Department of Health Services

Integrated Design Specifications

834 – Benefit Enrollment and Maintenance

April 1, 2004

Version 1.6

Document History (Version Control)

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Table of Contents

1 Document Overview 4
- 1.1 Overview of Project Approach 4
- 1.2 Business Specifications Overview 5
- 1.3 Technical Specifications Overview 5
- 1.4 Next Steps 5

2 Business Specifications 6
- 2.1 Medi-Cal Managed Care Division (MMCD) 6
- 2.2 Information Technology Services Division (ITSD) 7

3 Technical Specification 9
- 3.1 Functional Specification 9
- 3.2 Development Environment 13
- 3.3 Production Environment 21
- 3.4 Detail Specifications 23
- 3.5 Issue Resolutions 46

4 Risk Management Considerations 74
- 4.1 Risk Considerations for the 834 Transaction 74
- 4.2 Managing Technology Risk 74
- 4.3 Managing Liability Risk 75

5 Test Planning 78
- 5.1 In-House Testing 78
- 5.2 External Testing 80
- 5.3 Beta Testing 80
- 5.4 Trace-Ability Matrix 81

6 Resource Planning 104
- 6.1 Development and Testing Resources 104
- 6.2 Production Resources 106

7 Trading Partner Setup 107
- 7.1 Trading Partner Profiles 107
- 7.2 Trading Partner Agreements 107

8 Design Specifications Approval 109

9 Attachments 110
- 9.1 Attachment A – Health Plan Setup Management File 110
- 9.2 Attachment B – Health Plan Transaction History File 111
- 9.3 Attachment C – FAME Extract File Layout 112
- 9.4 Attachment D - HISDB layout 116

Table of Contents

9.5 Attachment E - Data Element Dictionary 118
9.6 Attachment F – 834 Transaction Functional Modeling Diagram 122
9.7 Attachment G - Pervasive Software 126

1 Document Overview

In order to create a complete set of business and technical specifications, the requirements and the constraints of the environment for which the specifications are being written must be fully understood. Specifications must be created in enough detail so that either a change can be implemented, or a new process built.

To that end, this document contains high-level design specifications for those components of the Medi-Cal Fiscal Intermediary Access to Medi-Cal Eligibility (FAME) Extract System that were identified as needing remediation during the 834 Transaction project assessment and gap analysis phases. This design specification document describes business process and technical data areas that will require modification in order to comply with the implementation specifications set forth by HIPAA for the Benefit Enrollment and Disenrollment Transaction (herein referred to as the 834 Transaction).

This document specifically does not address remediation of the FAME extract file. Remediation of the FAME extract file will occur when it is no longer prudent to provide duplicate information that is contained in the current FAME extract format and the proposed 834 Transaction. At that time, the FAME extract file will be remediated to be a Supplemental file to the 834 Transaction. The Supplemental file will provide only the needed information that the 834 Transaction does not provide. The FAME file in its current format will no longer be provided after that point; the 834 Transaction and the Supplemental file will replace it. The design of the Supplemental file has been excluded from the current Design phase covered by this document.

Within this document the reader will encounter **bolded** numbers preceded by '**D'** in **curly-braces {}**, i.e., **{D7.01}**.

This convention is used as a cross-reference to the Trace-Ability Matrix in this document, which in turn, links to the specific business or technical requirement as defined in the *834 Transaction Business and Technical Requirements* documents.

1.1 Overview of Project Approach

The objective of *Phase 4 – Design Specifications* of the Transactions and Code Sets (TCS) HIPAA Compliance Life Cycle is to create a detailed set of design specification documents that include business and technical specifications necessary to meet the specific needs of the project. In addition, test plans are created.

No significant precedents were identified in either established case law or common law pertinent to the 834 Transaction. Therefore, any design specification relative to case or common law will not be addressed here; however, this document does describe the considerations for the management of both technology and liability risks.

1.2 Business Specifications Overview

The business specifications describe how to accomplish the approved solution from a business perspective. This document details each change necessary to program area procedures, policies, and workflows to accommodate HIPAA compliance for the 834 Transaction.

1.3 Technical Specifications Overview

The technical specification details each change required to the systems, application programs, file layouts, data elements, reports, tables, screens, or technical communication protocols to accomplish HIPAA 834 Transaction compliance.

The technical specification describes how a technical design is implemented to accommodate specific business rules. This technical specification is written to either modify existing functionality or to introduce new technical functionality and logic. The technical specification should also describe the concept and reasons for the change, or any new functionality, as well as provide the detailed logic necessary to achieve the desired result.

1.4 Next Steps

Upon completion of the Design Phase, Department of Health Services (DHS) Office of HIPAA Compliance (OHC) will be positioned to plan for remediation and implementation. The plan will include all necessary business and technical remediation activities through to the go-live status for the 834 Transaction.

The Business and Technical Remediation deliverables should include remediation plans and efforts necessary to change the policies, procedures and technical components needed for the 834 Transaction to be HIPAA compliant. The remediation plan will describe:

- Organization of the remediation effort
- Resource skills required and assignments
- Sequence of work activities

The remediation plan will also include the identification of critical dependencies and risks requiring a contingency plan.

2 Business Specifications

This section of the document details the impacts that HIPAA remediation may have on the current business environments. Although these specifications focus on the business and operational requirements of the DHS Information Technology Services Division (ITSD) Program, the DHS Medi-Cal Managed Care Division (MMCD) Program Area is also identified as providing a liaison role.

2.1 Medi-Cal Managed Care Division (MMCD)

2.1.1 Business Overview

The initial processing of beneficiary eligibility and enrollment information occurs through the County Eligibility Offices. Beneficiary enrollment information is recorded on the Medi-Cal Eligibility Data System (MEDS) in multiple segments. The FAME file is a subset of MEDS and is recreated when MEDS is updated via the nightly and month-end MEDS update processes. The daily update records are generated when any of the data fields on the MEDS database are changed. The FAME records with Health Care Plan (HCP) information are used as 'replacement records' and replace the respective data fields on the Health Plans' Management Information System (MIS). The modified data fields are not flagged on the update record, and are made only via electronic transmission.

FAME is the primary source of member enrollment and disenrollment information utilized by Health Plans to update their systems. ITSD performs the FAME file extracts and places the data within the Health and Human Services Data Center (HHSDC) for retrieval by the County Organized Health Systems (COHS). For the Non-County Organized Health Systems Plans (NCOHSP), which consists of multiple models, ITSD performs the FAME file extracts and transmits the enrollment data via File Transport Protocol (ftp) to the Fiscal Intermediary (FI), Electronic Data Systems (EDS). The FI then places these data files onto their secure EDS website and the NCOHSP access this enrollment data via the internet using a unique provider code that has been assigned to them by EDS for security purposes.

2.1.2 Business Specification

There will be no change to the existing business processes. The health plans will continue to receive the existing enrollment and eligibility information. The new 834 Transaction file will be made available to the health plans via the same secure internet access process.

The MMCD HCP Contract Support Manager who acts as the prime liaison between the DHS program areas and a health plan will continue to act as the single point of contact between a health plan and ITSD.

2.2 Information Technology Services Division (ITSD)

2.2.1 Business Process Overview

ITSD provides comprehensive information technology services to the DHS, such as:

- IT consulting services
- IT project management
- Application system products and support
- Infrastructure products and support (including network, local area networks, servers, web and desktop)
- Implementation of IT policies and standards
- IT planning and oversight

Specifically, the Medi-Cal Applications Section of ITSD provides Medi-Cal programs with:

- Application project management
- Application consulting
- Application project initiation
- Application system design, programming, testing, and implementation
- Production support of application systems
- Enhancements to existing application systems

The Medi-Cal Application Section, or its designee, will be an integral part of implementing and supporting the HIPAA compliant 834 Transaction process. Specific details regarding the Section's participation are discussed in Section 2.2.2 below.

2.2.2 Business Process Solution

The current daily and monthly job executions for FAME file generation will continue without any change in processing and without any disruption to current business processes **{D2.01}**.

The full FAME file extract for each HCP will continue to be available, for a temporary time period, both on a daily **{D2.02}** and monthly **{D2.03}** basis. These files will continue to be delivered to the secure EDS website for downloading by each HCP **{D1.02}**. There will be no monitoring of HCP activity against the website. It is each HCP's responsibility to access and retrieve its own files from the secure website **{D1.01}**.

There will be no modification to either the structure or to the content of existing HCP files. For COHS, the FAME file will continue to contain the current plus the previous 12

months' history **{D2.04}**. For the NCOHSP, the FAME file will contain the current plus previous 15 months' history **{D2.05}**.

Files containing 834 Transactions for each Plan will be generated immediately following the generation of the FAME extract file. Both daily and monthly 834 Transaction processing must be completed without unduly impacting existing processes **{D2.00}**.

A designated EDI Coordinator[1] will be responsible for working with MMCD Program Contract Managers to gather HCP Trading Partner Information such as HCP EDI Coordinator contact information and Federal Employee Identification Numbers. Data collected will then be entered into the Health Plan Setup tables using a data entry front-end system.

Daily and Monthly jobs will be run to create HIPAA compliant 834 Transaction files for each HCP using existing FAME extract files. The 834 Transaction files will then be subjected to a compliance checking process to determine whether they are compliant. The EDI Coordinator will monitor these jobs for successful execution and take the appropriate action to resolve processing errors. Those transactions that are compliant will then be posted to the secure EDS Website for each health plan **{D1.03}**. For those non-compliant 834 Transactions, the EDI Coordinator will be responsible for error identification and resolution. Where necessary, the EDI Coordinator will identify and resolve any discrepancies on the usage of Ethnicity Code, Alien Codes, Language Codes and FEIN **{D2.06}**.

There are no requirements for providing new enrollment/disenrollment reports out of the existing FAME extract system **{D2.07},** and the same is true for the generation of the 834 Transaction. Existing FAME reports will continue to be generated. A report of 834 Transaction totals for each Plan will be generated.

Prior to providing production 834 Transactions to a Plan, complete end-to-end testing with the Plan must be completed in accordance with remediation testing methodologies. Section 5.2 External Testing defines the required of end-to-end user testing.

The EDI Coordinator may also be responsible for assisting with and applying any periodic software updates and HIPAA maintenance standard releases.

[1] The title 'EDI Coordinator' is assigned to the individual(s) within DHS and the Health Plans who are responsible for configuration and administration of the EDI system. It is generally a single point of contact used in communications between DHS and the Health Plan when addressing HIPAA transaction issues.

3 Technical Specification

3.1 Functional Specification

The functional specification is used to describe a product's or system's intended capabilities, appearance, and interactions with users and systems. The functional specification acts as a guideline and continuing reference point as the developers write the programming code.

Typically, the functional specification for an application program that has a series of interactive windows and dialogs with a user would show the visual appearance of the user interface and describe each of the possible user input actions and the program response actions. The functional specification may also contain formal descriptions of user tasks, dependencies on other products, and usability criteria.

There are several hardware and software requirements necessary in order to develop, test, and deploy applications for the 834 Transaction project. Software requirements include both mainframe and server based software applications, while hardware requirements are centered on the client-server platform.

3.1.1 Assumptions and Requirements

This functional specification presumes that DHS obtains and uses *djengine®* from **Pervasive Software, Inc.** This software is an extract, transform, and load (ETL) product that will be used to convert the FAME extract file into a HIPAA compliant 834 Transaction on a mainframe platform. (The Pervasive Software products described in this document will be purchased through the CAL-Store and one of its competitively bid master agreements.) Other assumptions are made that support this functionality:

- A client-server platform is available to the development staff
- The development mapping product is resident on the client-server based platform
- Transformation Engine licensing is available in two separate mainframe regions - Quality Assurance testing, and Production

Document Schema Designer® from **Pervasive Software, Inc.** will also be obtained to generate mapping schemas. Attachment G - Pervasive Software presents the product mix and pricing structure for the software licenses, yearly maintenance subscription, and telephone support obtained through CAL-Store.

The presumption is made that the compliance-checking software, *XEngine®,* from **Edifecs, Inc,** is available in the Development environment in order to allow proper testing of a compliant 834 Transaction prior to implementation. Another software product *SpecBuilder®,* from **Edifecs, Inc,** is required on a Development machine and will generate an 834 Transaction Companion Guide. The Companion Guide is used to

convey usage and functionality of the 834 Transaction to all DHS trading partners. It specifically defines the Looping structures, Segments and Elements used to communicate the benefit enrollment and disenrollment information that is peculiar to DHS operations. It also includes local code usage.

Further presumptions are made that existing secure ftp methodologies for delivering files to health plans will be used to deliver the 834 Transactions.

The DHS Companion Guide is contained in a separate document entitled *CA-DHS Companion Guide – Benefit Enrollment*. The document was generated using **Edifecs, Inc**. *SpecBuilder*® software.

Also required are skilled resources that have the requisite knowledge of the transformation tools, compliance-checking software, EDI data structures, Medi-Cal system, FAME extract processes, system communication protocols, and mainframe and client-server platform specific knowledge.

3.1.2 Architecture and Data Flow Diagrams

Figure 1 -- Development Environment and Figure 2 – QA Test and Production Environments depict the high-level architecture and data flow for the development, test and production environments.

