



*Executive Office of Health and Human Services*

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# Standard Companion Guide Transaction Information

## Rhode Island Medicaid

Instructions related to 834 Transactions  
based on ASC X12 Implementation Guides,  
version 005010

## Encounter Data

Version 2.1  
Hewlett Packard Enterprise

# HIPAA-2 834 Client PCP Companion Guide 2.1

## Revision History

VERSION	DATE	SECTION REVISED	REASON FOR REVISION
2.0	3/17/2015	Various sections	UHIP changes
2.1	11/1/15	Logo and title page	HPE name change

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## 1. Introduction

This guide is provided to assist RI Medicaid Providers and their Agents with the process of registering to exchange Electronic Data Interchange (EDI) transactions with RI Medicaid, to prepare for Level 6 (Specialty Line of Business) testing with RI Medicaid, and to utilize the RI Medicaid Portal, a web enabled interface, to send and receive X12N transactions for the purpose of submitting for RI Title XIX Services.

### 1.1. Purpose

These specifications are to be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3. These reports can be obtained from the Washington Publishing Company at [www.wpi-edi.com](http://www.wpi-edi.com). The RI Medicaid Companion Guide provides supplemental information specific to RI Medicaid as permitted within the HIPAA transaction sets. Specifications may be updated as necessary.

Detailed information on Program Rules, Covered Services, and Billing Guidelines are part of the Title XIX Provider Reference Guides and Provider Update Newsletter. Both are available on the Department of Human Services (DHS) website.

HIPAA does not mandate that only X12N transactions can be used to exchange healthcare data. Any provider may continue to submit paper claims. However, all providers regardless of electronic or paper billing are required to obtain the remittance advice via the DHS website.

## 2. 834 Client File Transaction

This transaction is used to support the Rite Care, Rhody Health Partners, Medicaid Expansion, Rhody Health Options and Rite Smiles Programs, and is exchanged between RI Medicaid and the participating health plans. It is expected that participating Managed Care/Premium Payment Health Plans would submit a file daily of any new additions, changes or terminations of Client/PCP associations. A full roster file will also be required every six months (or a period to be defined by EOHHS), and will detail all active Client PCP associations from a period of eighteen months prior to the month of the full roster submission.

Participating Health Plans will submit a full roster file for the initial conversion load. This initial conversion file will consist of all actively enrolled recipients within the health plan’s network and their associated PCP. This file can only be loaded after the plans Provider file has been submitted and processed successfully in the Production environment. Full roster files will be due in 6 month intervals. The final load date of the file must be by the 15<sup>th</sup> of the following month (or next business day).

Participating Health Plans will be expected to submit a separate file for each program for which they participate (i.e. Rite Care, Rhody Health Partners, or Rite Smiles).

<b>PRE-HEADER</b>		
<b>Segment</b>	<b>ISA Interchange Information</b>	
<b>Reference</b>	<b>Name</b>	<b>Rhode Island Requirements</b>
ISA01	Authorization Information Qualifier	Populate with ‘00’.
ISA03	Security Information Qualifier	Populate with ‘00’.
ISA05	Interchange ID qualifier	Populate with qualifier ‘ZZ’. –Mutually defined
ISA06	Interchange sender ID	Populate with Health Plan Trading Partner ID assigned by RI Medicaid.
ISA07	Interchange ID qualifier	Populate with ‘ZZ’ –Mutually defined
ISA08	Interchange Receiver ID	Use the RI EIN ‘056000522’
<b>Segment</b>	<b>GS Functional Group Header</b>	
<b>Reference</b>	<b>Name</b>	<b>Rhode Island Requirements</b>
GS02	Application Sender Code	Populate with Health Plan Trading Partner ID assigned by RI Medicaid.
GS03	Application Receiver Code	Populate with RI Medicaid EIN ‘056000522’.
GS08	Version Identifier Code	Populate with ‘005010X220A1’.

