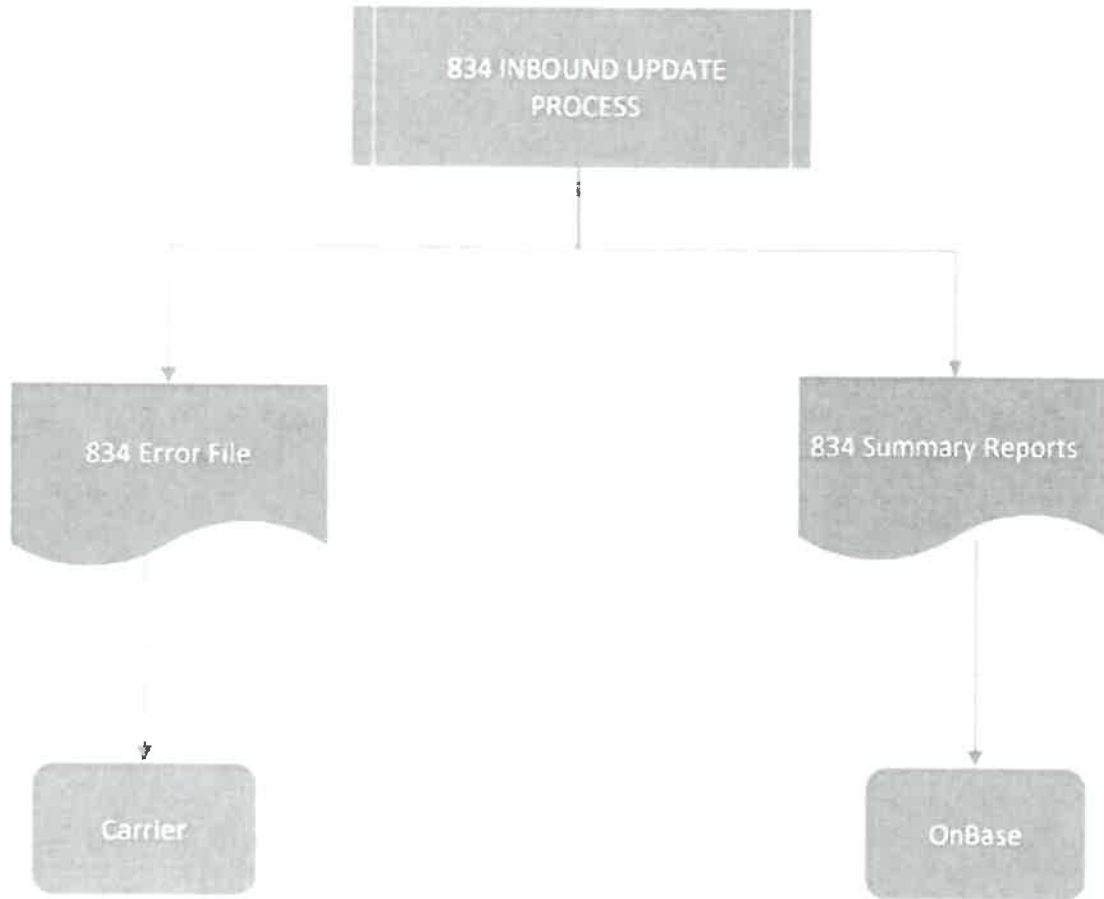ADMINISTRACION DE
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## 3   Process Flow

**Figure 1 – Carrier - 834 CSV Error File**

# PRMMIS to CARRIER – 834 ERROR CSV FILE



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# 4 Detailed Specifications

The CSV file will be comma-delimited with the fields below. The CSV header will have the format below. There is no trailer record.