Figure 1 -- Development Environment

834 Development Environment

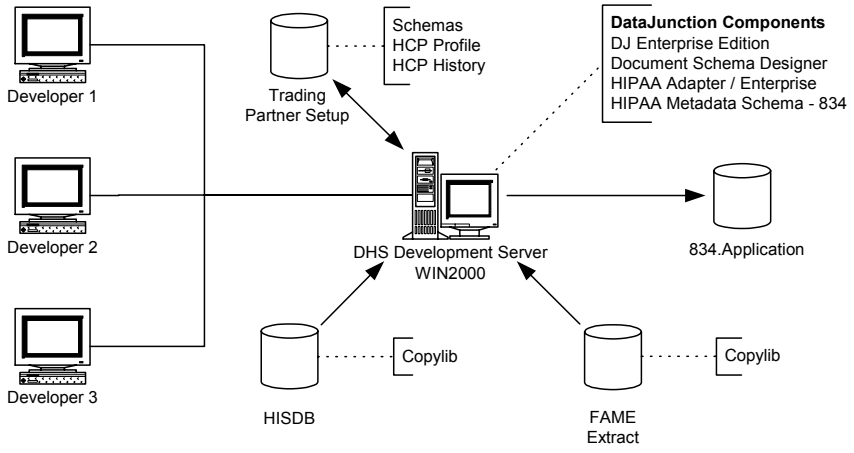

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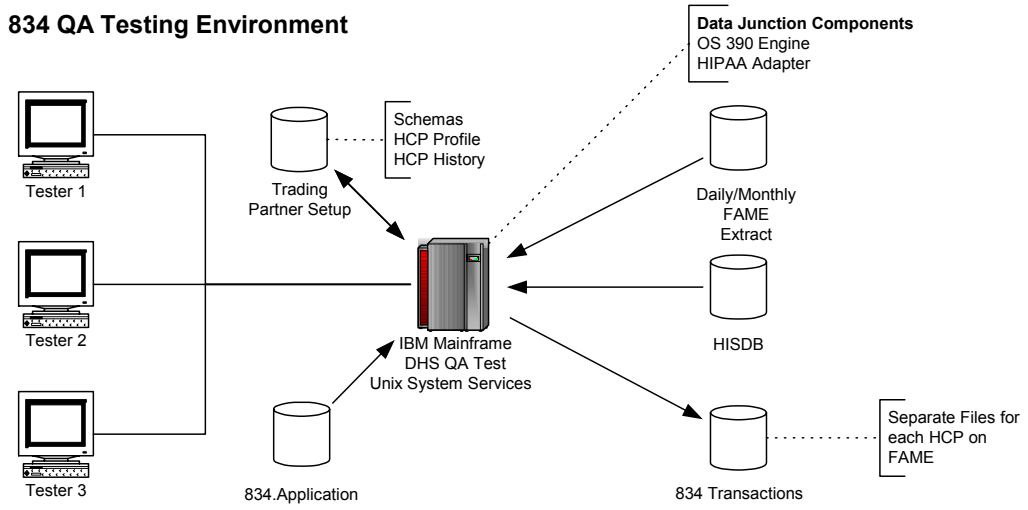
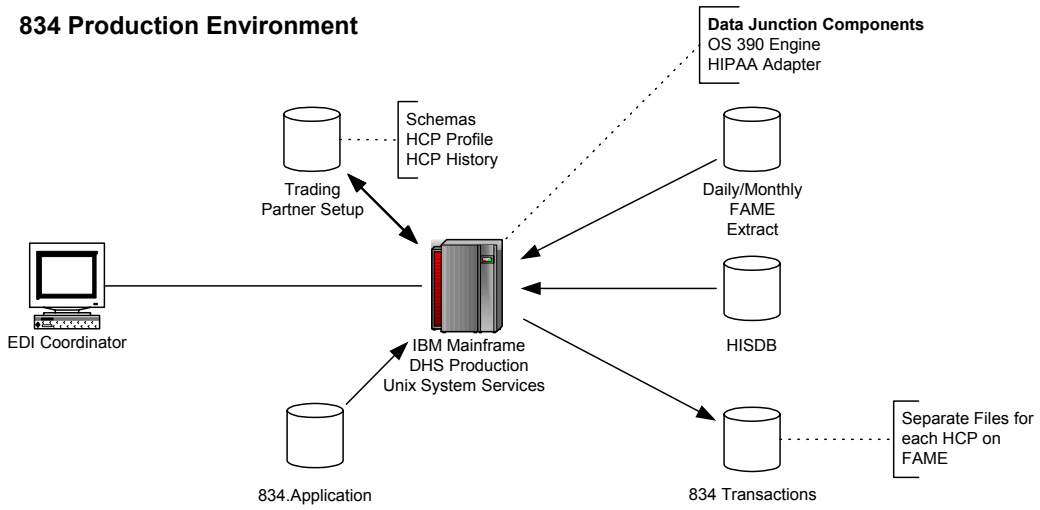
Figure 2 – QA Test and Production Environments





3.2 Development Environment

The development environment is totally contained on the client-server platform. What follows is a description of software and hardware requirements.

3.2.1 Client-Server

Software Requirements

Mapping Tool – *Document Schema Designer*® by Pervasive Software

Document Schema Designer®, is GUI-based software that provides visual mapping of data from one format to another. Application executables are created from these mappings which may exist on either client-server or mainframe platforms.

Document Schema Designer® can transform all formats that contain some field and record orientation such as binary and flat files, ISAMs and record managers, databases (non-SQL), SQL and ODBC, spreadsheets, etc. The mappings are actually created from source data structures such as file schemas, COBOL copylibs, variable blocked mainframe files and many other types of data structures.

The data sources needed to create an 834 Transaction reside as different file formats. The mapping tool must be flexible enough to accommodate multiple input sources that may reside as VSAM files, DB2 databases, Excel spreadsheets, or ASCII flat files.

Compliance Checking Tool - *XEngine*® by Edifecs, Inc.

DHS will utilize *XEngine®,* from **Edifecs, Inc.,** as a software solution for 834 Transaction compliance checking. The *XEngine* product runs on *Windows* or UNIX platforms and is integrated with the IBM mainframe by using *MQSeries®* software and other methods to send messages between the mainframe and the *Windows/*UNIX systems where *XEngine* is running.

The 834 Transaction will be tested using the compliance-checking tool prior to implementation with the HCP. The purpose of the compliance-checking tool is to validate the 834 Transaction produced against existing HIPAA standards.

The compliance-checking tool is capable of validating to multiple releases of the same HIPAA 834 Transaction Implementation Guide. The compliance-checking tool also is capable of validating to all seven Types of testing as defined by the Workgroup for Electronic Data Interchange/Strategic National Implementation Process (WEDI/SNIP).

The compliance-checking tool is able to distinguish and differentiate which Type of testing has been violated. Downstream processes will differentiate between those errors that are informational and may be passed on to the HCP versus those errors that are severe and must be resolved before sending the transaction set on to the HCP. For those 834 Transaction files with severe errors, an error report is generated and that 834 Transaction file is suspended from the file transmission process.

Software Inventory

Table 1 - Pervasive Client-Server Software provides a listing of the vendor-related client-server software required to support the mapping processes on the development platform.

Table 1 - Pervasive Client-Server Software

WIN/NT Platform
DJ Enterprise Edition, Multi-threaded
HIPAA Adaptor
HIPAA Metadata Schema
Document Schema Designer
Parallel Engine, WIN/ENT
HIPAA Adaptor, Enterprise Edition

Hardware Requirements

A client-server platform based on the *Windows©* operating system is required to support the ETL software *development* tool (*Document Schema Designer®*). *Document Schema Designer®* is GUI-based software that provides mapping of data from one format to another. Application executables are created from these mappings which may then reside on either client-server or mainframe platforms.

The vendor-specified minimum server hardware requirements are:

Document Schema Designer

- PC with 486 or higher processor
- Windows 95/98/ME/2000/XP/NT 4.0 (Service Pack 5 or higher recommended)
- 30MB of available free hard drive space
- One CD ROM drive for installation
- 128MB of RAM

Table 2 – DHS-ITSD Standard Server Configuration shows the standard server configuration as provided by DHS-ITSD Network Support. A server is required to host the development mapping tool for the 834 Transaction. Hosting may be provided through existing ITSD servers or as a new procurement through CAL-Store.

Table 2 – DHS-ITSD Standard Server Configuration

Type	Make	Model
		Hardware - Standard Server
Standard Server	HP	ML370R G3 Xeon 2.8GHz/512MB/512kb-5u/10/100/1000 PCI-X Gigabit NIC/5U
2nd processor	HP	Xeon 2.8GHz/512k processor option kit
SCSI RAID Controller	HP	Smart Array Controller 642
SCSI RAID Controller	HP	64 MBEnabler
Disk Drives	HP	Ultra3 36.4GB univ. hot plug (1”), 10k rpm
Power Supply	HP	Hot plug redundant power supply (ML370)
Fans	HP	Redundant hot plug fan kit
Warranty	HP	DHS Service Contract ML370R G3 9x5x4service for 3 years

Type	Make	Model
Warranty	HP	DHS Contract 9x5x4 ML370R G3 for 9x5x4 service for 4th year only
		Rack & Accessories
Rack	HP	10636 rack (36U)
Rack	HP	9136 baying kit
UPS	HP	UPS R1500 XR
UPS	HP	Multi server option card for UPS
Monitor	HP	17” monitor (V7550),1yr. Parts/Labor/On-site
Monitor	HP	Monitor/utility fixed shelf
Keyboard Drawer	HP	Keyboard drawer opal (1U)
Keyboard/Mouse	HP	Integrated keyboard/trackball
KVM Switch	HP	8-port KVM switch
KVM Switch	HP	12 Ft CPU to switch KVM cable kit (one per server)

Table 3 – DHS-ITSD Standard Server Software Configuration shows the standard server software configuration as provided by DHS-ITSD Network Support.

Table 3 – DHS-ITSD Standard Server Software Configuration

Type	Make	Model
OS	MS	Microsoft - Win2003 Server Standard MVL License
Anti Virus	Symantec	Anti-Virus
Backup	Veritas	Backup Exec NT/2000 Remote agent
Backup	Veritas	Backup Exec NT/2000 Open File Option
Management	HP	Management Agents
Management	HP	Survey Utility
Management	HP	Version Control Agent
Inventory Management	MS	SMS
Reader	Adobe	Acrobat 4.0
		Software - SQL Database Server (in addition to Tier 1)
Database	MS	SQL Server 2000
		Software - Web Server (in addition to Tier 1)
Web Server	MS	IIS 5.0
Content Management	MS	Site Server
Web Publishing	MS	Web Publishing Wizard 1.52
Web Scripting	MS	Windows Scripting Host

Table 4 – DHS-ITSD Standard Server Utilities shows the DHS-ITSD required standard server utilities.

Table 4 – DHS-ITSD Standard Server Utilities

Type	Make	Model
Management		Dameware
Patch Deployment		Update Expert
Server Name Display		BGInfo

Table 5 – DHS-ITSD Standard Software And Maintenance Contracts shows the usual and customary software and maintenance contracts available on a standard DHS-ITSD server.

Table 5 – DHS-ITSD Standard Software And Maintenance Contracts

Maintenance
DHS Service Contract 9x5x4 3 years
DHS Contract 9x5x4 4th yr out of warranty
Software
Microsoft - Win2003 Server Standard MVL License
Veritas - BackUp Exec 9.0 NT/2000 Open File Option
Veritas Back Up Exec 9.0 NT/2K Remote agent
Rack & Accessories
HP - 10636 rack (36U)
HP - 17” monitor (V7550),1yr. Parts/Labor/On-site
KVM switch 8 port
HP - monitor/utility fixed shelf
HP - keyboard drawer opal (1U)
HP - integrated keyboard/trackball
HP - UPS R1500 XR
HP - 12 Ft CPU to switch cable kit (one per server)
HP - 9136 baying kit
HP - Multi server option card for UPS

3.2.2 Mainframe

Software Requirements

There are no mainframe software requirements in the development environment.

Hardware Requirements

There are no mainframe hardware requirements in the development environment.

3.3 Production Environment

The production environment encompasses both the mainframe and client-server platforms. Below are listed the software and hardware requirements for both the mainframe and client-server.

3.3.1 Mainframe

Software Requirements

Integration Engine – *djengine* by Pervasive Software

The Integration Engine (*djengine*)® resides on the IBM mainframe platform and executes under the OS/390 operating system. The Integration Engine runs as a service under UNIX System Services (USS), formerly called Open MVS or oMVS. The USS must be active and the 'full-function mode' must be enabled. The application is invoked through the oMVS shell, ISPF ISHELL, TSO or JCL BPXBATCH.

The BPXBATCH can be used to run the Integration Engine from a JES2/3 JCL job step:

JCL:

```
//stepname EXEC PGM=BPXBATSL,PARM="PGM djengine"
```

TSO/E:

```
BPXBATCH PGM djengine
```

Supported files for the Integration Engine include DB2 and ODBC access. Files are allocated dynamically using a Hierarchical File System (HFS). Traditional MVS data sets are not dynamically allocated and need to be pre-allocated. Most files used by *djengine* reside in the HFS. This is an MVS data set that contains a POSIX-compliant hierarchical file system. The files and directories within the HFS data set can be accessed by OS/390 UNIX System Services.

Traditional MVS data sets are accessed using HFS naming rules. MVS datasets are distinguished from HFS files by preceding them with two slashes (//). For example the HFS name of the MVS dataset name PROGRAM.OUTPUT, is:

" //PROGRAM.OUTPUT"

Single quote (') and parenthesis (()) meta-characters are typically used to specify fully-qualified MVS names and PDS/PDSEs, respectively. To specify a fully qualified dataset such as 'SMITH.PROGRAM.SOURCE(FILE1)' use:

"//"smith.program.source(file1)""

If access to VSAM datasets is required then a utility such as *DITTO*® is needed to unload and load VSAM data sets.

There is no inherent security checking under *djengine*®. Instead *RACF*® is used to provide security and integrates the UNIX account information with the existing MVS account and system information.

Table 6 - Pervasive Mainframe Software provides a listing of vendor-related mainframe software required to support the transformation processes on the Test and Production machine.

Table 6 - Pervasive Mainframe Software

OS 390 Platform
OS390 Integration Engine

Hardware Requirements

There are no changes needed to the existing DHS-ITSD S1/S2 hardware environment in order to accommodate generation of an 834 Transaction.

3.4 Detail Specifications

3.4.1 Purpose

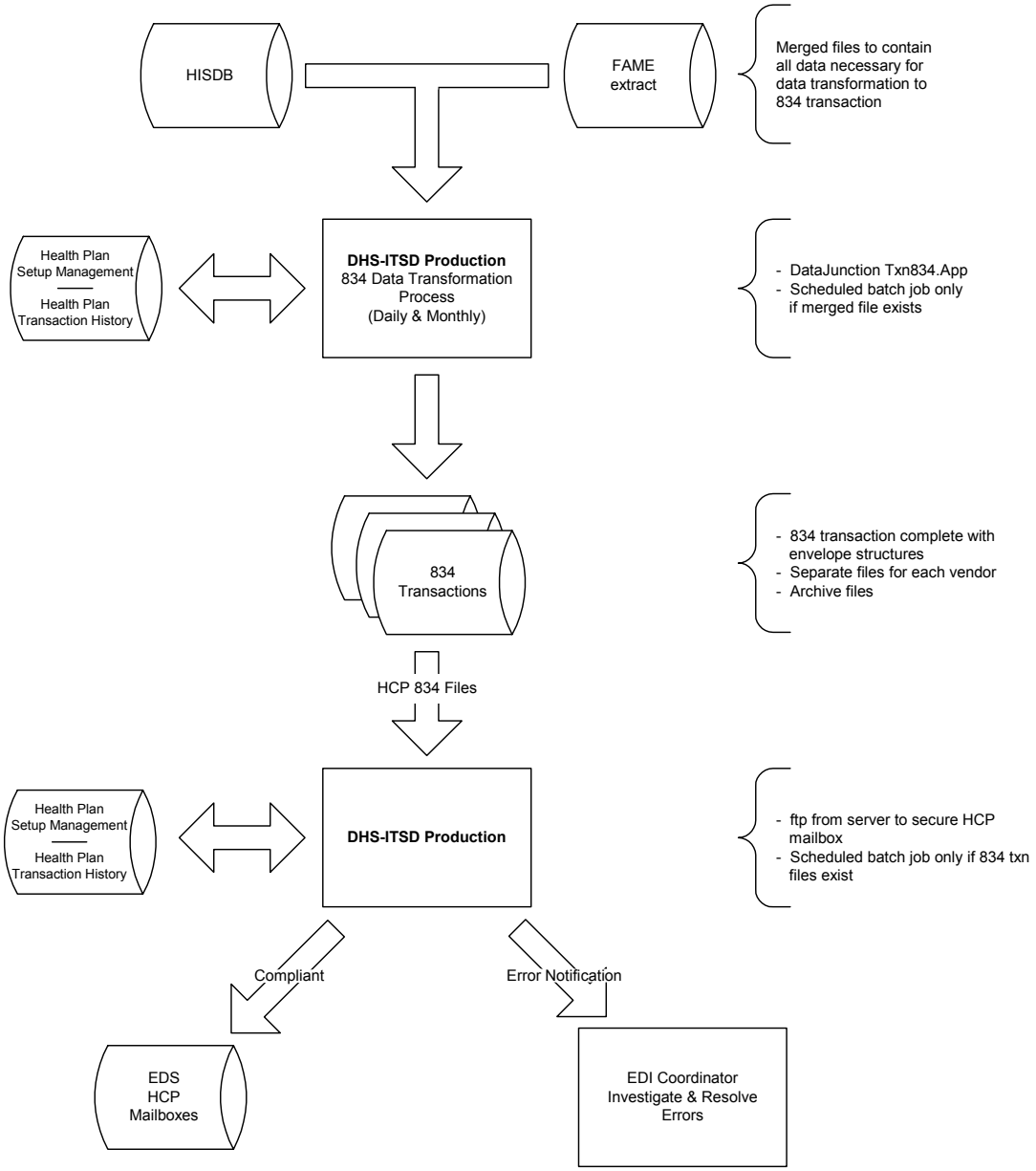
The detail specification describes *internal interfaces* and is for use by the developers, testers, and, later, to some extent, the programmers that service the product and provide code fixes.