**005010X220A1 834 Transactions**

<b>LOOP ID</b>	<b>HEADER</b>	
<b>Segment</b>	<b>ST Transaction Set Header</b>	
<b>Reference</b>	<b>Name</b>	<b>Rhode Island Requirements</b>
ST01	Transaction Set Identifier Code	Populate with '834' (Benefit Enrollment and Maintenance).
ST03	Implementation Convention Reference	Populate with '005010X220A1'

<b>LOOP ID</b>	<b>HEADER</b>	
<b>Segment</b>	<b>BGN Beginning Segment</b>	
<b>Reference</b>	<b>Name</b>	<b>Rhode Island Requirements</b>
BGN01	Transaction Set Purpose	Populate with '00'.
BGN02	Transaction Reference Identification	Populate with Transaction Set Reference Number.
BGN03	Date	Populate with the Run Date, in format CCYYMMDD.
BGN04	Time	Populate with time expressed in 24-hour clock time as follows: HHMM, or HHMMSS.
BGN08	Action Code	<p>Populate with '2' for update and 'RX' for full replacement.</p> <p>The health plans will use a '2' when submitting the daily 834 client PCP file. A value of 'RX' will be used for the file reconciliation.</p>

<b>LOOP ID</b>	<b>1000A N1 SPONSOR NAME</b>	
<b>Segment</b>	<b>N1 Sponsor Name</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
N101	Entity Identifier Code	Populate with 'P5' - Plan Sponsor
N102	Name	Populate with name of submitting Health Plan.
N103	Identification Code Qualifier	Populate with '94'-.Code assigned by the organization that is the ultimate destination of the transaction set.
N104	Identification Code	This value should correspond with the Health Plan's MMIS legacy ID

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<b>LOOP ID</b>	<b>1000B N1 PAYER</b>	
<b>Segment</b>	<b>N1 Payer</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
N101	Entity Identifier Code	Populate with 'IN'-Insurer.
N102	Name	Populate with Name of the Health Plan
N103	Identification Code Qualifier	Populate with 'FI' - Federal Taxpayer's Identification Number.
N104	Identification Code	Populate with Name of the Health Plan TIN.

<b>LOOP ID</b>	<b>2000 INS MEMBER LEVEL DETAIL</b>	
<b>Segment</b>	<b>INS Member Level Detail</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
INS01	Yes/No Condition or Response Code	Populate Subscriber 'Y'-Yes.
INS02	Individual Relationship Code	Populate with Relationship Code '18'-Self.
INS03	Maintenance Type Code	Populate with the following values: '001'- Change '021'- Addition '024' – Cancellation or Termination '030'- Audit or Compare, use this value when sending the full file reconciliation.
INS04	Maintenance Reason Code	Populate with the following values: '07' – Termination of Benefits with INS03 '024' '15'-PCP Change with INS03 '001' or '021' 'XN' -Notification Only with INS03 '030'
INS05	Benefit Status Code	Populate with "A" –Active.

<b>LOOP ID</b>	<b>2000 SUBSCRIBER IDENTIFIER</b>	
<b>Segment</b>	<b>REF Subscriber Identifier</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
REF01	Reference Identification Qualifier	Populate with 'OF' (subscriber number).
REF02	Reference Identification	Subscriber number (Medicaid Identification Number). This field will be 10 characters.

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<b>LOOP ID</b>	<b>2100A MEMBER NAME</b>	
<b>Segment</b>	<b>NM1 Member Name</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
NM101	Reference Identification Qualifier	Populate with 'IL' - Insured or Subscriber
NM102	Reference Identification	Populate with '1' - Person
NM103	Name Last or Organization Name	Populate with Last Name (maximum characters 30)
NM104	Name First	Populate with First Name (maximum characters 30)
NM105	Name Middle	Populate with Middle Initial or middle name (25 characters)
NM107	Name Suffix	Populate with Suffix maximum 4 characters)
NM108	Identification Code Qualifier	Populate with '34' - Social Security Number
NM109	Identification Code	Populate with the SSN of the subscriber.