## 4.1 Header Format

| Field # | Field Name | Report Value |
|---------|------------|--------------|
| 1 | Date | "Date" |
| 2 | Medicaid ID | "Medicaid ID" |
| 3 | Last Name | "Last Name" |
| 4 | Last Name2 | "Last Name2" |
| 5 | First Name | "First Name" |
| 6 | Maintenance Code | "Maintenance Code" |
| 7 | Manage Care Region | "Manage Care Region" |
| 8 | Effective Date | "Effective Date" |
| 9 | End Date | "End Date" |
| 10 | Error Type | "Error Type" |
| 11 | Error Field | "Error Field" |
| 12 | Error Value | "Error Value" |
| 13 | Error Code | "Error Code" |
| 14 | Error Description | "Error Description" |

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**Example:**

"Date", "Medicaid ID", "Last Name", "Last Name2", "First Name", "Maintenance Code", "Manage Care Region", "Effective Date", "End Date", "Error Type", "Error Field", "Error Value", "Error Code", "Error Description"

## 4.2 Detail Format

| Field # | Description | Size | Type | Comments |
|---------|-------------|------|------|----------|
| 1 | Date | 10 | Text | Format: MM/DD/YYYY |
| 2 | Medicaid ID | 11 | Text | |
| 3 | Last Name | 20 | Text | |
| 4 | Last Name2 | 20 | Text | |
| 5 | First Name | 15 | Text | |
| 6 | Maintenance Code | 3 | Text | |
| 7 | Manage Care Region | 1 | Text | |
| 8 | Effective Date | 8 | Text | Format: YYYYMMDD |
| 9 | End Date | 8 | Text | Format: YYYYMMDD |

| Field # | Description | Size | Type | Comments |
|---------|-------------|------|------|----------|
| 10 | Error Type | 1 | Text | E=Error; W=Warning, S=Informational (Successful) |
| 11 | Error Field | 50 | Text | |
| 12 | Error Value | 100 | Text | Value in the field where there is an error. |
| 13 | Error Code | 4 | Text | |
| 14 | Error Description | 100 | Text | |

Report Example (shown as spreadsheet):

| A | B | C | D | E | F | G | H | I | J | K | L | M | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Medicaid ID | Last Name | Last Name 2 | First Name | Maintenance Code | Manage Care Region | Effective Date | End Date | Error Type | Error Field | Error Value | Error Code | Error Description |
| 2/9/2023 | 6007050614D | | | | | 1 E | 20230701 | | 0 E | Invalid Id_Medicaid | 6007050614D | 4000 | Medicaid Id not valid REF02 |
| 8/9/2023 | 8007030707A | | | | | 1 E | 20230701 | 2E-07 | E | sub_id/Reidentification1 | 8007030707A | 4000 | Medicaid Id not valid REF02 |
| 8/9/2023 | 98770506899 | SMITH | GONZALEZ | MARGARITA | | 1 E | 20230701 | 2E-07 | E | mbr_city_st_zip/Iocid | :NULL | 4003 | Invalid or empty Region Code HD04_Region |
| 8/9/2023 | 98770305501 | JONES | VILLANUEVA | MILDRED | | 1 E | 20230701 | | 0 E | hlth_cvrg_dates/DtTmPrdFrom | NULL | 4005 | Invalid or empty Carrier End Date. DTP03_349 |

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## 5    Appendix A – List of .CSV Message Description / Action