The structure of the programming (for example, major groups of code modules that support a similar function) is described visually in the next section, as a general overview only.

Data Flow Diagrams

Figure 3 -- Data Flow Diagram represents the flow of data beginning with a merge of the existing FAME extract file with related HISDB entries to create a subset of the FAME file containing only benefit enrollment and disenrollment data. That file is then ported into the data transformation engine from which 834 Transaction files are created. These transaction files are then sent to the compliance process to verify accuracy and completeness. The compliant transactions are then sent to the HCP while non-compliant transactions are held for further investigation and resolution.

Figure 3 -- Data Flow Diagram



3.4.2 File Layouts

There are five files used in the creation of an HIPAA 834 Transaction.

- Input/Output – Health Plan Setup Management file; refer to Attachment A – Health Plan Setup Management File
- Output – Health Plan Transaction History file; refer to Attachment B – Health Plan Transaction History File
- Input - FAME file extract for COHS and NCOHSP; refer to Attachment C – FAME Extract File Layout
- Input - HISDB for COHS and NCOHSP; refer to Attachment D - HISDB layout
- Output - HIPAA 834 Transaction; refer to separate document entitled *834 Transaction Companion Guide*.

New Files

Health Plan Setup Management file – is used as a repository for trading partner (HCP) administration and contact information. This is a keyed file linked to the Health Plan Transaction History file, the HISDB database file and the FAME Extract file. There are 16 fields in this file and the structure and usage of each of these fields is defined in Attachment A – Health Plan Setup Management File. This file is maintained using the TradingPartnerMaintenance screen. The file is also updated through the HIPAA_834_Create process. Maintenance and update processes are defined in Section Health Plan Setup and Maintenance.

Health Plan Transaction History file – contains audit tracking information as to when an 834 Transaction file was created for each Health Plan. The file is updated through the HIPAA_834_Create process each time a complete 834 Transaction file is created for the Health Plan. There are nine fields in this file and the structure and usage of each of these fields is defined in Attachment B – Health Plan Transaction History File. Contents of the file may be viewed by the TradingPartnerHistory screen. Screen options are presented for Searching or Sorting on any of the displayed fields.

3.4.3 Data Dictionary

The data element dictionary for both the Health Plan Setup Management file and the Health Plan Transaction History file may be found in Attachment E - Data Element Dictionary. The dictionary provides field descriptions for each data element used in the two files. For ease of use the dictionary is alphabetized, and the structure of the dictionary is as follows:

- Field Name – unique identifier of each field
- Length of Field – field length in bytes
- Default Value – the default is set when data is unknown of whenever the field is first initialized
- Allowable Values – coded values used in field; provided only if restricted to specific codes
- Definition of field – description, meaning and usage of the data contained in the field

3.4.4 Programs/Processes

In the production environment, there are two processes involved in generating an 834 Transaction.

- The first process, Health Plan Setup and Maintenance, is a support system.
- The second process, HIPAA 834 creation, involves the actual generation of the 834 Transaction from the FAME Extract.

Early in the Design Phase, it was thought that production called for a HIPAA 834 compliance checking step to validate the generated 834 Transactions against the Workgroup for Electronic Data Interchange/Strategic National Implementation Process (WEDI/SNIP) type testing. Since the 834 Transaction is only outbound, however, the need for using a compliance-checking tool in order to validate to all seven types of testing for WEDI/SNIP is not required. A compliance-checking tool will be used as one part of the development and testing efforts in order to ensure the integrity of 834 Transaction processing.

3.4.4.1 Health Plan Setup and Maintenance - Mainframe

The purpose of this process is to provide a mechanism for adding, changing, and deleting Health Plan contact information in the Health Plan Setup Management File. The file serves as a repository for Health Plan contact data and it also contains identifiers and control fields used in the generation of an 834 Transaction.

The control fields and identifiers are used in the Interchange Control Header (ISA), Interchange Control Trailer (IEA) segments, and in the Functional Group Header (GS) and Functional Group Trailer (GE) segments. The control fields, once initialized during the setup process, are continually incremented via the HIPAA 834 Creation process. The control fields provide a means to uniquely identify an 834 Transaction for every Health Plan.

Inputs

The DHS Electronic Data Transmission form is provided to the Health Plan EDI Coordinator by the DHS EDI Coordinator. After the form is returned to DHS, the information is then entered by the DHS EDI Coordinator into the Health Plan Setup files using data entry screens.

Input-Outputs

The Health Plan Setup Management file is accessed as an input-output file. The Trading Partner Interchange Control Number and Trading Partner Group Control Number are used as inputs in building the envelope and control segments (ISA, IEA, GS, GE). After the entire 834 Transaction is built, including the envelope and control

segments, the Trading Partner Interchange Control Number and Trading Partner Group Control Number are incremented by ‘1’ and updated on the Health Plan Setup Management file.

Outputs

There are no outputs from this process.

Screens

There are two new mainframe screens required to support the setup and administration of Trading Partners (Health Plans).

Trading Partner Maintenance Screen - used to initially setup Trading Partner contact and identification information. This is a display/update screen. The key is HCP Number. The data source is Health Plan Setup Management file.

Figure 4 – Trading Partner Maintenance Screen

```
9999  Trading Partner Maintenance Screen                    MM-DD-CCYY> <Time>

HEALTH PLAN INFORMATION                                     CHANGE DATE:

FUNCTION: (1) __ (A=ADD, C=CHNG, D=DEL, P=PRT)

HCP NUMBER: (2) _____ FEIN: (3) _____  TEST/PRODUCTION: (4) __
     HEALTH PLAN NAME: (5) ____________________________________________
     ADDRESS1: (6) ____________________________
     ADDRESS2: ____________________________
     CITY: (7) ____________________________ ST: (8) __ ZIP (9) _____ ____

EDI CONTACT
     NAME: (10) ____________________________
     PHONE: (11) ___-____ EXT _____
     FAX: (12) ___-____
     EMAIL: (13) ____________________________

LAST INTERCHANGE NUMBER: (14) _____
LAST GROUP NUMBER: (15) _____

COMMAND: ____________________________________________________________
ENTER-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11-PF12---
          Help  Return Quit          TrxnAct    Bkwrd Frwrd Clear Apply Force Main
Enter information to be added
```

Screen Field Definitions

(1) Function – 1-character field. Add, Change, Delete a Trading Partner to the HCP_Profile table

(2) HCP Number – 3-character number; assigned to each Health Plan by MMCD

3. FEIN – 10 character field; Federal Employer Identification Number assigned by the Federal Government to each Health Plan

4. Test/Production – 1-character field; used to indicate whether 834 Transactions are for test or production. Valid values are ‘T’ or ‘P’.

5. Health Plan Name – 30-character field; name as assigned by MMCD

6. Address – 30-character field; mailing address as supplied by Health Plan EDI Coordinator

7. City – 25-character field; city as supplied by Health Plan EDI Coordinator

8. State – 2-character field; state code as supplied by Health Plan EDI Coordinator

9. ZIP – 10-character field; zip code as provided by Health Plan EDI Coordinator

10. EDI Contact – 30-character field; full name of Health Plan EDI Coordinator

11. Phone – 10-character field; telephone number of Health Plan EDI Coordinator

12. FAX – 10-character field; FAX number of Health Plan EDI Coordinator

13. Email – 30-character field; email address of Health Plan EDI Coordinator

14. Last Interchange Number – 9-character field; used to uniquely identify each 834 Transaction; this value is used in the ISA13 data element; the value is incremented by 1 each time a new 834 Transaction set is created.

15. Last Group Number – 9-character field; used to uniquely identify each 834 Transaction Group; this value is used in GS06 and GE02 data elements; the value is incremented by 1 each time a new 834 Transaction functional group is created.

Trading Partner History Screen - used to display all transaction activity for the Trading Partner. This is a display only screen. The key is HCP Number. The data sources are Health Plan Setup Management file and Health Plan Transaction History file.

Figure 5 – Trading Partner History Screen

```
9999  Trading Partner History Screen                    MM-DD-CCYY> <Time>

HEALTH PLAN TRANSACTION ACTIVITY

HCP NUMBER: (1)          FEIN: (2)                    TEST/PRODUCTION: (3)
HEALTH PLAN NAME: (4)

LAST FILE      LAST INTCHG    LAST GRP       LAST FILE      LAST FILE
DATE           NBR (ISA08)    NBR (GS08)     NAME           TYP ADT/UP
-------------  -------------  -------------  -------------  -------------
   (5)            (6)            (7)            (8)            (9)

COMMAND: ____________________________________________________________
ENTER-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11-PF12---
          Help  Return Quit          Maint      Bkwrd Frwrd                Main
Read Only
```

Screen Field Definitions

(1) HCP Number – 3-character number; assigned to each Health Plan by MMCD

(2) FEIN – 10 character field; Federal Employer Identification Number assigned by the Federal Government to each Health Plan

(3) Test/Production – 1-character field; used to indicate whether 834 Transactions are for test or production. Valid values are ‘T’ or ‘P’.

(4) Health Plan Name – 30-character field; name as assigned by MMCD

5. Last File Date – 8-character date field; displays the date an 834 Transaction was last sent to the Health Plan

6. Last Interchange Number – 9-character field; used to uniquely identify each 834 Transaction; this value is used in the ISA13 and IEA13 data elements; value is incremented by 1 each time a new 834 Transaction is created.

7. Last Group Number – 9-character field; used to uniquely identify each 834 Transaction Group; this value is used in GS06 and GE02 data elements; value is incremented by 1 each time a new 834 Transaction functional group is created.

8. Last File Name – 30-character field; unique file name of 834 Transaction.

9. Last File Type – 1-character field; used to identify whether file is a daily or monthly file; valid values are “2” or “4”. This value is used in BGN08.

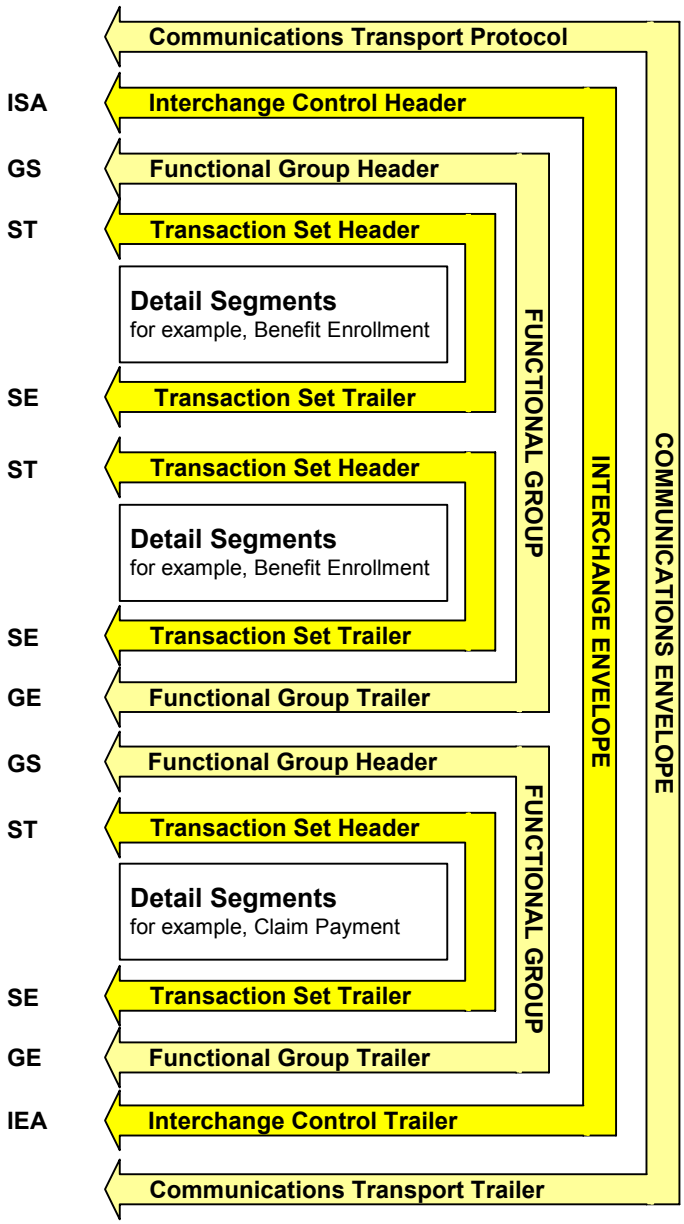
3.4.4.2 HIPAA 834 Creation (djengine) - Mainframe

The purpose of this process is to generate HIPAA compliant 834 Transactions. Inputs to this process include the FAME Extract file and the Health Plan Setup Maintenance File. Output is a fully developed 834 Transaction complete with envelope segments for each Health Plan contained on the FAME Extract file.

The 834 Transaction file is composed of a series of inter-related data segments and data elements. A data element corresponds to a data field in data processing terminology. The data element is the smallest named item in the ASC X12 standard for the 834 Transaction. A data segment corresponds to a record in data processing terminology. The data segment begins with a segment ID and contains related data elements. A control segment has the same structure as a data segment; the distinction is in the use. The data segment is used primarily to convey user information, and the control segment is used primarily to convey control information and to group data segments.

The sequence of the elements within one segment is specified by the ASC X12 standard as well as the sequence of segments in the transaction set. Similar transaction sets, called 'functional groups,' can be sent together within a transmission. Each functional group is prefaced by a group start segment; and a functional group is terminated by a group end segment. One or more functional groups are prefaced by an interchange header and followed by an interchange trailer, Figure 6 -- Transmission Control Schematic illustrates this interchange control.

Figure 6 -- Transmission Control Schematic



Inputs

The FAME Extract is passed as input and processed in its entirety. Only Header records, identified by a value of '01' in the HCP-SEG01-ID field, are used. No other data records from the FAME Extract are required to generate an 834 Transaction.

There are two types of FAME Extract files created either daily or monthly. Each file contains all of the data for all of the Plans. Down-stream processes split these consolidated files into separate files by health plan.

- The first type is an extract created daily in program FAM265 and includes only changed records for all Health Plans. This file will be processed daily, Monday through Friday, in the HIPAA 834 Creation process to create a change only 834 Transaction file. Change only 834 Transaction files are identified with a '2' in the BGN08 element.

- The second type of FAME extract file is an audit file produced monthly on the first business day following the 26th of the month. This file will be processed monthly following the generation of the monthly FAME Extract file and will produce an audit only 834 Transaction file. Audit only 834 Transaction files are identified with a '4' in the BGN08 element.

Input-Outputs

The Health Plan Setup Management file is accessed as an input-output file. The Trading Partner Interchange Control Number and Trading Partner Group Control Number are used as inputs in building the envelope and control segments (ISA, IEA, GS, GE). After the entire 834 Transaction is built including the envelope and control segments, the Trading Partner Interchange Control Number and Trading Partner Group Control Number are incremented by '1' and updated on the Health Plan Setup Management file.

Outputs

There will be one complete 834 Transaction Set for each Health Plan. Each 834 Transaction Set for a Health Plan may contain multiple detail member transactions. A maximum of 10,000 records may exist within a single 834 Transaction; however, there may be multiple 834 Transactions within a single file.

There are two types of 834 transactions - an 'update' transaction and an 'audit' transaction.