<b>LOOP ID</b>	<b>2100A MEMBER RESIDENCE STREET ADDRESS</b>	
<b>Segment</b>	<b>N3 Member Name</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
N301	Address Information	Populate with recipient's street address maximum 30 characters
N302	Address Information	Populate with additional address information if exists maximum 55 characters

<b>LOOP ID</b>	<b>2100A MEMBER CITY, STATE, ZIP CODE</b>	
<b>Segment</b>	<b>N4 Member Name</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
N401	City Name	Populate with recipient's City Name maximum 25 characters
N402	State or Province Code	Populate with recipient's State
N403	Postal Code	Populate with recipient's Zip Code

<b>LOOP ID</b>	<b>2100A MEMBER DEMOGRAPHICS</b>	
<b>Segment</b>	<b>N4 Member Name</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
DMG01	Date Time Period Format Qualifier	Populate with 'D8' - Date Expressed in Format CCYYMMDD
DMG02	Date Time Period	Populate with Recipient Birth Date (format CCYYMMDD)
DMG03	Gender Code	Populate with Gender Code

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DMG05-1	Race or Ethnicity Code	If this information is available, it should be sent.
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<b>LOOP ID</b>	<b>2100G RESPONSIBLE PERSON</b>	
<b>Segment</b>	<b>NM1 Responsible Person</b>	
<b>Reference</b>	<b>Name</b>	<b>Rhode Island Requirements</b>
NM101	Entity Identifier Code	Populate with 'QD'-. Responsible Party.
NM102	Entity Type Qualifier	Populate with '1'-Person.
NM103	Name Last or Organization Name	Populate with Last Name of the head of house associated with the recipient. Maximum characters 30
NM104	Name First	Populate with First Name the head of house associated with the recipient Maximum characters 30
NM105	Name Middle	Populate with Middle Name the head of house associated with the recipient Maximum characters 25
NM107	Name Suffix	Populate with Suffix Name the head of house associated with the recipient. Maximum characters 4
NM108	Identification Code Qualifier	Populate with '34'- Social Security Number of the head of house associated with the recipient.
NM109	Identification Code	Populate with Social Security Number the head of house associated with the recipient

<b>LOOP ID</b>	<b>2100G RESPONSIBLE PERSON COMMUNICATIONS NUMBERS</b>	
<b>Segment</b>	<b>N3 Responsible Person</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
PER01	Contact Function Code	Populate 'RP'-Responsible person
PER03	Communication Number Qualifier	Populate with valid values:  'TE' -Telephone 'EM' -Email Note: while this is situational the health plans must send this information if this is available
PER04	Communication Number	Populate with telephone number or email information.

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<b>LOOP ID</b>	<b>2100G RESPONSIBLE PERSON RESIDENCE STREET ADDRESS</b>	
<b>Segment</b>	<b>N3 Responsible Person</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
N301	Address Information	Populate with the street address of head of house associated with the recipient. Maximum characters 30
N302	Address Information	Populate with additional address information for head of house associated with the recipient if exists maximum 55 characters

<b>LOOP ID</b>	<b>2100G RESPONSIBLE PERSON CITY, STATE, ZIP CODE</b>	
<b>Segment</b>	<b>N4 Responsible Person</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
N401	City Name	Populate with recipient's City Name of head of house associated with the recipient. Maximum characters 25
N402	State or Province Code	Populate with recipient's State name associated with the head of house
N403	Postal Code	Populate with recipient's Zip Code of head of house associated with the recipient

<b>LOOP ID</b>	<b>2300 – Health Coverage</b>	
<b>Segment</b>	<b>HD – Health Coverage</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
HD01	Maintenance Type Code	<p>Populate with the following codes:                      '001' - Change                      '021' – Addition                      '024' – Cancellation or Termination                      '030' – Audit or Compare</p> <p><i>For example: if the PCP is being changed from Dr. Smith to Dr. Jones, the Health Plans should submit a '001' for a change and the effective date for Dr. Jones. Dr. Smith will be end dated one day prior to the new effective date for Dr. Jones. Dr. Smith effective date 7/1/2013, Dr. Jones end date 6/30/2013.</i></p> <p><i>Note: Use the '024' to provide the end date of a Client/PCP association.                      For the reconciliation file only:                      Use the '030' to indicate a reconciliation file.</i></p>
HD03	Insurance Line Code	Populate with 'HLT' - Health

