CSRA

A General Dynamics Information Technology company

North Carolina Department of Health and Human Services (NC DHHS)

Division of Health Benefits (DHB)
Division of Mental Health (DMH)
Division of Public Health (DPH)

Standard Companion Guide Transaction Information Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010X220A1 Benefit Enrollment and Maintenance (834-I), for MMIS NCTracks starting July 1, 2013

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Preface

Companion Guides (CG) 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 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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1. Transaction Instruction (TI) Introduction

1.1 BACKGROUND

1.1.1 Overview of HIPAA Legislation
The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard. HIPAA serves to:

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

1.1.2 Compliance According to HIPAA
The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked "not used" in the standard's implementation specifications or are not in the standard's implementation specification(s).
- Change the meaning or intent of the standard's implementation specification(s).

1.1.3 Compliance According to ASC X12
ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2 INTENDED USE

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

1.3 INTENDED AUDIENCE

This companion guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claims submissions to NCTracks. In addition, this information should be communicated to, and coordinated with, the provider's billing office in order to ensure that the required billing information is provided to its billing agent/submitter.

1.4 PURPOSE OF COMPANION GUIDE

The Companion Guide is to be used with, and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion guide is to provide trading partners with a guide to communicate NCTracks specific information required to successfully exchange transactions.

The primary purpose of this document is to assist the trading partner with the appropriate use of the transactions; it is not intended to be a billing or policy guide.

1.5 ACKNOWLEDGEMENTS

For all inbound transactions, a 999 Acknowledgement report will be sent to the trading partner's OUTBOX for retrieval. This report serves as the acknowledgement of the submission of a file. Typically, 999 Acknowledgement reports are available within moments of submission.

1.6 TRADING PARTNER AGREEMENT SETUP

Refer to Section 2.2, Trading Partner Registration, of the NCTracks Trading Partner Connectivity Guide.

1.7 TESTING

NC DHHS (DHB, DMH, and DPH) requires testing, or third party certification, prior to approving a trading partner to submit claims in production. Once in production, NC DHHS (DHB, DMH, DPH) reserves the right to require re-testing if it is determined the trading partner is receiving/generating an unacceptable volume of errors.

Refer to Section 3, Testing and Certification Requirements, of the NCTracks Trading Partner Connectivity Guide.

2. Included ASC X12 Implementation Guides

The table below identifies the X12N Implementation Guides for all of the transactions supported by NCTracks. Companion guides are available for each of the transactions.

Section 3 of this document provides information specific to the 834I transaction set, as defined in the 005010X220 834 Health Benefit Enrollment and Maintenance Technical Report 3 (TR3) dated August 2006, and updated by:

- Errata 005010X220E1 834 Benefit Enrollment and Maintenance dated January 2009
- Addenda 005010X220A1 834 Benefit Enrollment and Maintenance dated June 2010

Unique ID	Name
005010X222	Health Care Claim: Professional (837P)
005010X223	Health Care Claim: Institutional (837I)
005010X224	Health Care Claim: Dental (837D)
005010X228	Health Care Claim Pending Status Information (277P)
005010X279	Health Care Eligibility Benefit Inquiry and Response (270/271)
005010X221	Health Care Claim Payment/ Advice (835)
005010X212	Health Care Claim Status Request and Response (276/277)
005010X220	Benefit Enrollment and Maintenance (834)
005010X218	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)
005010X231	Implementation Acknowledgment for Health Care Insurance (999)

Pharmacy claims are submitted using the National Council for Prescription Drug Programs (NCPDP) D.0 format. Please refer to the D.0 Companion Guide for NCPDP D.0 claim formatting used by NCTracks.

3. Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent "segments" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide.

005010X220A1 Health Benefit Enrollment and Maintenance (834I)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA05	Interchange ID Qualifier		Qualifier to match trading partner agreement
	ISA06	Interchange Sender ID		Sender ID to match trading partner agreement
	ISA07	Interchange ID Qualifier		Qualifier to match trading partner agreement
	ISA08	Interchange Receiver ID		Receiver ID to match trading Partner agreement
	ISA15	USAGE Indicator		Use 'P' or 'T'
Header	GS	Functional Group Header		
	GS01	Functional ID Code		NCTracks requires 'BE'
Header	ST	Transaction Set Header		
	ST03	Implementation Convention Reference	005010X220A1	
Header	BGN	Beginning Segment		
	BGN08	Action Code		NCTracks requires '2'
1000A	N1	Sponsor Name		
	N101	Entity Identifier Code		NCTracks expects value of 'P5'
	N103	Identification Code Qualifier	FI	NCTracks expects value of 'FI'
	N104	Sponsor Identifier		NCTracks expects Tax Payer ID number as the Sponsor ID
1000B	N1	Information Receiver Name		
	N101	Entity Identifier Code		NCTracks expects value of 'IN'
	N103	Identification Code Qualifier	FI	NCTracks expects 'FI'
	N104	Sponsor Identifier		NCTracks expects Tax Payer ID number

Loop ID	Reference	Name	Codes	Notes/Comments
2000	INS	Member Level Detail		
	INS01	Insured Indicator	Y	NCTracks expects value of 'Y'
	INS02	Individual Relationship Code	18	NCTracks expects value of '18'
	INS03	Maintenance Type Code	001,021, 024	NCTracks expects values '001', '021', '024'
	INS12	Date Time Period – Insured Individual Death Date		NCTracks collects date of death if INS04 = 03
2100A	NM1	Member Name		
	NM101	Entity Identifier Code	IL	NCTracks expects value 'IL'
2100A	DMG	Member Demographics		
	DMG05-01	Race Or Ethnicity Code		NCTracks uses the first occurrence if multiple codes are sent. See Appendix A. Race and Ethnicity Crosswalk
	DMG05-03	Industry Code		See Appendix A. Race and Ethnicity Crosswalk
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	001 002 021 026	NCTracks expects values '001'. '002', '021', '026'
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	348 349	NCTracks expects values '348' or '349'

4. TI Additional Information

4.1 BUSINESS SCENARIOS

The 834I is used for Benefit Enrollment and Maintenance.