- An update is either an 'add', 'terminate', or 'change' request. The transaction contains information about only the changed members. This is identified by a code value of '2', Change (Update), in the BGN08 element.

- A full file audit lists all current members whether involved in a change or not. This facilitates keeping the sponsor's and payer's systems in sync. This is not intended to contain a history of all previous enrollments. The full-file audit is intended to identify all active members, at a given point in time, and may or may not include terminated members. This type of transaction is identified by a code value of '4', Verify, in the BGN08 element.

Logic Flow Process

This high-level pseudo-code describes the logic for generating a HIPAA 834 Transaction using the defined inputs and outputs. Attachment F – 834 Transaction Functional Modeling Diagram graphically shows the program logic.

```
StartJob
StartProc
Initialize switches, flags, and counters
        FAME_PREV workspace
        ErrorOn
        AllSegmentsBuilt
        BuildEnvelopeComplete
        HeaderSegmentsBuilt
        InterchangeGroupHeaderBuilt
        InterchangeGroupTrailerBuilt
        Recordmatch
        MoreFAMErecords
        SamePlan
Do GetFAMEextractRecord

DoWhile MoreFAMErecords
        If FAME_HeaderRecord
                Do BuildSegments
        EndIf
        Do GetFAMEextractRecord
EndDo

Do ClosingOperations
EndProc
EndJob

StartProc
BuildSegments
        Set AllSegmentsBuilt Off
        Set Error Off
        If NOT SamePlan
                If NOT InterchangeGroupTrailerBuilt
                        Do BuildTrailerSegments
                        Do BuildInterchangeGroupTrailer
                        Do CloseFile
                Endif

                Do OpenFile
                Do BuildInterchangeGroupHeader
```

```
                Set InterchangeGroupHeaderBuilt OFF
                Set InterchangeGroupTrailerBuilt OFF
                Do BuildHeaderDetail
        Else
                Do BuildHeaderDetail
        Endif
EndProc

StartProc
BuildInterchangeGroupHeader
        Do GetMatchingHealthPlanSetupManagment record
                If NOT RecordMatch
                        Set ErrorOn
                Else
                        Do BuildISA_Segment
                        Do BuildGS_Segment
                EndIf
EndProc

StartProc
BuildHeaderDetail
        If NOT HeaderSegmentsBuilt
                Do BuildHeaderSegments
        EndIf

        Do BuildDetailSegments
EndProc

StartProc
BuildTrailerSegments
        Do BuildSE_Segment (Trailer) – {D7.15 D8.49 D8.50}
EndProc

StartProc
BuildInterchangeGroupTrailer
        Do BuildGE_Segment
        Do BuildIEA_Segment
        Set InterchangeGroupTrailerBuilt ON
EndProc

StartProc
BuildHeaderSegments
        Do BuildST_Segment  (Transaction Set Header) – {D7.01 D8.01}
```

Do BuildBGN_Segment (Beginning Segment) – {**D7.02 D8.02 D8.03 D8.04 D8.05**}
Do BuildREF-Segment
Do BuildDTP_Segment (File Effective Date) – {**D8.06 D8.07 D8.09**}
Do BuildN1_Segment (Sponsor) – {**D7.03 D8.09 D8.10 D8.11 D10.01**}
Do BuildN1_Segment (Payer) – {**D7.03 D8.09 D8.10**}
EndProc

StartProc
BuildDetailSegments
Build Loop 2000 (Member Level Detail)
Do BuildINS_Segment – {**D7.04 D8.14 D8.15 D8.16 D8.17**}
Do BuildREF_Segment (Subscriber Number) – {**D7.05 D8.18**}
Do BuildREF_Segment (Member Policy Number) – {**D7.05 D8.19**}
Do BuildREF_Segment (Member Identification Number – {**D7.05 D8.20 D10.02**}
Do BuildREF_Segment (Member Identification Number – {**D7.05 D8.21**}
Do BuildREF_Segment (Member Identification Number – {**D7.05 D8.22**}
Do BuildREF_Segment (Member Identification Number – {**D7.05 D8.22**}
Do BuildREF_Segment (Member Identification Number – {**D7.05 D8.23**}
Do BuildDTP_Segment (Member Level Dates) – {**D7.06 D8.24 D8.25 D8.26**}
Build Loop 2100A (Member Name)
Do BuildNM1_Segment (Member Name) – {**D7.07 D8.27 D8.28**}
Do BuildPER_Segment (Member Communication Numbers) – {**D7.08 D8.29 D8.30**}
Do BuildN3_Segment (Member Residence Street Address) – {**D7.09**}
Do BuildN4_Segment (Member City, ST, ZIP) – {**D7.10**}
Do BuildDMG_Segment (Member demographics) – {**D7.11 D8.31 D8.36 D10.03 D10.04**}
Do BuildLUI_Segment (Member Language) – {**D7.12 D8.32 D8.33**}

Build Loop 2100C (Member Mailing Address)
Do BuildNM1_Segment (Member mailing address) – { **D8.34 D8.35**}
Do BuildN3_Segment (Member mailing street)
Do BuildN4_Segment (Member mailing City, ST, ZIP)

Build Loop 2200 (Disability Information)
Do BuildDSB_Segment (Disability Information) – {**D8.37**}
Do BuildDTP_Segment (Disability Eligibility Dates) -- {**D8.38 D8.39**}

Build Loop 2300 (Provider Information)
Do BuildHD_Segment (Health coverage) – {**D7.13 D8.40 D8.41** }
Do BuildDTP_Segment (Health coverage dates) – {**D7.14 D8.42 D8.43**}
Do BuildREF_Segment (Health Coverage Policy Number)

Build Loop 2310 (Provider Information)

Do BuildLX_Segment (Provider Information)
Do BuildNM1_Segment (Provider Name)

Build Loop 2320 (Coordination of Benefits)

Do BuildCOB_Segment (Coordination of Benefits) – {**D8.44 D8.45**}
Do BuildREF_Segment (Additional COBs)

EndProc

StartProc
GetFAMEextractRecord
EndProc

StartProc
GetMatchingHealthPlanSetupManagmentt
EndProc

StartProc
CloseFile
EndProc

StartProc
OpenFile
EndProc

StartProc

ClosingOperations

EndProc

Tables

There are no new database tables required.

Cross Walks

Phase 3 – Gap Analysis and Requirements created a cross-walk between existing DHS-ITSD files and the 834 Transaction set. Refer to the document titled *Department of Health Services, Technical Requirements, 834 – Benefit Enrollment and Maintenance* for a detailed breakout of data mappings.

Reports

A report is generated from the HIPAA 834 Creation process which details all transaction files created on a given processing day. This report shows by HCP:

- Date and Time the report was generated
- Date the 834 Transactions were generated
- Plan Number as assigned by MMCD
- Plan Name as assigned by MMCD
- The Interchange Control Number as reported on the ISA13 element
- The Transaction Set Control Number as reported in the ST02 element
- Maintenance Code Breakout - an accumulated total of all Add (021), Change (001), Terminations (024) or Audit (030) codes as reported in the INS03 element; the number in parentheses is the Maintenance Type Code
- An accumulated total of all Member Level Detail Segments; this is a summation of all 'INS' Segments

The reported is generated in Plan Number sequence and is created at the end of HIPAA834 Creation process.

Figure 7 -- 834 Transaction Run Control Totals represents the report layout for the *Run Control Totals* report.

Figure 7 -- 834 Transaction Run Control Totals

DEPARTMENT OF HEALTH SERVICES
INFORMATION TECHNOLOGY SERVICES DIVISION
834 TRANSACTION RUN CONTROL TOTALS

PROGRAM:
REPORT NO:
DATE: mm/dd/yyyy

RUN DATE: mm/dd/yy
RUN TIME: hh/mm/ss
PAGE NUM: 999,999

PLAN NUM	PLAN NAME	INTERCHANGE CONTROL NUM (ISA13)	TRANSACTION CONTROL NUM (ST02)	MAINTENANCE CODE BREAKOUT ADD (021)	CHANGE (001)	TERM (024)	AUDIT (030)	TOTAL INS SEGMENTS
xxx	xxxxxxxxxxxxxxxxx	999999999	999999999	999,999	999,999	999,999	999,999	9,999,999
xxx	xxxxxxxxxxxxxxxxx	999999999	999999999	999,999	999,999	999,999	999,999	9,999,999
xxx	xxxxxxxxxxxxxxxxx	999999999	999999999	999,999	999,999	999,999	999,999	9,999,999
xxx	xxxxxxxxxxxxxxxxx	999999999	999999999	999,999	999,999	999,999	999,999	9,999,999
xxx	xxxxxxxxxxxxxxxxx	999999999	999999999	999,999	999,999	999,999	999,999	9,999,999
xxx	xxxxxxxxxxxxxxxxx	999999999	999999999	999,999	999,999	999,999	999,999	9,999,999
xxx	xxxxxxxxxxxxxxxxx	999999999	999999999	999,999	999,999	999,999	999,999	9,999,999
xxx	xxxxxxxxxxxxxxxxx	999999999	999999999	999,999	999,999	999,999	999,999	9,999,999
xxx	xxxxxxxxxxxxxxxxx	999999999	999999999	999,999	999,999	999,999	999,999	9,999,999
xxx	xxxxxxxxxxxxxxxxx	999999999	999999999	999,999	999,999	999,999	999,999	9,999,999

3.4.4.3 HIPAA 834 Compliance Checking (XEngine)

The outbound 834 Transaction will be tested using the compliance-checking tool prior to being moved into production. The purpose of the compliance-checking tool is to validate that the 834 Transactions produced by DHS will be compliant with existing HIPAA standards.

The compliance tool is capable of validating to multiple releases of the same HIPAA 834 Transaction Implementation Guide. The compliance-checking tool is also capable of validating to all seven Types of testing as defined by WEDI/SNIP in their white paper.[2]

Inputs

The inputs to this process are the individual 834 Transaction files generated in the HIPAA 834 Creation Process (*djengine*). Each file is passed in its entirety to the process.

Outputs

There are no output files generated in this process.

Tables

There are no new tables required.

Cross Walks

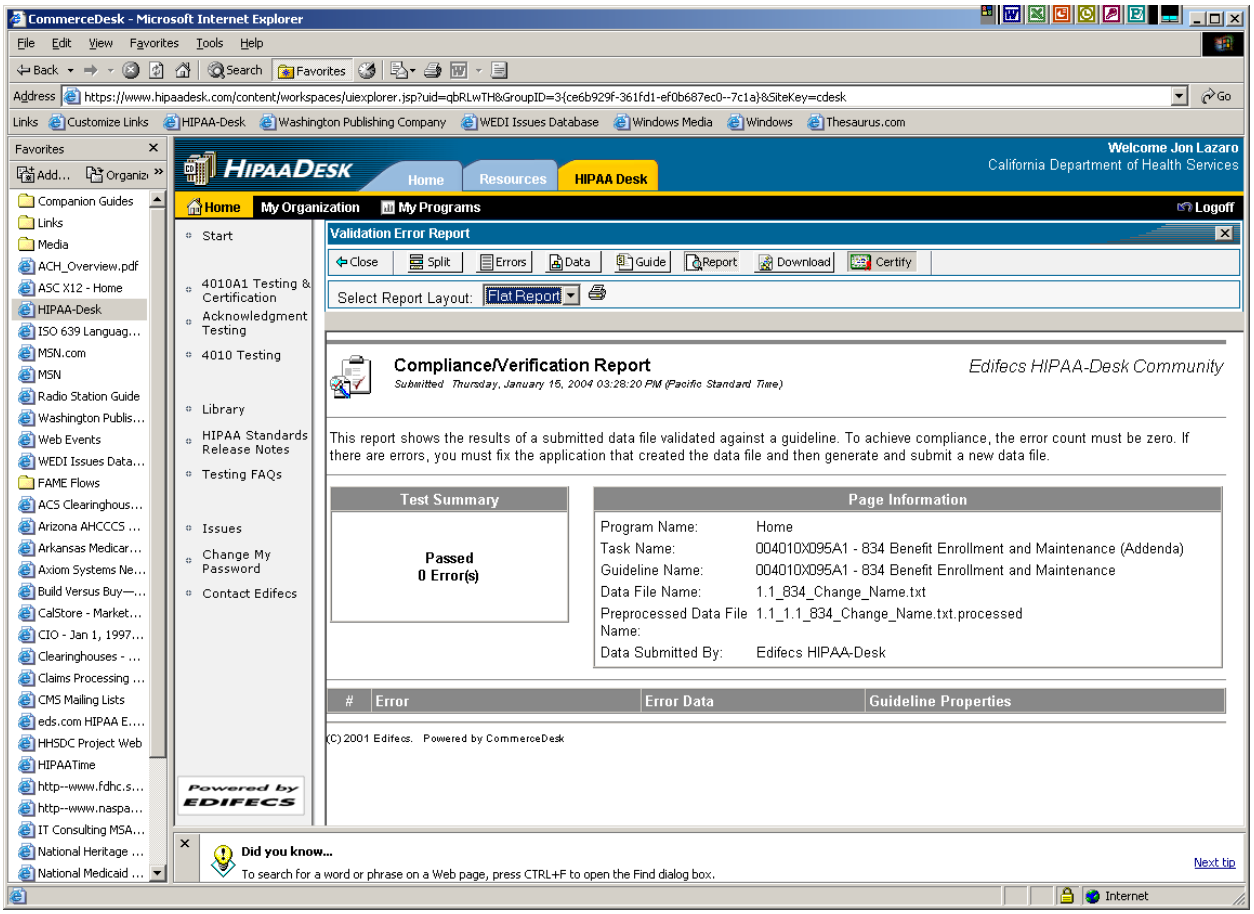
There are no cross walks required.

Reports

During testing, for each 834 Transaction file submitted to this process, a report is generated that shows the outcome of the compliance check. The desired outcome is to have no errors reported. A sample screen shot is depicted in Figure 8 - Sample Report When No Compliance Errors Are Detected.

[2] *Transaction Compliance and Certification, A white Paper Describing the Recommended Solutions for compliance Testing and Certification of HIPAA Transactions*, WEDI SNIP Transactions Workgroup – Testing Sub Workgroup, 08/26/02 – [http://www.snip.wedi.org].

Figure 8 - Sample Report When No Compliance Errors Are Detected



During testing, if compliance errors are detected, then an error report is generated as depicted in the screen shot shown in Figure 9 - Sample Report When Compliance Errors Are Detected. This is only a partial display; more information is presented in the error report as shown in Figure 10 - Sample Detailed Error Report Generated from Edifecs XEngine.

Figure 9 - Sample Report When Compliance Errors Are Detected.