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LOOP ID	2300 HEALTH COVERAGE DATES	
Segment	DTP Health Coverage.	
Reference	Names	Rhode Island Requirements
DTP01	Date Time Qualifier	<p>Use '303' (Maintenance effective)</p> <p><i>Note: Related to the use of code 303 the TR3 notes state the following: "This is the effective date of a change where a member's coverage is not being added or removed".</i></p> <p><i>This will be used for all PCP information, including RiteSmiles Dental.</i></p>
DTP02	Date Time Period Format Qualifier	<p>Populate with 'D8' - Date Expressed in Format CCYYMMDD.</p> <p><i>Note: If PCP has overlapping dates, the current PCP will override the previous PCP information as necessary. The MMIS processing will assume that information in the file being processed reflects the most current client/PCP association. The MMIS processing will end date any previous client/PCP association to a value equal to 1 day before effective date of new PCP.</i></p> <p><i>For circumstances where a client has been dis-enrolled from the program the health plans must send a client/PCP segment where the end date is equal to the end date of the enrollment segment. It is <b>not</b> expected that Health Plans would submit a PCP record for circumstances where an Age Change or Capitation Code change (as a result of eligibility, etc.). A general rule of thumb is if the health plan is no longer responsible for paying claims for the recipient, a PCP closure needs to be sent.</i></p> <p><i>When new enrollment is communicated to the health plans a corresponding client/PCP record is required to be submitted back to the MMIS</i></p>

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		<i>Please note that separate file submissions for each program in which the health plan participates. (Rite Care, Rhody Health, etc.).</i>
DTP03	Date Time Period	Populate with the effective/termination date of the client/PCP association, using dates expressed in CCYYMMDD.

<b>LOOP ID</b>	<b>2300 HEALTH COVERAGE POLICY NUMBER</b>	
<b>Segment</b>	<b>REF Health Coverage</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
REF01	Reference Identification Qualifier	Populate with '1L' -Group or Policy Number.
REF02	Reference Identification	Populate with Group or Policy number assigned by the health plan.

<b>LOOP ID</b>	<b>2310 PROVIDER INFORMATION</b>	
<b>Segment</b>	<b>LX Provider Information</b>	
<b>Reference</b>	<b>Name</b>	<b>Rhode Island Requirements</b>
LX01	Assigned Number	<p>Populate with the Assigned Number.</p> <p><i>Note: As stated in the ASC X12 5010 guide for the 834 Benefit Enrollment and Maintenance, this value is 'a sequential number representing the number of loops for the insured person.'</i></p> <p><b>For RiteSmiles only:</b> If no primary care dentist is known for the member, the 2310 Provider Information loop can be skipped. This loop only needs to be filled out if a primary care dentist is assigned to the member.</p>
<b>Segment</b>	<b>NM1 Provider Name</b>	
<b>Reference</b>	<b>Name</b>	<b>Rhode Island Requirements</b>
NM101	Entity Identifier Code	<p><b>For RiteCare and Rhody Health Partners only:</b> Populate with 'P3' PCP.</p> <p><b>For RiteSmiles only:</b> populate with either a 'QN' (Dentist) if there is a primary care dentist known to the health plan.</p>
NM102	Entity Type Qualifier	<b>For RiteCare and Rhody Health Partners only:</b> Populate with '1' - Person.