| Error Code | Error Message | Error Description | What to do to resolve error |
|---|---|---|---|
| 4000 | Medicaid ID not valid - REF02 | Medicaid ID not valid | Verify Medicaid ID, correct transaction and resend. |
| 4001 | Invalid or empty Trading Partner ID - ISA06 | Trading Partner ID does not match x12 envelope Trading Partner ID (does not apply to ASES) | Trading Partner within the ISA, GS and REF header segments must match. Correct segments and resend. |
| 4002 | Invalid or empty Maintenance Type Code - HD01 | Invalid Maintenance Type Code | Correct the Maintenance Type Code and resend. |
| 4005 | Invalid or empty Carrier End Date - DTP01_349 | Carrier End Date is NULL | Correct the Carrier End Date and resend. |
| 4006 | Invalid or empty Provider Type - NM101 | Provider MCD is not numeric. | Verify Provider MCD, correct transaction and resend. |
| 4007 | Invalid or empty Entity Qualifier - NM108 | Identification Code Qualifier must be 'XX'. | Correct the Identification Code Qualifier and resend. |
| 4008 | Invalid or empty Provider Prefix - NM106 | Provider Prefix is invalid. | Provider Prefix must be PCP1, PCP2 or PMG1.  Correct the Provider Prefix and resend. |
| 4012 | Invalid or empty provider effective date.  PLA03 | The Provider date is invalid or empty. | Correct the Provider date and resend. |
| 4013 | Invalid or empty Provider Maintenance Reason - PLA05 | Maintenance reason code is not valid. Must be one of these values:  "14", "22", "46", "AA", "AB", "AC", "AD", "AE", "AF", "AG", "AH", "AI", or "AJ". | Correct the Maintenance Reason Code and resend. |
| 4014 | Enrollment not found on change transaction.001 | The enrollment begin date used for record types 01 through 05 needs to match the enrollment begin date provided on the 834 Outbound record for these record types. | Update the record with the dates provided on the 834 Outbound file and resend. |
| 4017 | Invalid dates End Date is Before Effective Date | The end date provided is previous to the begin date. | Correct dates and resend. |
| 4018 | Invalid or empty Plan Version for Platino carrier – 2750_REF02 | Plan Version is null on a Platino 834 Inbound file or the Plan Version is not found within PRMMIS. | Verify the Plan Version, correct and resend. |
| 4019 | Member is not Eligible for the Benefit/Assignment Plan | The date sent in on the 834 Inbound does not fall within the member's eligibility dates within PRMMIS. | Correct the dates and resend. |
| 4023 | Maintenance Type Code on Loops 2000 and 2300 are different | The Maintenance Type Code must match between the 2000 and 2300 loops. | Correct the Maintenance Type Code and resend. |
| 4024 | Invalid or empty Municipality Code – N406 | Municipality Code is an invalid value or null. | Verify the Municipality Code, correct and resend. |
| 4025 | Invalid or empty member coverage date | The effective date for Record Type 01 within the HD04 2300 loop must contain the enrollment effective date. | Correct the effective date for Record Type 01 and resend. |
| 4026 | Invalid or empty Enrollment Confirmation Indicator | The Enrollment Confirmation Indicator (Record Type 02) is empty or not valid. | Correct the Enrollment Confirmation Indicator value and resend. |
| 4027 | Member is not a Virtual Region member in PRMMIS | Member is not within a Virtual Region in PRMMIS. | Correct the Region Code and resend. |
| 4028 | Inconsistent dates on loop 2300 it needs to be the same | Within the HD04 2300 Loop, the dates within each record type must be the same. | Correct the dates and resend. |

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| 4029 | Member already enroll with this carrier .021 not allowed | Cannot send an Add (021) transaction for a member that is already active within the Carrier. | Change the transaction to a 001 (Change) transaction and resend. |
| 4030 | Add txn from a Vital carrier .021 not allowed | Vital Carriers cannot send Add (021) transactions. | Change the transaction to a 001 (Change) transaction and resend. |
| 4031 | Oxi834TransSet node does not exist | The Oxi834 TransSet Node is missing. | Create the Oxi834 TransSet Node within the 834 Inbound file and resend. |
| 4032 | No carrier match on 1 or more assign segments | 4032 error is generated when a change (001) record is sent from a Carrier for a specific segment with its specific date period and for that date period the member is with a different Carrier. | The Carriers who receive this error should validate that the member is actually valid for that date range within that Carrier. |
| 4034 | Invalid incoming effective date, greater than 24 months | An Add transaction cannot have a begin date greater than 24 months in the past. | The Carrier needs to correct the begin date and resend. |
| 4035 | Found GAP on Elig segments | 4035 error is generated when a member has gap in eligibility within PRMMIS for the date sent in on the 834 Inbound. | Correct the dates and resend. |
| 0010 | No changes on incoming assignments | Informational message | No action needed |
| 0011 | No changes in incoming Assignments for Platino carrier | Informational message | No action needed |
| 0012 | No change on incoming Terminate Assignment | Informational message | No action needed |
| 0013 | No change on incoming ASES Assignment | Informational message | No action needed |
| 0014 | Member with no PRV loop info | Informational message | No action needed |
| 0015 | Plan Version is empty or not valid | Remaining 834 Inbound record was processed. | Plan Version needs to be identified and sent on an 834 Inbound file. |
| 9001 | Incoming Region does not match PRMMIS Region | Informational message | No action needed |
| 9002 | Virtual region members not allowed for the carrier | Informational message | Region should be updated with the value received from PRMMIS. |

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