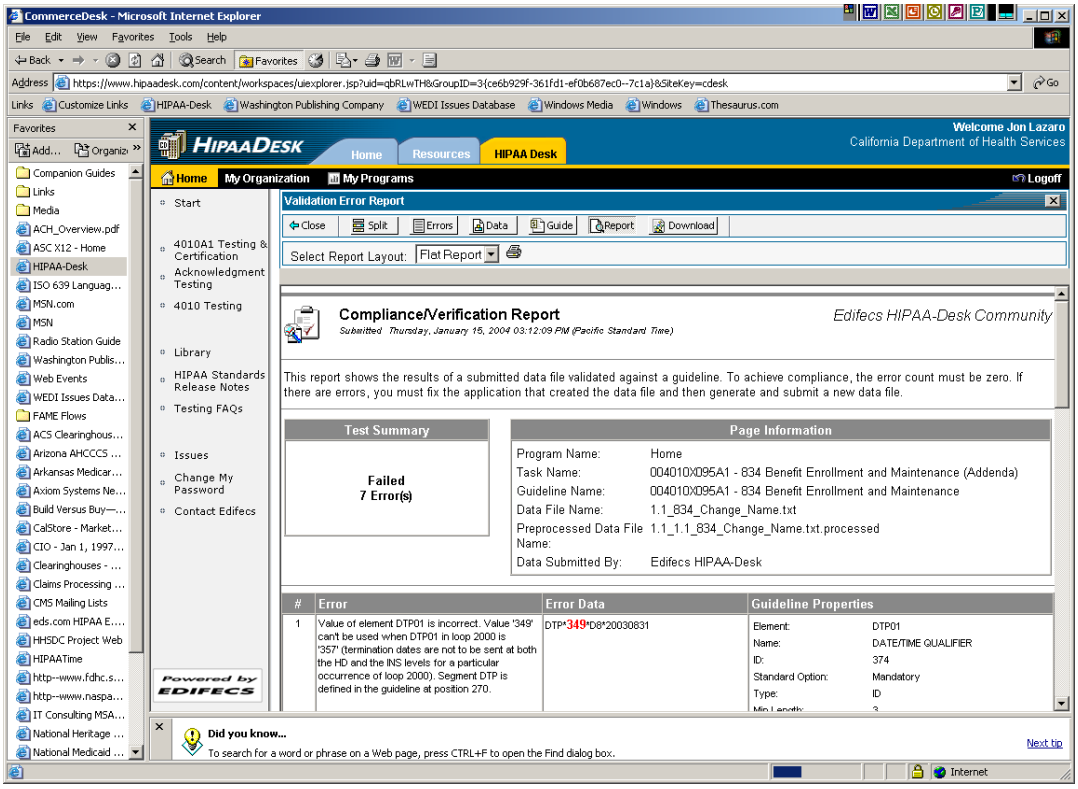
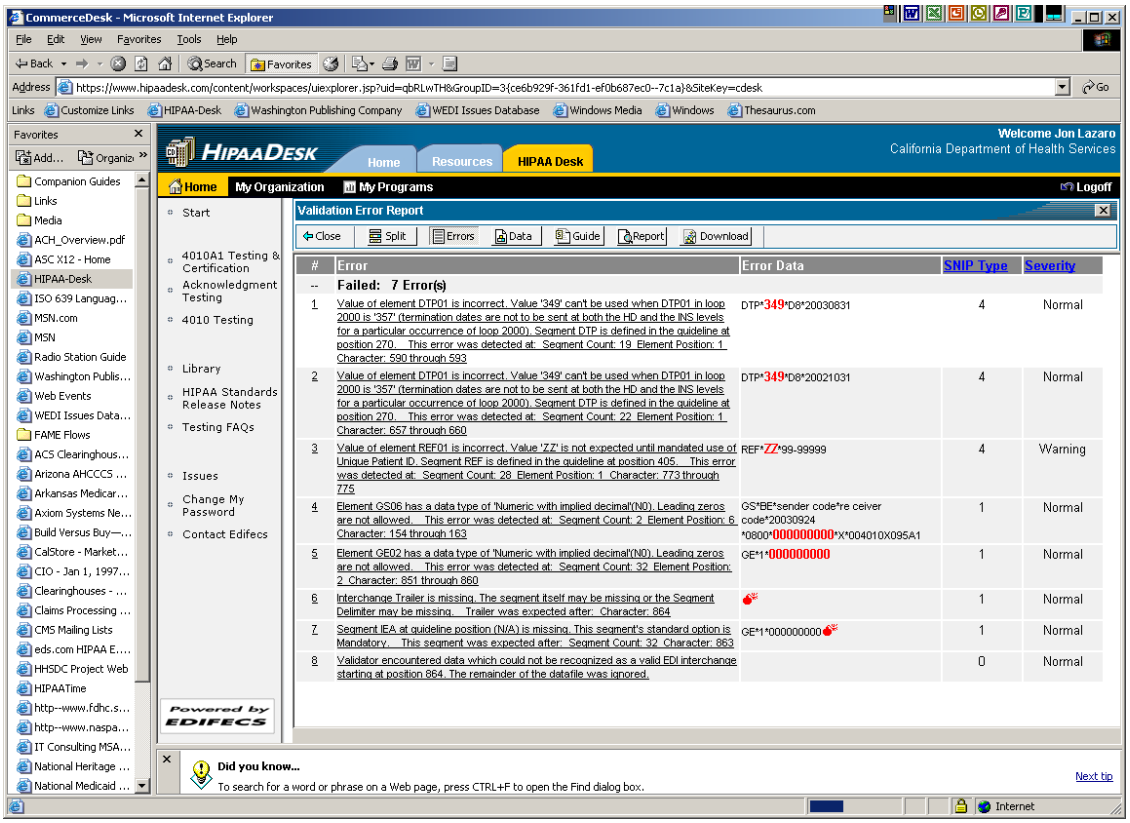


Figure 10 - Sample Detailed Error Report Generated from Edifecs XEngine



3.5 Issue Resolutions

The following is a compendium of business and technical questions and scenarios presented by either participants in the Health and Dental Plan 820/834 Transaction Sub-Workgroup or by representatives from within the DHS Program Areas.

Each issue is addressed separately and a brief description is provided as to the resolution presented.

3.5.1 Health Plan Issues

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
1	08/18/03	Lupe Nunez, Wellpoint	Holly Gailey	The current FAME file includes current + 12 months historical enrollment for the recipient. How will this impact enrollment processes with an 834 transaction file?	T	Jon Lazaro	History will be provided in supplemental file.	2/13/2004	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
2	08/18/03	Lupe Nunez, Wellpoint	Holly Gailey	Some of the key data elements on the FAME file are critical to Blue Cross in how we process enrollment. For example, on the 834 will we still be passed the Client Index Number as the unique member ID, ESC status code, beneficiary ID, AID code, CMS indicator & HCP code?	T	Jon Lazaro	Client Index=REF02 (Pg 55) ESC=HD04(Pg 130) Beneficiary ID=? AID Code=HD04 (Pg 130) CMS Indicator=? HCP Code=COB02 (Pg 151) HD04= primary aid code+ primary eligibility status code+ special aid code 1+ special eligibility status code+ special aid code 2+ special eligibility status code+ special aid code 3+ special eligibility status code+ cap aid current	9/12/2003	Holly Gailey

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
3	08/18/03	Lupe Nunez, Wellpoint	Holly Gailey	We anticipate DHS to prepare the gap analysis of what FAME data elements will not be supported by the 834.	Q	Holly Gailey	DHS will be preparing a gap analysis that indicates how FAME fields map to the 834. Any fields that do not map will be identified & their management & processing will be defined. This will be done as part of the next phase (Gap Analysis & Requirements) of the project.	8/18/2003	Holly Gailey
4	08/18/03	Lupe Nunez, Wellpoint	Holly Gailey	We receive a full file of all active enrollment; how will this change with the 834?	T	Jon Lazaro	You will still receive a daily file & another synchronization file.	9/12/2003	Holly Gailey
5	08/18/03	Lupe Nunez, Wellpoint	Holly Gailey	Standard 834 is considered a transaction file; therefore, will we receive the standard maintenance codes (021-add, 001=change, 024=termination, 025-reinstatement, & 030-audit)?	T	Jon Lazaro	Maintenance codes to be used: 021-Add, 001-Change, 024-Termination, 030-Audit. Reinstatements will be processed as 021-Adds	9/12/2003	Holly Gailey
6	08/18/03	Lupe Nunez, Wellpoint	Holly Gailey	How will the 834 take the place of the current monthly full & daily changes file?	Q	Holly Gailey	See item #4.	9/12/2003	Holly Gailey

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
7	08/18/03	Art Paschke, Delta Dental	Holly Gailey	How will holds be handled?	Q	Holly Gailey	Holds will be provided in supplemental file.	2/13/2004	Jon Lazaro
8	08/18/03	Art Paschke, Delta Dental	Holly Gailey	How will Retro terms & adds (prior months' changes) be handled? Will this still be the prior 30 days?	Q	Jon Lazaro	Retros will be provided in supplemental file.	2/13/2004	Jon Lazaro
9	08/18/03	Art Paschke, Delta Dental	Holly Gailey	Are you going to populate both subscriber & responsible person address information?	Q	Jon Lazaro	If available then subscriber and responsible person address info will be provided in 834.	2/13/2004	Jon Lazaro
10	08/18/03	Art Paschke, Delta Dental	Holly Gailey	Are you going to send a monthly or daily file?	Q	Holly Gailey	See item #4.	9/15/2003	Holly Gailey
11	08/18/03	Art Paschke, Delta Dental	Holly Gailey	If you are sending a monthly file, will it be used to update members?	Q	Jon Lazaro	See item #4. We will provide files for your use.	9/15/2003	Holly Gailey
12	08/18/03	Art Paschke, Delta Dental	Holly Gailey	How will you inform the plans on the numbers of total, active & termed members?	Q	Jon Lazaro	This type of accounting information is not within the scope of the 834 Transaction.	9/15/2003	Holly Gailey

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
13	08/18/03	Art Paschke, Delta Dental	Holly Gailey	How will the current status codes be used (e.g., P4, 00, 01, 05, 09, 51)?	T	Jon Lazaro	Current status codes are accommodated in 834. Refer to Companion Guide	2/13/2004	Jon Lazaro
14	09/08/03	Bob Chernis, Central Coast Alliance for Health	Holly Gailey	The proposed standard suggest multiplexing the Primary, 1st Special, 2nd Special & 3rd Special Aid Codes into one 8-character string that would appear in a designated segment of the 834. E.G., if the Primary Aid Code = 60, the 1st Special Aid Code = 68, the 2nd Special Aid Code = 60, & the 3rd Special Aid Code = 68, the string '60686068' would appear in the designated 834 segment. Would prefer pre-processing that would allow sending of only one Aid Code per member per month of eligibility. The Aid Code sent should represent a member's eligibility & be the Aid Code for which the Plan was paid.	T	Jon Lazaro	We are still reviewing this question and will look into it further. Potential to concatenate into HD04:primary aid code+primary eligibility status code+special aid code 1+special eligibility status code+ special aid code 2+special eligibility status code+special aid code 3+special eligibility status code+cap aid current	2/13/2004	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
15	09/08/03	Bob Chernis, Central Coast Alliance for Health	Holly Gailey	ESC values are not mentioned in the standard. Currently, the Primary Aid Code, the 1st Special Aid Code, the 2nd Special Aid Code, & the 3rd Special Aid Code each has an associated ESC value that describes the member's eligibility under the associated AID Code. We use the ESC data to indicate whether or not the member has eligibility under the associated AID Code. An ESC value of 001 through 499 indicates a member's eligibility. Other values indicate a member's ineligibility. Although we do not specifically need the ESC value, we do need a guarantee that a member is eligible for Medi-Cal benefits under the 834 AID Codes. Would prefer pre-processing that would send us a given Aid Code only if the	T	Jon Lazaro	We are still reviewing this question and will look into it further. Potential to concatenate into HD04: primary aid code+ primary eligibility status code+ special aid code 1+ special eligibility status code+ special aid code 2+ special eligibility status code+ special aid code 3+ special eligibility status code+ cap aid current	2/13/2004	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
				associated ESC has a value between 001 & 499, inclusive. Alternative approach: include the ESC or an indicator of eligibility along with each Aid Code.					

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
16	09/08/03	Bob Chernis, Central Coast Alliance for Health	Holly Gailey	HCP 1 Plan Code is not mentioned in the standard. With pre-processing, we could be sent an eligible Aid Code only for those months for which a member is eligible for our plan. (This assumes the continued receipt of multiple eligibility files, one for each plan.) Alternative approach: Change the 834 standard to include a new segment type to indicate the HCP 1 Plan Code & the HCP 1 Status.	Q	Jon Lazaro	Health Care Plan Number 1 is mapped to COB02 (Pg 151)Health Care Plan Status is mapped to HD01 (Pg 128)	See # 17	Holly Gailey
17	09/08/03	Bob Chernis, Central Coast Alliance for Health	Holly Gailey	HCP 1 Status is not mentioned in the standard. With pre-processing, we could be sent an eligible Aid Code only for those months for which a member has an HCP 1 Status of '01', 'S1', or '51'. (This assumes the continued receipt of multiple eligibility files, one for each plan.) Alternative approach: Change the 834	Q	Jon Lazaro	Health Care Plan Number 1 is mapped to COB02 (Pg 151) Health Care Plan Status is mapped to HD01 (Pg 128)	9/15/2003	Holly Gailey

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
				standard to include a new segment type to indicate the HCP 1 Plan Code & the HCP 1 Status.					
18	09/08/03	Bob Chernis, Central Coast Alliance for Health	Holly Gailey	Standard does not mention the SOC Amount. How will it be handled?	T	Jon Lazaro	SOC amount will be provided in supplemental file.	2/13/2004	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
19	09/08/03	Bob Chernis, Central Coast Alliance for Health	Holly Gailey	Standard does not mention the SOC Cert Day. How will it be handled?	T	Jon Lazaro	Cert Day will be provided in supplemental file.	11/26/2003	Holly Gailey
20	09/11/03	Bob Chernis, Central Coast Alliance for Health	Holly Gailey	Standard does not mention the Social Security Number (SSN). When a member has multiple records in the State's core eligibility system, what values will the 834 records reflect? Will the value reflect a record formed from merging the multiple core system records? The 834 should reflect a record formed from merging multiple core system records in the case of multiple member records due to multiple SSNs.	T	Jon Lazaro	834 transaction will report the current SSN; if SSN changes since last reporting period then old and new SSN will be provided on 834.	2/13/2004	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
21	09/11/03	Bob Chernis, Central Coast Alliance for Health	Holly Gailey	Standard does not mention the County ID Number. When a member has eligibility in 1 county & resident eligibility in another, the County ID holds the actual county of eligibility, as opposed to the county in which the member resides & from which he/she receives benefits. It also contains a 7 digit case number & a primary aid code. These are essential. Will they be included in the standard?	T	Jon Lazaro	**Follow-up** County ID Number will be mapped to REF02 (Pg 55) with REF01=17 County ID Number = County Code+ Primary Aid Code+ Serial Number+ FBU+ Person Number	2/13/2004	Jon Lazaro
22	09/11/03	Bob Chernis, Central Coast Alliance for Health	Holly Gailey	Standard does not include the Resident County. This is essential in determining a member's actual county of residence. How will this be handled?	T	Jon Lazaro	When Known Residence County is mapped to N406 (Pg 69)	9/15/2003	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
23	09/11/03	Bob Chernis, Central Coast Alliance for Health	Holly Gailey	Standard does not include the date the last BIC card was issued. This is essential when providers need to run eligibility verification via the POS device. How will this be handled?	Q	Jon Lazaro	BIC is included in supplemental file.	2/13/2004	Jon Lazaro
24	09/11/03	Bob Chernis, Central Coast Alliance for Health	Holly Gailey	Currently we receive 16 months of eligibility for each member. For each month, we receive what the primary aid code is/was, the county of eligibility, eligibility status codes for each, & any SOC amounts & cert dates for each. The standard does attention the months of eligibility to be sent & the status codes to be sent. Can we be sent the last 16 months of eligibility, all status codes, plan codes, aid codes, SOC amounts, SOC cert days - only for the months for which a member was eligible or potentially eligible?	Q	Jon Lazaro	This is a design consideration that will be reviewed during the Design Specification phase of the project. We will post the resolution when it is known.10/15/2003 jlazaro - 834 transaction will be used to deliver current enrollments and disenrollments; the use of supplemental files may be used to deliver history	11/26/2003	Holly Gailey