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		<p><b><u>For RiteSmiles only:</u></b> Populate with ‘1’- (Person) if a primary care dentist is known to the health plan.</p>
NM103	Name Last or Organization Name	<p><b><u>For RiteCare and Rhody Health Partners only:</u></b> Populate with Primary Care Physician Last Name.</p> <p><b><u>For RiteSmiles only:</u></b> Populate with Primary Care Dentist Last Name if known to the health plan.</p>
NM104	Name First	<p><b><u>For RiteCare and Rhody Health Partners only:</u></b> Populate with Primary Care Physician First Name.</p> <p><b><u>For RiteSmiles only:</u></b> Populate with Primary Care Dentist First Name if known to the health plan.</p>
NM108	Identification Code Qualifier	<p><b><u>For RiteCare and Rhody Health Partners only:</u></b> Populate with ‘XX’- National Provider Identifier (NPI).</p> <p><b><u>For RiteSmiles only:</u></b> Populate with ‘XX’- National Provider Identifier (NPI) if a Primary Care Dentist is known to the health plan.</p>
NM109	Identification Code	<p><b><u>For RiteCare and Rhody Health Partners only:</u></b> Populate with the NPI of the PCP.</p> <p><b><u>For RiteSmiles only:</u></b> Populate with the NPI if a Primary Care Dentist is known to the health plan.</p> <p><i>Note: NPI to be compared to the MCO Provider exchange and must exist. Edits will be done by pcp indicator or specialist or both BDD editing for this area.</i></p>
NM110	Entity Relationship Code	<p>Populate with ‘25’-Established Patient or ‘26’-Not Established.</p> <p><i>Note: this may need some discussion with Health Plans to determine common understanding of how and when this data will be passed to the MMIS.</i></p>

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<b>LOOP ID</b>	<b>2310 PROVIDER CHANGE REASON</b>	
<b>Segment</b>	<b>PLA Provider Information</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
PLA01	Action Code	Populate with '2' -change.  <i>Health plans should submit information in this segment if the reason for the change in PCP is known.</i>
PLA02	Entity Identifier Code	Populate with '1P' -Provider
PLA03	Date	Populate with Format CCYYMMDD
PLA05	Maintenance Reason Code	Populate with Maintenance Reason Code.

<b>LOOP ID</b>	<b>2700 MEMBER REPORTING CATEGORY</b>	
<b>Segment</b>	<b>LX Reporting Category</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
LX01	Assigned Number	Populate with assigned number to identify LX loops for the member's additional reporting categories.  *Note: while this is situational the health plans must send this information if this is available

<b>LOOP ID</b>	<b>2750 REPORTING CATEGORY</b>	
<b>Segment</b>	<b>N1 Reporting Category</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
N101	Entity Identifier Code	Populate with '75' (Participant)
N102	Name	Populate with "Client PCP Location"

<b>LOOP ID</b>	<b>2750 REPORTING CATEGORY REFERENCE</b>	
<b>Segment</b>	<b>REF Reporting Category Reference</b>	
<b>Reference</b>	<b>Names</b>	<b>Rhode Island Requirements</b>
REF01	Reference Identification Qualifier	Populate with 'LU' (Location number).
REF02	Reference Identification	This will be the Health Plan Location number associated with the PCP reported.

### 3. 834 Client File Reports

The following reports will be provided to the participating Health Plans in response to the 834 Client file(s) submitted. Included are 834 response reports and error reports from the processing of both the daily and reconciliation file.

<b>999, ACK and TA1 File Submission Acknowledgement Reports</b>	
<b>Report#1</b>	
<b>Report Code</b>	Translator 999, ACK and TA1 Reports
<b>Report Title</b>	See attached examples on the following pages
<b>Report Function</b>	<p>These reports serve as a confirmation of file upload through the EOHHS website and provides an immediate response to the submitter as to whether the file properly conforms to the X12 5010 834 standards (passes compliance) or that the file does not conform to the standard (does not pass compliance) and has therefore been rejected. Rejected' transactions require correction and resubmission by the submitting Health Plan. These transactions are not passed to the MMIS for processing. 'Accepted' transactions are sent to the MMIS to be loaded into the database.</p> <p>The Translator is a software that receives X12 transactions, ensures compliance and translates EDI to a more readable and useable format. The software allows mapping of the data into a format/layout more suitable for processing.</p> <p>The 999 Acknowledgement is currently created by the Translator to notify the Health Plans as to whether the X12 834 Claims transactions passed compliance. The 'ACK' Report provides a 'readable' version of the contents of the 999 Acknowledgement file. The 5010 standard also requires that the TA1 Interchange Acknowledgement be returned to the submitter. The TA1 is used to report rejected transactions, and may be used to report accepted transaction, but only when requested by the submitter. Examples of each acknowledgement report are shown on the pages that follow.</p>
<b>Number of Paper Copies</b>	No paper copies will be available. Electronic copies will be available to submitting Health Plans on the EOHHS website.
<b>Sort Order</b>	Ascending by report creation date.
<b>Totaling and Grouping</b>	None
<b>Report Layout</b>	See following pages for samples. Note: These are sample reports. They are not a true representative of the reports. True sample reports are not available at this time. Please refer to the X12 999 guide for more information.
<b>Media Type</b>	Electronic report
<b>Distribution</b>	Web downloads by the Trading Partner/Submitter via EOHHS website.