4.2 SPECIFIC BUSINESS RULES AND LIMITATIONS

The date of death should be sent in INS12 Date Time Period – Insured Individual Death Date when available.

4.3 SCHEDULED MAINTENANCE

NCTracks maintenance will occur Sunday morning from 12:01 a.m. through 4:00 a.m. NCTracks will not be available to submit files during this time

4.4 FREQUENTLY ASKED QUESTIONS

This section will contain a compilation of questions and answers as they are identified.

4.5 OTHER RESOURCES

- **Washington Publishing Company**
  The Implementation Guides for X12N and all other HIPAA standard transactions are available electronically at www.wpc-edi.com

- **ASC X12 Organization**
  http://www.x12.org/

- **United States Department of Health and Human Services (HHS)**
  This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA.
  www.aspe.hhs.gov/admnsimp

- **Workgroup for Electronic Data Interchange (WEDI)**
  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

- **North Carolina Department of Health and Human Services**
  www.ncdhhs.gov

- **North Carolina Division of Health Benefits**
- https://medicaid.ncdhhs.gov/

- **North Carolina Division of Mental Health/Development Disabilities/Substances Abuse Services**
  http://www.ncdhhs.gov/mhddsas/

- **North Carolina Division of Public Health**
  http://publichealth.nc.gov/

5. Contact Information

5.1 ELECTRONIC DATA INTERCHANGE (EDI) TECHNICAL ASSISTANCE

Phone: 1-800-688-6696, option #1

Email: NCMMIS_EDI_SUPPORT@gdit.com

Website: http://www.nctracks.nc.gov/provider/index.html

Companion Guides: http://www.nctracks.nc.gov/provider/guides/index.html

5.2 PROVIDER/TRADING PARTNER ENROLLMENT

Currently Enrolled Provider (CEP), Billing Agent Enrollment
Phone: 1-800-688-6696

Email: NCTracksprovider@nctracks.com

Website: https://www.nctracks.nc.gov/provider/providerEnrollment/

NCTracks Enrollment
Phone: 1-800-688-6696

Email: NCTracksprovider@nctracks.com

Website: https://www.nctracks.nc.gov/content/public/providers/provider-enrollment.html

Appendix A. Race and Ethnicity Crosswalk

Valid Values in the DMGe05c01	Ethnicity Code Crosswalk	Race Code Crosswalk	Notes
7 – Not provided	None	None	
8 – Not Applicable	None	None	
A – Asian or Pacific Island	None	A – Asian	When DMG05C01=A, then two race codes (A, P) are created.
	None	P – Native Hawaiian or Pacific Island	
B – Black	None	B – Black/African American	
C – Caucasian	None	W – White	
D – Subcontinent Asian	None	A – Asian	
E – Other Race or Ethnicity	None	None	
F – Asian Pacific	None	A – Asian	When DMG05C01=F, then two race codes (A, P) are created.
	None	P – Native Hawaiian or Pacific Island	
G – Native American	None	I – American Indian/Alaska Native	
H – Hispanic	H – Hispanic	None	
I – American Indian/Native	None	I – American Indian/Alaska Native	
J – Native Hawaiian	None	P – Native Hawaiian or Pacific Island	
N – Black (Non-Hispanic)	N – Not Hispanic/Latino	B – Black/African American	
O – White (Non-Hispanic)	N – Not Hispanic/Latino	W – White	
P – Pacific Islander	None	P – Native Hawaiian or Pacific Island	
Z – Mutually Defined	None	None	

Valid Values in the DMGe05c03	Ethnicity Code Crosswalk	Race Code Crosswalk	
2135-2	H – Hispanic or Latino	None	This value will override the Ethnicity Code crosswalk values in DMGe05C01
2149-3	M – Mexican American	None	This value will override the Ethnicity Code crosswalk values in DMGe05C01

Valid Values in the DMGe05c03	Ethnicity Code Crosswalk	Race Code Crosswalk	
2180-8	P – Puerto Rican	None	This value will override the Ethnicity Code crosswalk values in DMGe05C01
2182-4	C – Cuban	None	This value will override the Ethnicity Code crosswalk values in DMGe05C01
2186-5	N – Not Hispanic or Latino	None	This value will override the Ethnicity Code crosswalk values in DMGe05C01

Change Summary

Date	Change	Responsible Party
November 16, 2012	Initial trading partner test version	CSC under the direction of NC DHHS
July 1, 2013	Production version – Added Section Appendix A	CSC under the direction of NC DHHS
February 03, 2013	Update to Fiscal Agent name and logo	CSRA under the direction of NC DHHS
March 20, 2017	Update EDI contact information and reorganized guide	CSRA under the direction of NC DHHS
April 26, 2017	Update Copyright statement	CSRA under the direction of NC DHHS
December 03, 2018	Updated Division of Medical Assistance to Division of Health Benefits	CSRA under the direction of NC DHHS
March 3, 2021	Updated EDI Support email address	CSRA under the direction of NC DHHS