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
25	09/11/03	Bob Chernis, Central Coast Alliance for Health	Holly Gailey	Standard does not include the Capitated Aid Code. How will this be handled?	T	Jon Lazaro	Capitated Aid Code will be incorporated as a concatenated value to the Primary and Special Aid codes in the HD04 element. primary aid code+ primary eligibility status code+ special aid code 1+ special eligibility status code+ special aid code 2+ special eligibility status code+ special aid code 3+ special eligibility status code+ **cap aid current**	9/15/2003	Jon Lazaro
26	09/11/03	Bob Chernis, Central Coast Alliance for Health	Holly Gailey	Standard for listing Other Health Coverage (OHC) does not include essential info in determining coordination of benefits. Would like to have the name of the carrier plus the OHC Source code. Also would like to see the policy holder's name, SSN, insured employer, policy start date, stop date & scope of	Q	Jon Lazaro	This information is included in supplemental file.	2/13/2004	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
				coverage.					
27	09/15/03	Holly Gailey	Holly Gailey	It has been recommended in the past that the Ethnicity Code not be made compliant with the 834 Transaction. What would the impact of this non-compliance be for you?	C	Plans	Ethnicity Code will be included on 834 and on the supplemental file without modification; 834 will be non-compliant, Companion Guide will reflect non-compliant values	2/13/2004	Jon Lazaro
28	09/15/03	Jon Lazaro	Jon Lazaro	It has been recommended in the past that the Alien Code not be made compliant with the 834 Transaction. What would the impact of this non-compliance be for you?	C	Plans	Alien Code will be included on 834 and on the supplemental file without modification; 834 will be non-compliant, Companion Guide will reflect non-compliant values	2/13/2004	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
29	10/06/03	Lupe Nunez, Wellpoint	Holly Gailey	With 10/16/03 for HIPAA compliancy approaching quickly, will Health Plans still receive the usual paper retro disenrollments for each Project ID in the same manner (by mail)? Also, will the Health Plan receive the MEDS ID with the CIN number instead of the usual SSN ?	Q	Jon Lazaro	There will be no change in existing paper retro disenrollments. Health plans will receive the MEDS ID and CIN on supplemental file	2/13/2004	Jon Lazaro
30	10/06/03	Lupe Nunez, Wellpoint	Holly Gailey	With relation to the above date, will Blue Cross still be able to receive the paper worker alerts by way of regular mail? If so, will the CIN # be listed as the MEDS ID instead of the usual SSN?	Q	Jon Lazaro	There will be no change in existing paper worker alerts.	2/13/2004	Jon Lazaro
31	10/21/03	Shawna Witton, shawna.whitton@wellpoint.com	Jon Lazaro	Companion Guide: Member Level Dates DTP Loop ID 2000 - The example here looks like it's missing the DTP02 to equal D8. It looks like the D8 is there since you mentioned it below but just omitted it on the example.	Q	Jon Lazaro	Yes, DTP02Ø. This was a typo.	10/21/03	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
32	10/21/03	Shawna Witton	Jon Lazaro	Companion Guide: Will pcp information be passed on the 834? Currently, we receive our pcp information from Maximus. If you do send us pcp information, why is it located in the REF Segment Loop ID 2300 and not the LX Segment? I noticed you referenced PCP Effective & Term dates in the DTP Segment Loop ID 2000. What will the pcp number look like?	Q	Jon Lazaro	PCP will not be provided. These entries were done in error and will be corrected in the next version.	10/21/03	Jon Lazaro
33	10/21/03	Shawna Witton	Jon Lazaro	Companion Guide: PER Segment Loop ID 2100A PER03 shows TE - Telephone and EX - Extension. In the comments it shows FT and EX. Should it be TE and EX instead?	Q	Jon Lazaro	Yes, the correct codes are TE and EX. This was a typo.	10/21/03	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
34	10/21/03	Shawna Witton	Jon Lazaro	Companion Guide: What is the difference between the INS Segment Loop ID 2000 INS03 Maintenance Type Code and the HD Segment Loop ID 2300 HD01 Maintenance Type Code? Will these always be the same?	Q	Jon Lazaro	There are distinct differences how the INS03 and HD01 elements are inter-relate. The INS03 reports at the SUBSCRIBER level what is happening to the subscriber, the HD01 reports what is happening at the PLAN level	10/21/03	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
35	11/06/03	Santa Clara Family Health Plan	Holly Gailey	Can we continue to have the FAME file as it is and ignore an 834?	Q	Holly Gailey	FAME extract will be provided as it exists. We do not yet have a final design, but whatever we do will include: (1) a compliant 834 Transaction, and (2) a technical solution that provides any needed data that is not accommodated by the 834 Transaction (e.g., history). Maintaining the FAME file as is does not provide the mot viable solution because (1) it would yield redundant data maintenance; (2) it would complicate auditing requirements; (3) it would not provide any added value; (4) it is contrary to the goal of CMS. Whatever our technical design, we will ensure a phased-in approach that allows for minimal business disruption.	11/10/2003	Holly Gailey

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
36	11/14/03	Phil Defrain, CalOptima	Holly Gailey	Will the file accompanying the 834 Transaction be in the FAME file format? Using the FAME layout makes sense since all data except current eligibility is being submitted.	Q	Jon Lazaro	Refer to #35	2/13/2004	Jon Lazaro
37	12/04/03	Phil Defrain, CalOptima	Holly Gailey	Currently the Extract file is received by the Plans at the end of the month - approximately the 27th. The daily files thereafter are for the following month, even though submission to the Plans is during the current month. What will the new file schedule be?	Q	Jon Lazaro	Monthly file will be for previous month; daily 834 files will be for prior immediate reporting period.	2/13/2004	Jon Lazaro

3.5.2 State Issues

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
1	8/26/2003	Susan Foster, AIDS Waiver, 449-5979	Holly Gailey	The AIDS Waiver program uses the Ethnicity Code as it appears on a FAME screen. How will the code be changing? Have any decisions been made about its usage?	Q	Mike Stephens	This is on an EDSNET screen that uses FAME extract data. 9/12/03 - Mike will follow up for clarification of DHS' position regarding continued use of existing codes. See issue 5.	11/14/2003	Mike Stephens
2	8/27/2003	OHC	Holly Gailey	It has been mentioned that the CMS field is needed on the 834. How is this field used? What data goes into it, and where does the data come from?	Q	Lorna Kisoki	CMS is part of the BBA requirement (Children medical Services). It is used for identification & case management. Identification of member/rep, is done at time of enrollment. (hg - Comes in from counties that feed regional centers, CMS, service providers.)	11/25/2003	Holly Gailey

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
3	8/27/2003	OHC	Holly Gailey	Early documentation indicates that the Card Issue Date, the Capitation Aid Codes, and the Cert Day fields are not mapped to the 834. How are these fields used by MMCD?	Q	Susan Yarrington	1. Card Issue Data, the issuance date is used to verify to the provider community when a beneficiary is eligible for Medi-Cal benefits with the managed Care health Plan. 2. Capitation Aid Code identifies the member as being eligible for benefits & the types of services which different Medi-Cal recipients may receive. 3. Cert Day fields state when a member has met his/her Share of Cost for the month. (hg - Displays on MEDS QM screen right now.) The 834 transaction will be used to deliver current enrollment and disenrollment	10/15/2003	Jon Lazaro
4	8/27/2003	OHC	Holly Gailey	It is understood that the Hold status used in the Eligibility Status Code field does not require any kind of a release that is tracked any place. Is that correct?	Q	Lorna Kisoki	Release info is tracked in an Alert area. The following is kept: date put on hold, reason for hold, date hold ends, reason for coming off hold.	9/9/2003	Holly Gailey

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
5	8/27/2003	OHC	Holly Gailey	**Ethnicity Code.** It has been recommended in the past that the ethnicity code not be made compliant with the 834 Transaction. What would the impact of this non-compliance be for MMCD?	Q	Lorna Kisoki	MMCD is talking with Sacramento County HIPAA consultant, Laurie Valentine, to refine issue prior to submitting to MMCD upper management. Formulate issue by 10/9.10/15/2003 jlazaro - existing FAME ethnicity code is critical to down-stream processing; rather than deliver non-compliant transactions this FAME field will be provided in a supplemental file; exact format and methodology TBD in Design Phase	10/10/2003	Jon Lazaro
6	8/27/2003	OHC	Holly Gailey	**Language Code.** It has been recommended in the past that the language code not be made compliant with the 834 Transaction. What would the impact of this non-compliance be for MMCD?	Q	Lorna Kisoki	The language code is not required for HIPAA transaction compliancy. The FAME Language Code will be converted to descriptive language and that description will be coded to the 834 LUI03 element	9/15/2003	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
7	8/27/2003	OHC	Holly Gailey	Early documentation indicates that the CIN Check Digit, the HIC Number, and the MEDS ID Check Digit are for system use only. How are these fields used?	T	Jane Marine	From a system standpoint the CIN and MEDs ID check digits will NOT be provided; these provide no credible use to the plans: HIC number will be mapped to REF02 (Pg56); REF01=F6	9/15/2003	Jon Lazaro
8	8/27/2003	OHC	Holly Gailey	Roy Johnson is reviewing a flow diagram for OHC.	Q	Roy Johnson	Walked through with MMCD internal workgroup	9/9/2003	Holly Gailey
9	9/11/2003	OHC	Holly Gailey	Need California State Tax Id for 834 reporting	Q	Jon Lazaro	CA State Tax ID provided by DHS-FMB; FEIN is #68-0317191	9/15/2003	Jon Lazaro
10	9/11/2003	OHC	Holly Gailey	Need clarification on FAME COBRA reporting	Q	Jon Lazaro	Reports will not change.	10/15/2003	Jon Lazaro
11	9/11/2003	OHC	Holly Gailey	Need clarification whether member policy number is available What is the source of this data?	Q	Jon Lazaro	10/6/03 J Lazaro - ITSD provided source (HISDB) of policy number; will incorporate into Requirements doc	10/15/2003	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
12	9/11/2003	OHC	Holly Gailey	Incorrect member name and demographics not on the FAME extract. What is the source of this data?	Q	Jon Lazaro	10/6/03 J Lazaro - ITSD provided source (HISDB) of policy number; will incorporate into Requirements doc	10/15/2003	Jon Lazaro
13	9/11/2003	OHC	Holly Gailey	Need understanding of Case Name usage and convention	Q	Jon Lazaro	10/6/2003 J Lazaro - ITSD provided User Guide and explanation of Case Name; will incorporate into Requirements Doc	10/6/2003	Jon Lazaro
14	9/11/2003	OHC	Holly Gailey	**Alien Code.** It has been recommended in the past that the Alien Code not be made compliant with the 834 Transaction. What would the impact of this non-compliance be for MMCD? How is the Alien Code (Citizenship status) used?	Q	Lorna Kisoki	10/6/03 J Lazaro - Alien Code is a situational field on the 834 and is not REQUIRED on the 834; - *This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations*; one option is to provide the Citizenship Status in a supplemental file	10/15/2003	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
15	9/11/2003	OHC	Holly Gailey	Health Care Plan Status codes need clarification and mapping to the 834; need to understand usage	Q	Jon Lazaro	10/6/2003 J Lazaro - ITSD provided User Guide and explanation of ESC codes; will incorporate into Requirements Doc	10/6/2003	Jon Lazaro
16	9/22/2003	OHC	Jon Lazaro	Disability Eligibility date is REQUIRED and currently not on the FAME extract file. What is the source of this data?	Q	Lorna Kisoki	10/6/03 J Lazaro - Disability Eligibility Date is a derived date from the FAME file Will incorporate into Requirements doc	10/6/2003	Jon Lazaro
17	9/22/2003	OHC	Jon Lazaro	Health Coverage Policy Number is REQUIRED and currently not available on FAME extract file. What is the source of this data?	Q	Jon Lazaro	10/6/03 J Lazaro - ITSD provided source (HISDB) of policy number; will incorporate into Requirements doc	10/6/2003	Jon Lazaro
18	9/22/2003	OHC	Jon Lazaro	Responsible person contact information not on the FAME extract. What is the source of this data?	Q	Lorna Kisoki	Resolved by ITSD	10/6/2003	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
19	9/11/2003	OHC	Holly Gailey	Responsible party identifier is REQUIRED but not on the FAME extract What is the source of this data?	Q	Jon Lazaro	Resolved by ITSD	10/6/2003	Jon Lazaro
20	10/3/2003	OHC	Holly Gailey	Language Code - OHC has a way to accommodate making the language code compliant. See Entry #6	C	Lorna Kisoki	MMCD is talking with Sacramento County HIPAA consultant, Laurie Valentine, to refine issue prior to submitting to MMCD upper management. Formulate issue by 10/9.10/15/2003 jlazaro - The FAME Language Code will be converted to descriptive language and that description will be coded to the 834 LUI03 element	10/6/2003	Jon Lazaro

	Date Opened	Reported By	Entered By	Description	Type	Assigned To	Activity/Resolution	Date Closed	Closed By
21	10/3/2003	OHC	Danielle Marquez	How will the issue of Share of Cost (SOC) and Minor Consent be handled?	Q	Jon Lazaro	11-10-03 - DM: Neither SOC or minor consent are considered to be within the 834 Benefits and Enrollment Maintenance transaction project scope. Share of Cost (SOC) and Minor Consent both will be included somewhere within the eligibility activity. We are evaluating technical options for handling these important data elements. When we reach the design phase, we will solidify the most effective and most efficient mechanism and post the solution.	10/6/2003	Jon Lazaro

4 Risk Management Considerations

4.1 Risk Considerations for the 834 Transaction

Prior to executing this Design and Specification phase of the 834 Transaction Project, the Gap Analysis and Requirements phase was completed. That phase of the project included the review and documentation of several important intersections between HIPAA requirements and particular areas of the California Codes and Regulations that may be applicable to state agencies and/or their trading partners.

It is up to the affected program area, MMCD, to decide whether or not to execute changes in their enrollment and disenrollment business policies and, specifically, whether to implement Trading Partner Agreements.

The 834 Transaction Business Considerations in this document consist of risks to be considered in the remediation of the 834 Transaction for HIPAA compliance.

This list is not all-inclusive. The suggestions are offered as specific safeguards to minimize particular areas of risk related to implementation of the 834 Transaction. These suggestions do not constitute or replace legal advice.

4.2 Managing Technology Risk

The pace of technological change continues to accelerate. The average technical product development life cycle, from initial design to market readiness, continues to decrease. The development of adequate laws to protect individuals, businesses, and government agencies (as consumers of technology products) from cyber crimes cannot keep pace with technological innovations.

The HIPAA statute was enacted when healthcare EDI transactions were sent through private networks and expensive, dedicated telephone lines (such as T-1 or T-3). The use of TCP/IP (Internet) transmission protocols was still relatively new, and the potential for inexpensive broadband connectivity between health plans and providers was several years away.

As the ease of electronic communications increases, the risk of network security breaches also increases. At the same time, the level of technical skill needed in order for an individual to successfully attack an entity's network (and alter, destroy, or disclose its confidential data) has substantially decreased. The patchwork of current federal and state laws to prosecute cyber-criminals may be inadequate, and the allowable penalties may not provide sufficient deterrence for these crimes.

The federal rulemaking process for approval of the draft and final rules for Transactions, Privacy and Security has taken a number of years to complete, and each of the

regulations has its own compliance date. The 834 Transaction contains electronic protected health information (EPHI), as defined in the final Security Rule, and appropriate security controls will need to be considered in the Transactions compliance strategy, even though compliance with all requirements of the Security Rule is not required until April 2005.

4.3 Managing Liability Risk

The terms of any existing EDI Trading Partner agreements should be reviewed. The HIPAA regulations do not explicitly require EDI agreements; however, they are commonly used and accepted as a standard of prudent business practice.