**Sample 999**

**This is a sample report. The actual report will look similar but will have different information. Actual report will be available once testing begins.**

ISA\*00\* \*00\* \*ZZ\*000000000 \*ZZ\*000000000 \*121206\*1400\*\*^\*00501\*000031455\*0\*P\*::~~  
GS\*FA\*000000000\*000000000\*20121206\*14003718\*28770\*X\*005010X220~  
ST\*999\*28770001\*005010X220~  
AK1\*HC\*29945\*005010X220~  
AK2\*834\*029945\*005010X220~  
IK5\*A~  
AK9\*A\*1\*1\*1~  
SE\*6\*28770001~  
GE\*1\*28770~  
IEA\*1\*000031455~

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## Sample ACK Report

**This is a sample report. The actual report will look similar but will have different information. Actual report will be available once testing begins.**

ED230A

RHODE ISLAND MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 000001

RUN DATE: 11/28/2012 11:41

999 FUNCTIONAL ACKNOWLEDGEMENT REPORT

### TRANSLATION DATA:

File Sak: 457266      File Name: 000000457266.100722000000      Map Release: M03.04v00      Map Name: XRI\_999 5010\_REPORT

### INTERCHANGE DATA:

Control Number : 000000701  
Date-Time : 20121128-114100  
Receiver ID : 000000000  
Sender ID : 000000000

### FUNCTIONAL GROUP DATA:

Control Number : 602  
Date-Time : 20121128-11413173  
Receiver ID : 000000000  
Sender ID : 000000000

### TRANSACTION SET DATA:

Control Number : 602001

### TRANSACTION SET ACCEPT/REJECT:

Accept/Reject : R-Rejected      Control Number : 0001      Identifier : 834  
Code: 5 - One or More Segments in Error  
Segment: NM1      Count: 634      Code: 8 -Segment Has Data Element Errors  
Element: 3      Component:      Code: 1 -Mandatory data element missing  
Value:  
Segment: NM1      Count: 634      Code: 8 -Segment Has Data Element Errors  
Element: 4      Component:      Code: 2 -Conditional required data element missing.  
Value:  
Segment: DMG      Count: 650      Code: 8 -Segment Has Data Element Errors  
Element: 2      Component:      Code: 1 -Mandatory data element missing  
Value:  
Segment: DMG      Count: 650      Code: 8 -Segment Has Data Element Errors  
Element: 1      Component:      Code: 2 -Conditional required data element missing.  
Value:

### FUNCTIONAL GROUP ACCEPT/REJECT:

Accept/Reject : R-Rejected      Control Number : 101000673      Identifier : HC  
Txns Included : 1      Txns Received : 1      Txns Accepted :