The current recommendations for these agreements are focused on transaction format and syntax rules, file size limitations, and other technical issues. The X12N recommendations for Trading Partner agreements are found in Section 1.1.1 of the ASC X12 834 Transaction Implementation Guide. This implementation guide does not require, or even suggest, including any safeguards that ensure the confidentiality, integrity and availability of EPHI.

It may be valuable to consider the addition of appropriate language to define ownership of the electronic data as it is transmitted across networks, specifying a partner's responsibility to notify other partners in the event of a security breach.

The 834 Transaction Rule does not define a trading partner; however, it does define a Trading Partner Agreement that indicates who the HHMS Secretary has identified as being a trading partner. A Trading Partner Agreement is an agreement related to the exchange of information in electronic transactions, whether the agreement is distinct or part of a larger agreement, between each party to the agreement. For example, a Trading Partner Agreement may specify, among other things, the duties and responsibilities of each party to the agreement in conducting a standard transaction.[3]

The following is a citation from a white paper describing the business issues and recommended solutions associated with Trading Partner Agreements. It was authored by Doug Renshaw of Highmark, in collaboration with the SNIP Business Issues Sub Work Group.[4] This reference is included for a Program Area's consideration.

As excerpted from that white paper:

Although not required under HIPAA, it recommended that health care entities that are exchanging HIPAA electronic transactions establish a Trading Partner Agreement that contains the types of items listed below. In addition, any privacy provisions that are

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[3]TCS Rule § 160.103 Definitions

[4] http://www.wedi.org/snip/public/articles/trading113000.pdf

required by the Privacy Rule should be included. It is recommended that this agreement be separate from any business arrangement agreement that may also be in place between the trading partners, such as a provider agreement or benefits program.

- *Communications details for establishing connectivity or for transmission of transactions. For example, a plan may specify that it offers dial-up connectivity for transaction submission, and then go on to explain how a trading partner would access corresponding responses, remittances, or other transactions from the plan.*
- *Testing requirements before live, production submissions will be accepted. This should include requirement for volume and type of test submissions as well as results that are expected prior to production submissions.*
- *Financial arrangements including, which partner is responsible for telecommunication costs and any other charges or fees that, may be applicable.*
- *Functions that are optional according to the HIPAA rule and standards. For example, in the preamble of the final rule, there is a response regarding payer to payer COB, and a statement that a trading partner agreement would be used to establish that business relationship. (page 50336, Federal Register)*
- *Security statements and requirements including encryption, electronic signatures, PKI, and equivalent considerations that be required by the Security Rule when it is finalized.*
- *Data clarifications that supplement the specifications in the Implementation Guide should be placed in a separate addendum to the main trading partner agreement. In that way, changes and updates can be made without changing the body of the trading partner agreement. Data clarifications must stay within the bounds set by the transaction rule in section 162.915 [*ASC X12 834 Transaction] *and can include the following:*
    - *Data elements where the Implementation Guide explicitly defers to other sources such as a contract or state law requirements.*
    - *Identifiers or codes where a national standard source is not recognized. An example of this would be provider identifier prior to the establishment of a National Provider Identifier. Until the implementation of the National Provider Identifier (NPI), the Trading Partner Agreement can specify that a certain code must be used, and accordingly a payer could specify that the State License Number must be submitted if that payer uses and needs that number to identify the provider.*
    - *Parameters in the HIPAA specifications that provide for options for willing trading partners, such as on the number of claims within an 837 claim transaction. The maximum size is specified as 5,000 claims; however, there is a provision for a higher number if both trading partners agree. (837P, page 44) A similar situation exists for the 270/271 eligibility*

transactions where a batch transaction can have up to 99 patient requests, but willing trading partners can agree to a higher number. (270/271, page 14)

- *Informational subsets of valid code values that are used in any of the receiver's systems or business processes. Transactions that include code values that are outside these subsets but are valid according to the HIPAA Implementation Guide may not be rejected as an invalid transmission, but may be rejected because of coverage or for other appropriate business reasons.*

The State of California Office of HIPAA Implementation (CalOHI) provides a sample Trading Partner Agreement on its Website at: http://www.ohi.ca.gov/calohi/docs/2003-33_Exhibit_2_TPA_Sample_Template.doc. A sample template is available in a separate document titled *Electronic Data Trading Partner Profile Form*.

5 Test Planning

There will be both internal (in-house) and external (user) testing for the additional new processes made to the FAME Extract Process.

5.1 In-House Testing

All in-house testing will follow a structured quality assurance approach. Testing activity coordination will be followed to test the development, installation, and use of all software remediation designed to help ensure integrity of the FAME Extract Process. All software testing plans, results and measurements will be documented throughout the testing process.

5.1.1 Unit Testing

Unit testing is the testing of the smallest piece of software, the underlying code itself. A *unit* is a subroutine, procedure, object, or program.

Technical staff will perform unit testing as they test their own code throughout the iterative development process. Their diligence will allow bugs and software discrepancies to be caught early, in a stage in which it is least costly, both in person hour time and dollars, to correct errors.

5.1.2 Component Testing

A *component* is an integrated aggregate of one or more units. Component testing refers to a program or a group of programs that make up a software module.

Each coded module will be tested to ensure that every as-built module behaves according to its specification as defined during the detailed design phase of the project.

As software development and/or modifications occur, software developers test their own code and walk through, in structured review sessions, each other's code. This ordered approach to development helps technical staff members verify their logic and development efforts.

5.1.3 Integration Testing

Integration testing is done with several components to ensure that these components operate successfully with one another. This tests the interaction of components and the interconnection of previously tested modules to ensure that the interlocked module sets behave as correctly as independent modules.

The developers who perform integration testing work together to share technical approaches and solutions, with system efficiencies being a by-product of the testing.

5.1.4 System Testing

A software system is a collection of programs that perform different, related functions. *System* testing focuses on those issues and behaviors that can exposed by testing an entire, complete, integrated system. An appropriate testing environment will be defined prior to system testing in order to mirror the production environment as closely as possible.

System testing makes certain that an inclusive integrated software system embedded in its actual hardware environment behaves according to the functional requirements previously defined. System testing also includes *stress testing*.

Stress testing is high volume testing. Stress testing is not designed to identify errors in application software. It identifies errors in communications, the operating system, and/or database management system software that may affect overall application performance and/or throughput. Stress Testing:

- Ensures that a system will operate accurately during stress, with no data corruption;
- Determines what changes in the system, if any, may be required to accommodate an unanticipated volume; and
- Ensures that a system will degrade gracefully under the pressure of high volumes. That is, even as the system's response time increases, it will not make processing errors.

5.1.5 Regression Testing

Regression testing verifies that the software's functioning remains unchanged except for any intended changes that may arise in the future. Regression testing materials are developed from system tests and are used for testing future software releases.

After system testing is completed and a production version of the software is available, historical versions of the test data and the results are prepared. This provides the basis of comparison for regression testing of the next release of the software.

Regression testing begins by using the same test data as was used in system testing the previous release and by verifying that nothing has changed unless there was a planned change. If the test data can no longer be used because of the planned changes, the test data is modified minimally so the results come as close as possible to the previous release of the software. This regression testing verifies that the functioning

of the system does not have unintended changes caused by planned and executed modifications.

5.2 External Testing

External testing includes the interoperability between an entity and its multiple trading partners. This business-to-business (B2B) testing is independent of compliance testing. However, once an entity has successfully completed compliance testing and is certified, this B2B testing should be only cursory and include only those lines of service that are applicable.

External testing may include the following types of testing:

Type	Test	Purpose
1.	Load/Capacity/Volume	Ensures that the system will not fail because of increased file sizes or an increased number of transactions
2.	File and data integrity	Tests files for completeness, inclusion of required data elements, and segment order
3.	Outputs	Tests that output can be produced as required by the receiver of a transaction
4.	Security	Tests security-related issues that may exist between trading partners

5.3 Beta Testing

User testing will begin with a limited number of Health Plans. The purpose of the Beta test is to ensure the External Testing processes are functional between DHS and the selected beta test Health Plans.

External beta test plans will be selected based on the size of plan and its ability to accept and process HIPAA 834 Transactions.

5.4 Trace-Ability Matrix

Introduction

This Trace-Ability Matrix maps each requirement (Business and Technical) to the design specification number that satisfies that requirement.

All requirements in this document are numbered as they were in previous documents so that the continuity of the assessment, requirement and design stages can be followed and audited.

Assessment and Requirements documentation previously addressed legal considerations that were identified as part of the early phases of the 834 Transaction project. Rather than duplicate those findings in this document, it is recommended that legal counsel review MMCD's contractual agreements and business obligations for legal consideration. Specific safeguards previously presented to minimize particular areas of risk related to the implementation of the 834 Transaction are suggestions only and do not constitute or replace legal advice.

In the event of coded Data Elements, all coded values are provided. However, those bolded Data Elements are the coded values used in the 834 Transaction implementation.

The Test Scenario Number carries each Design Specification through to the remediation, build, and testing 834 Transaction Project stages. Numbering will allow each Test Scenario to contain multiple Test Cases.

The brief Test Scenario descriptions noted here are used to indicate what, at a minimum, must be tested for each requirement – e.g., mandatory occurrences and the situations required for conditional occurrences. Each Test Scenario will be expanded into one or more Test Cases in subsequent documentation.

5.4.1 Business Requirements

Business Requirement Type	Business Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description
Interface	1.00	N/A	External to project scope	
	1.01	D1.01	T1.01	A plan must download its own enrolment/enrollment data.
	1.02	D1.02	T1.02	A plan must fail at downloading another plan's data.
	1.03	D1.03	T1.03	A compliant 834 Transaction must be transmitted.
Functional	2.00	D2.00	T2.00	An 834 Transaction implementation plan must allow for minimal business disruption (by being timely and complete).
	2.01	D2.01	T2.01	Any FAME data currently provided to MMCD for current business activities must still be provided to MMCD.
	2.02	D2.02	T2.02	Regularly scheduled enrollment and disenrollment update information must be provided to plans.
	2.03	D2.03	T2.03	Regularly scheduled enrollment and disenrollment audit/summary information must be provided to plans.
	2.04	D2.04	T2.04	Provide enrollment and disenrollment activity data for the current + 12 previous months for COHS.

Business Requirement Type	Business Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description
	2.05	D2.05	T2.05	Provide enrollment and disenrollment activity data for the current + 15 previous months for NCOHSPs.
	2.06	D2.06	T2.06	Provide resolution for compliance support of: Ethnicity Codes, Alien Codes, Language Codes, and the FEIN.
	2.07	D2.07	T2.07	Provide reports comparable to current enrollment/disenrollment reports.
Testing	3.00		T3.00	Execute B2B testing.

5.4.2 Technical Requirements

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
Data Segments	7.01	D7.01	T7.01	R
	7.02	D7.02	T7.02	R
	7.03	D7.03	T7.03	R
	7.04	D7.04	T7.04	R Subscriber information must precede dependent

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
				information in a transmission No more than 10,000 INS segments can occur in a single 834 transaction
	7.05	D7.05	T7.05	R If SSN is known, pass it in the NM108 segment This segment must contain a unique subscriber ID number
	7.06	D7.06	T7.06	S Required when enrolling a member
	7.07	D7.07	T7.07	R Identifies a member being enrolled or changing benefits or correcting identifier information
	7.08	D7.08	T7.08	S Used when contact information is provided to the sponsor about the member Include the area code and telephone number using the format AAABBBCCCC in countries using the North American Dialing Plan.
	7.09	D7.09	T7.09	S Required when enrolling subscriber, when enrolling a

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
				dependent and the dependent's address is different from the subscriber's, and when changing a member's address
	7.10	D7.10	T7.10	S Required when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber's and when changing a member's address
	7.11	D7.11	T7.11	S Required when enrolling a new member or when changing a member's demographic information Required for dependent changes records until the National Provider Identifier is mandated
	7.12	D7.12	T7.12	S Used if the sponsor knows that the insured member's language is other than English Transmitted only when such transmission is required under the insurance contract between the sponsor and payer (and allowable by Federal and State regulations)
	7.13	D7.13	T7.13	S Required when enrolling a new member or when

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
				adding, updating or removing coverage from an existing member
	7.14	D7.14	T7.14	S Sends the first and last dates of disability Sent when enrolling a disabled member or when disability dates are added or changed for an existing member
	7.15	D7.15	T7.15	R
Data Elements	8.01	D8.01		R System assigned Unique within each transaction set
	8.02	D8.02		R **00** – First time the transaction is sent 15 – Resubmission 22 – Information copy
	8.03	D8.03		R System assigned Transaction set creation date
	8.04	D8.04		R

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
				System assigned Transaction set creation time
	8.05	D8.05		R System assigned 2- Change transaction 4- Verify full enrollment
	8.06	D8.06		R 007- Effective 303- Maintenance effective 382- Enrollment 388- Payment commencement
	8.07	D8.07		R Date formatted as CCYYMMDD
	8.08	D8.08		R System assigned Date and time
	8.09	D8.09		R

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
				P5 - Plan sponsor
	8.10	D8.10		R **FI** - Federal Taxpayer's Identification Number **ZZ** – HIPAA Employer Identifier
	8.11	D8.11		R Sponsor Identifier
	8.12	D8.12		R **IN** - Insurer
	8.13	D8.13		R **FI** - Federal Taxpayer's Identification Number **XV** – Health Care Financing Administration National Plan ID
	8.14	D8.14		R **Y** – Yes **N** - No
	8.15	D8.15		R 01 – Spouse 03 – Father or Mother

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
				04 – Grandfather or Grandmother 05 – Grandson or Granddaughter 06 – Uncle or Aunt 07 – Nephew or Niece 08 - Cousin 09 – Adopted Child 10 – Foster Child 11 – Son-in-law or Daughter-in-law 12 – Brother-in-law or Sister-in-law 13 – Mother-in-law or Father-in-law 14 – Brother or Sister 15 – Ward 17 – Stepson or Stepdaughter **18** – Self **19** – Child **23** – Sponsored Dependent **24** – Dependent of a Minor Dependent **25** – Ex-Spouse

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
				26 – Guardian **31** – Court Appointed Guardian **32** – Mother **33** – Father **38** – Collateral Dependent **48** – Stepfather **49** – Stepmother **53** – Life Partner
	8.16	D8.16		R System assigned 001 - Change 021- Addition 024 - Cancellation or Termination 025 - Reinstatement 030- Audit or Compare
	8.17	D8.17		R **A** – Active **C – Consolidated Omnibus Budget Reconciliation**

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
				Act (COBRA) **S – Surviving Insured**
	8.18	D8.18		R 0F - Subscriber Number
	8.19	D8.19		R 17 – Client Reporting Category 23 - Client Number 3H – Case Number DX – Department/Agency Number F6- Health Insurance Claim Number Q4- Prior Identifier Number ZZ – Mutually defined
	8.20	D8.20		R See 8.19
	8.21	D8.21		R See 8.19
	8.22	D8.22		R See 8.19

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
	8.23	D8.23		R See 8.19
	8.24	D8.24		R System assigned 286 – Retirement 296 - Return to Work 297 – Date Last Worked 300 – Enrollment Signature Date 301 – COBRA Qualifying Event **303** - Maintenance Effective 336 – Employment Begin 337 – Employment End 338 – Medicare Begin 339 – Medicare End 340 – COBRA Begin 341 – COBRA End 350 – Education Begin 351 – Education End