\* \* E N D O F R E P O R T \* \*

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<b>Error Reports</b>	
<b>Report#2</b>	
<b>Report Code</b>	ED260R
<b>Report Title</b>	834 Client File Error Report
<b>Report Function</b>	<p>The 834 Client File Error Report will display for each Health Plan any errors found as part of MMIS processing of the submitted file. Any recipient that contains errors will be listed and will show the associated errors. There will be two types of errors, fatal and informational. The fatal error will prevent the recipient record from being applied to the MMIS and therefore will require corrections and resubmission by the submitting Health Plan. Informational errors will not prevent the recipient record from being applied to the MMIS; rather they are reported back to the health plan for review and possible correction. Informational errors will be listed on separate lines on the report. A recipient record that contains fatal and informational errors will be rejected and not applied to the MMIS. If a record contains a fatal error, informational errors might not be reported. If a record contains multiple errors, all errors associated with the record that can be reported will be reported back to the submitting Health Plan.</p> <p>The last page of the error report will contain a summary page containing the number of errors within the file submission. Error code glossary will be available in the user guide. Each submitting Health Plan will receive a report. If multiples files were submitted, a single report will be created that will be subtotaled by each file submitted with the summary page providing totals for all files.</p> <p>If no errors were encountered while processing the file, a report will be created to identify that no errors found for the file.</p> <p>If no file is submitted for the day, a report will be created to identify that no file was received for that day.</p> <p>The Transaction Specific Data contains the following data elements:</p> <ul style="list-style-type: none"> <li>Last Name</li> <li>First Name</li> <li>Date of Birth</li> <li>SSN</li> <li>NPI and start/end date</li> <li>NPI and start/end date</li> </ul>
<b>Number of Paper Copies</b>	No paper copies will be available. Electronic copies will be available to EOHHS through On-Demand. Electronic copies will be available to the submitting Health Plans through the secure FTP.
<b>Sort Order</b>	Ascending by Recipient ID per file submission.
<b>Totaling and Grouping</b>	Total errors, subtotaled by file submitted per submitting Health Plan. Summary page will have the totals for all file submissions for the day.
<b>Report Layout</b>	Please see the following pages.
<b>Media Type</b>	On Demand and also SFTP to submitting Health Plans.
<b>Distribution</b>	Submitting Manage Care/Premium Payment Health Plans.







## HIPAA-2 834 Client PCP Companion Guide 1.9

<b>Error Reports</b>	
<b>Report#4</b>	
<b>Report Code</b>	ED280R/ED281R/ED282R
<b>Report Title</b>	834 Client PCP Full Roster Reports.
<b>Report Function</b>	<p>As part of the full roster 834 Client PCP data exchange, three separate reports will be generated to provide the submitting Health Plans information on the results of their Full Roster file submission.</p> <ol style="list-style-type: none"> <li>1. ED280R Report will detail any errors that were encountered in processing the file. This report will be similar to the ED260R '834 Client PCP Error Transactions' report.</li> <li>2. ED281R Report will be listing discrepancies identified by MMIS processing. The report will list out all the updates that were made due to discrepancies. It will show the 'before' and 'after' information for each record (as it was on the MMIS). Again, the full roster file will be treated as the latest and most current information and will be supersede any information contained in the 834 Client PCP tables.</li> <li>3. ED282R Report will be listing all the records that are on the 834 Client PCP tables but were not found on the full roster file from the submitting health plan. These are records that are known to be active on the MMIS but were not reported by the submitting health plan on the full roster report.</li> </ol> <p>These reports will be made available to the submitting health plan through the secure ftp server.</p> <p>The Transaction Specific Data contains the following data elements:</p> <ul style="list-style-type: none"> <li>Last Name</li> <li>First Name</li> <li>Date of Birth</li> <li>SSN</li> <li>NPI and start/end date</li> <li>NPI and start/end date</li> </ul>
<b>Number of Paper Copies</b>	No paper copies will be available. Electronic copies will be available to EOHHS through On-Demand. Electronic copies will be available to the submitting Health Plans through the secure FTP.
<b>Sort Order</b>	Ascending by Recipient ID
<b>Totaling and Grouping</b>	Total of rejected records, information records per individual file submitted.
<b>Report Layout</b>	Please see the following pages for the report file layouts
<b>Media Type</b>	On Demand and also SFTP to submitting Health Plans.
<b>Distribution</b>	Submitting Manage Care/Premium Payment Health Plans.



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ED281R

RHODE ISLAND MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 1

RUN DATE: 11/28/2012

834 CLIENT PCP FULL ROSTER UPDATE TRANSACTIONS

PERIOD: 11/28/2012

SUBMITTING HEALTH PLAN: XXXXXXXX HEALTH PLAN NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FILE NAME: XXXXXXXX

RECIPIENT TRANSACTION SPECIFIC DATA

999999955

Before

XX

After

XX

999999960

Before

XX

After

XX

999999998

Before

XX

After

XX

999999999

Before

XX

After

XX

TOTAL UPDATED RECORDS 999,999  
TOTAL RECORDS RECEIVED 999,999  
TOTAL RECORDS ON FILE 999,999

\* \* \* END OF REPORT \* \* \*



## 4. 834 Client File Error Codes

The following list of error codes will be used during the processing of the 834 Client PCP file. These error codes will be displayed on the Error reports (ED260R and ED280R). Note this is not a complete list and more error codes could be added if needed.

<b>Error Code</b>	<b>Description/Message</b>	<b>Condition</b>
F001	MID not found	MID is not found on the RI MMIS
F002	Last Name mismatch	Last name does not match that on the RI MMIS
F003	First Name mismatch	First name does match that on the RI MMIS
F004	Date of Birth mismatch	DOB does not match that on the RI MMIS
I001	Gender mismatch (information only)	The gender does not match that on the RI MMIS.
F005	Client ID and last name do not match current MMIS information	MID and Last name does not match that on the RI MMIS.
F006	SSN and Last Name do not match name information on the MMIS	SSN and Last name does not match that on the RI MMIS.
F007	SSN/birth date combination does not exist on the MMIS	SSN and birth date does not match that on the RI MMIS
F008	Not Active for Medicaid	Not active for Medicaid
F009	Rite Care eligibility mismatch/not found	Recipient not eligible for Rite Care
F010	Rhody Health eligibility mismatch/not found	Recipient not eligible for Rhody Health
F011	Rite Smiles eligibility mismatch/not found	Recipient not eligible for Rite Smiles
F012	Rite Care Enrollment date mismatch/not found	Recipient enrollment date does not match that on the RI MMIS for Rite Care.
F013	Rhody Health Partners Enrollment date mismatch/not found.	Recipient enrollment date does not match that on the RI MMIS for Rhody Health.
F014	Rite Smiles Enrollment date mismatch/not found	Recipient enrollment date does not match that on the RI MMIS for Rite Smiles.
F015	PCP does not exist for submitter	PCP NPI was not found on the MCO Provider Network Exchange
F016	PCP not a participating member during reported date period	PCP is found on the MCO Provider Network but the PCP is not a participating member for the Health Plan during the reported date period.
F017	Use of '024' with no NPI or PCP	If the Health Plan uses a '024' but there is no NPI or PCP, an error will be returned to the Health Plans with instruction to provide a valid NPI for the member's PCP.
F018	Use of '024' with end date prior to start date for Client/PCP	If the Health Plan submits a '024' and the end date is less than or equal to the start date of the current segment, then it would sent a fatal error stating the end date is prior to the start date for the Client/PCP relationship.

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F019	Use of '024' with NPI does not match provider on file	If the Health Plan uses a '024' to end a client/PCP segment, but the NPI on the 834 file does not match the NPI on the MMIS for the client/PCP segment, the record will be rejected with an error stating the NPI does not match provider on file will be returned to the Health Plan.
I002	PCP is not marked as PCP or Both	The PCP is not listed as a PCP or both (PCP and specialist) on the MCO Provider Network.
I003	PCP start date is earlier than previous PCP.	PCP has overlapping dates with previous PCP.
I004	PCP already exists on for recipient for the dates (informational). No update needed.	The PCP information is identical to what is on the RI MMIS

## 5. Appendix

### 5.1. 834 Client Submission

When submitting 834 Client PCP files, Health Plans can follow the following naming conventions for the files:

Filetype = Daily or Recon(ciliation)

Plan ID = Trading partner id, ex. NH11278

Date/time = ex. 130401152400

PCP = PCP designation at the end for load files.

Examples:

DAILY.NH11278.130401152400.PCP

RECON.NH11278.130401152500.PCP

The file naming convention mentioned is not required. The files are renamed into a proprietary format to be used in the MMIS, after the Translator checks for compliance and maps the data to a proprietary file.