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
				356 - Eligibility Begin **357** - Eligibility End 383 - Adjusted Hire 393 – Plan Participation Suspension 394 – Rehire 473 – Medicaid Begin 474 – Medicaid End
	8.25	D8.25		R **D8** - Date Formatted as CCYYMMDD
	8.26	D8.26		R Date Time Period
	8.27	D8.27		R IL - Insured or Subscriber 74 - Corrected Insured
	8.28	D8.28		R 1 - Person
	8.29	D8.29		R

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
				IP - Insured Party
	8.30	D8.30		R EM – Electronic Mail EX – Telephone Extension FX – Facsimile HP – Home Phone Number **TE** – Telephone WP – Work Phone Number
	8.31	D8.31		R D8 - Date Expressed in Format CCYYMMDD
	8.32	D8.32		S LD – NISO Z39.53 Language Codes **LE** - ISO 639 Language Codes
	8.33	D8.33		R 70 - Prior Incorrect Insured
	8.34	D8.34		R 1 - Person

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
	8.35	D8.35		R D8 - Date Expressed in Format CCYYMMDD
	8.36	D8.36		R F - Female M - Male U - Unknown
	8.37	D8.37		R 1 - Short Term Disability 2 - Long Term Disability 3 - Permanent or Total Disability 4 - No Disability
	8.38	D8.38		R 360 - Disability Begin 361 - Disability End
	8.39	D8.39		R D8 - Date Expressed in Format CCYYMMDD
	8.40	D8.40		R

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
				001 – Change 002 - Delete **021** - Addition **024** - Cancellation or Termination 025 – Reinstatement 026 - Correction **030** - Audit or Compare 032 – Employee Information Not Applicable
	8.41	D8.41		R AG – Preventive Care/Wellness AH – 24 Hour Care AJ – Medicare Risk AK – Mental Health DCP – Dental Capitation DEN - Dental EPO – Exclusive Provider Organization FAC – Facility HE - Hearing

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
				HLT - Health (hospital and professional coverage) **HMO** – Health Maintenance Organization **LTC** – Long-Term Care **LTD** – Long-Term Disability **MM** – Major Medical **MOD** – Mail Order Drug **PDG** – Prescription Drug **POS** – Point of Service **PPO** – Preferred Provider Organization **PRA** – Practitioners **STD** – Short-Term Disability **UR** – Utilization Review **VIS** - Vision
	8.42	D8.42		R **303** - Maintenance Effective **348** - Benefit Begin **349** - Benefit End 543 – Last Premium Paid Date

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
	8.43	D8.43		R D8 - Date Expressed in Format CCYYMMDD
	8.44	D8.44		R P – Primary S – Secondary T - Tertiary **U** - Unknown
	8.45	D8.45		R **1** - Coordination of Benefits 5 – Unknown 6 – No coordination of Benefits
	8.46	D8.46		R IN - Insurer
	8.47	D8.47		R 344 - Coordination of Benefits Begin 345 - Coordination of Benefits End
	8.48	D8.48		R

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
				D8 - Date Expressed in Format CCYYMMDD
	8.49	D8.49		R System assigned Number of segments included
	8.50	D8.50		R System assigned Unique within each transaction set
	9.01	D9.01		R Captured from FAME file
	9.02	D9.02		R Captured from FAME file
	9.03	D9.03		R Captured from FAME file
	9.04	D9.04		R Captured from FAME file
	9.05	D9.05		R Captured from FAME file

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
	9.06	D9.06		R Captured from FAME file
	9.07	D9.07		R Captured from FAME file
	9.08	D9.08		R Captured from FAME file
	9.09	D9.09		R Captured from FAME file
	9.10	D9.10		R Captured from FAME file
	9.11	D9.11		R Captured from FAME file
	9.12	D9.12		R Captured from FAME file
	9.13	D9.13		R Captured from FAME file
	9.14	D9.14		R

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
				Captured from FAME file
	9.15	D9.15		R Captured from FAME file
	9.16	D9.16		R Captured from FAME file
	9.17	D9.17		R Captured from FAME file
	9.18	D9.18		R Captured from FAME file
	9.19	D9.19		R Captured from FAME file
	9.20	D9.20		R Captured from FAME file
	9.21	D9.21		R Captured from FAME file
	9.22	D9.22		R Captured from FAME file

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
	9.23	D9.23		R Captured from FAME file
	9.24	D9.24		R Captured from FAME file
	9.25	D9.25		R Captured from FAME file
	9.26	D9.26		R Captured from FAME file
	9.27	D9.27		R Captured from MEDS
	9.28	D9.28		R Captured from HISDB
	9.29	D9.29		R Captured from HISDB
	9.30	D9.30		R Captured from CALSTRS
	9.31	D9.31		R

Technical Requirement Type	Technical Requirement Number	Design Specification Number	Test Scenario/ Test Case Number	Test Scenario/Test Case Description R-Required S=Situational
				Captured from HISDB
	10.01	D10.01		R Captured from CALSTRS
	10.02	D10.02		R Captured from CALSTRS
	10.03	D10.03		R Captured from HISDB
	10.04	D10.04		R Captured from CALSTRS

6 Resource Planning

6.1 Development and Testing Resources

834 Transaction Project team members will fulfill the activities of the following roles. One team member may serve in multiple development and testing capacities.

The Problem Report Tracking Database referred to below is a Remedy Help Desk managed and maintained by ITSD, accessible through the DHS Intranet.

Roles	Activities
834 Transaction Project Manager	OHC designated a dedicated Project Manager who will oversee and manage all remediation and implementation activities. ▪ The Project Manager will use available resources to help plan each testing activity and assemble key components (e.g. documentation, personnel and hardware) to ensure a successful and as needed a repeatable process. ▪ A database of test plans with State indicator will be created to facilitate a hierarchy of test requirements and cross-references the hierarchy to specific test cases, procedures, and any Problem Reports found while testing.
Application Development Team Members	The application development team will be responsible for the coding and unit testing of components developed in support of the 834 Transaction remediation effort. Team members will be familiar with and understand EDI terminology, coding languages, and coding techniques
Test Lead	The Test Lead will track all Problem Reports in the Problem Report Tracking Database. The database will contain all collected data/information about each problem in software and hardware, including a description, symptoms, and severity.
Testers	Testers will enter Problem Report details into a hardcopy

	form, attaching any appropriate documentation. These hardcopy Problem Report forms can then be routed as assigned. The Test Lead will enter them into the Problem Reporting database.
Developers	Developers will review, recreate, and correct any found defects and determine appropriate solutions. After defects have been corrected, it is up to notify the Test Lead.

6.2 Production Resources

834 Transaction Production Resources will fulfill the activities of the following roles. One team member may serve in multiple capacities.

Roles	Activities
Contract Support Manager	The Contract Support Manager typically works with a defined list of Health Plans and coordinates the interactions between DHS and the HCPs. ▪ This function is currently supported by MMCD ▪ There are no additional support requirements of this resource.
EDI Coordinator	An EDI Coordinator is needed to monitor the daily and monthly 834 Transaction production runs for proper execution. This resource is responsible for setup and configuration of new health plans with whom DHS exchanges 834 Transactions. The EDI coordinator interacts with the Contract Support Manager and the Health Plan's EDI Coordinator to solicit and collect information required for proper generation of an 834 Transaction. Information such as the HCP's EDI Coordinator contact name, telephone number, fax number, vendor Federal employee identification number, and interchange control number are all collected from the vendor via the Electronic Data Transmission Request form. The EDI coordinator also reviews EDI Transaction Error Reports and takes appropriate corrective action.
Application Support Staff	The Application Support staff is responsible for applying updates to the mappings based on changes to ANSI X12 standards, changes in the HIPAA Implementation Guides, or to software updates for the ETL tool. ▪ Requisite skills include SQL Server knowledge, coding techniques, and database mapping skills.

7 Trading Partner Setup

It is anticipated that before any exchange of 834 Transactions with Health Care Plans is undertaken, a DHS Electronic Data Exchange Profile must be completed by the Health Plan and received by DHS. A DHS Electronic Data Trading Partner Profile Form is provided in a separate Word document entitled *Electronic Data Trading Partner Profile.*

7.1 Trading Partner Profiles

Health Plan contact information is collected by the DHS EDI Coordinator via a DHS Electronic Data Trading Partner Profile Form which is submitted to each Health Plan EDI Coordinator. This questionnaire seeks Health Plan information that is required on the 834 Transaction and identifies a single point of contact within the Health Plan organization that is responsible for data and communication issues. The Health Plan EDI Coordinator will complete the form and return it to the DHS EDI Coordinator.

7.2 Trading Partner Agreements

The final transaction rule does not expressly require Trading Partner Agreements. However, it is recognized that a Trading Partner Agreement is an appropriate tool to establish a relationship in which electronic data will be exchanged.

The Trading Partner Agreement is also a tool by which a covered entity will protect itself from non-compliance resulting from a business relationship in which a business partner fails to meet compliance.

If a decision is made to use a Trading Partner Agreement, consideration should be given to inclusion of:

- The entity with which DHS is entering into an agreement
- Communications details for establishing connectivity
- Testing requirements before live, production submissions will be accepted
- Security statements and requirements including encryption, electronic signatures, PKI, and equivalent considerations that may be required by the Security Rule

It is federally mandated that a Trading Partner Agreement does not:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set

- Use any code or data elements that are marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specification(s)
- Change the meaning or intent of the standard’s implementation specification(s)

8 Design Specifications Approval

We have reviewed the 834 Integrated Design Specifications document and hereby approve it.

_____

Lisa Murphy, Chief, ITSD Medi-Cal Programming Unit

_____

Reyanne Walker, Chief, ITSD Medi-Cal Eligibility Data Support Unit

_____

Russ Hart, Chief, PSD OHC Technology Section

Information Copy provided to:

Steve Soto, Chief, MMCD Chief, Plan Monitoring/Member Rights Branch

9 Attachments

The following is a data table schema used when setting up Health Plans (Trading Partners). It also acts as a repository for the last used Interchange and Group control numbers.

9.1 Attachment A – Health Plan Setup Management File

Field Name	Length	Start	End	PIC
HCP Code	3			X(3)
Identification Number	15			X(15)
Usage Indicator	1			X(1)
Federal Employer Identification Number (EIN)	9			X(9)
Business Name	30			X(10)
Business Address 1	30			X(30)
Business Address 2	30			X(30)
City	30			X(30)
State	2			X(2)
Zip/Postal Code	9			X(9)
Contact Name	30			X(30)
Contact email	30			X(30)
Contact Telephone	12			X(12) 999 999-9999
Contact FAX	12			X(12) 999 999-9999
Interchange Control Number	9			9(9)
Group Control Number	9			9(9)
Transaction Type 1	3			X(3)
Transaction Type 2	3			X(3)

9.2 Attachment B – Health Plan Transaction History File

The following is a data table schema used for retaining 834 Transaction History records. Records are created during the successful generation of an 834 Transaction.

Field Name	Length	Start	End	PIC
HCP Code	3			X(3)
Interchange Control Number	9			9(9)
Group Control Number	9			X(9)
Create Date	10			DATE
Total Transaction Count	9			9(9)
Transaction Type	3			X(3)
File Type	1			X(1)

9.3 Attachment C – FAME Extract File Layout

The following is the COBOL copylib layout of the FAME16REC file extract produced from the MEDS system. This output file is produced in program FAM265 from job stream HDHCP128. This shows the record structure, data element name, relative field position and length of the FAME Extract file.

```
01  FAM16REC.

      05  FM-SEGMENT-01.
          10  FM-SEG01-ID                      PIC X(02).
          10  FM-MEDS-ID                       PIC X(09).
          10  FM-MID-CHECK-DIGIT               PIC X(01).
          10  FM-CNTY-ID.
              15  FM-CNTY-CODE                 PIC X(02).
              15  FM-AID-CODE                  PIC X(02).
              15  FM-CASE-NUMBER.
                  20  FM-SERIAL                PIC X(07).
                  20  FM-FBU                   PIC X(01).
                  20  FM-PERSON                PIC X(02).
          10  FM-CLIENT-INDEX-NUMBER           PIC X(09).
          10  FM-CIN-CHECK-DIGIT               PIC X(01).
          10  FM-CA-DL-ID-NUMBER               PIC X(08).
          10  FM-NAME.
              15  FM-LAST-NAME                 PIC X(20).
              15  FM-FIRST-NAME                PIC X(15).
              15  FM-INITIAL                   PIC X(01).
          10  FM-DOB-Y2K.
              15  FM-DOB-C                     PIC X(01).
              15  FM-DOB.
                  20  FM-DOB-YYY               PIC X(03).
                  20  FM-DOB-MM                PIC X(02).
                  20  FM-DOB-DD                PIC X(02).
          10  FM-SEX                           PIC X(01).
          10  FM-CARD-ISSUE-DATE-Y2K.
              15  FM-CARD-ISSUE-CC             PIC X(02).
              15  FM-CARD-ISSUE-DATE           PIC X(06).
          10  FM-CHAINED-MEDS-ID               PIC X(09).
          10  FM-PRIOR-MEDS-ID                 PIC X(09).
          10  FM-ALIEN-CD                      PIC X(01).
          10  FM-ETHNIC-CD                     PIC X(01).
          10  FM-LANGUAGE-CD                   PIC X(01).
          10  FM-HIC-NBR                       PIC X(12).
          10  FM-DEATH-DATE-Y2K.
              15  FM-DEATH-CC                  PIC X(02).
              15  FM-DEATH-DATE                PIC X(06).
          10  FM-DATE-DEATH-POSTED-Y2K.
              15  FM-DATE-DEATH-POSTED-CC      PIC X(02).
              15  FM-DATE-DEATH-POSTED         PIC X(06).
```

```
    10  FM-MEDS-RENEWAL-Y2K.
        15  FM-MEDS-REN-CC              PIC X(02).
        15  FM-MEDS-RENEWAL-YYMM.
            20  FM-MEDS-REN-YY          PIC X(02).
            20  FM-MEDS-REN-MM          PIC X(02).
    10  FM-LAST-MODIFIED-DATE-Y2K.
        15  FM-LAST-MOD-CC              PIC X(02).
        15  FM-LAST-MODIFIED-DATE.
            20  FM-LAST-MOD-YY          PIC X(02).
            20  FM-LAST-MOD-MM          PIC X(02).
            20  FM-LAST-MOD-DD          PIC X(02).
    10  FM-PAPER-CARD-DATE-Y2K.
        15  FM-PAPER-CARD-CC            PIC X(02).
        15  FM-PAPER-CARD-DATE          PIC X(06).
    10  FM-KNOWN-TO-CMS-IND             PIC X(01).
    10  FILLER                          PIC X(19).
05  FM-MONTHLY-AREA                     PIC X(1312).
05  FM-MONTHLY-DATA   REDEFINES  FM-MONTHLY-AREA.
    10  FM-MONTHLY-TABLE OCCURS 16 TIMES INDEXED BY FM-DEX.
        15  FM-MD-SEG-ID                PIC X(02).
        15  FM-MD-CNTY-CODE             PIC X(02).
        15  FM-MD-AID-CODE              PIC X(02).
        15  FM-MD-ESC                   PIC X(03).
        15  FM-MD-DUAL-AID1             PIC X(02).
        15  FM-MD-DUAL-ESC1             PIC X(03).
        15  FM-MD-DUAL-AID2             PIC X(02).
        15  FM-MD-DUAL-ESC2             PIC X(03).
        15  FM-MD-DUAL-AID3             PIC X(02).
        15  FM-MD-DUAL-ESC3             PIC X(03).
        15  FM-MD-SOC-AMT               PIC X(05).
        15  FM-MD-CERT-DAY              PIC X(02).
        15  FM-MD-PRCNT-OBLIG           PIC X(02).
        15  FM-MD-OTH-COV               PIC X(01).
        15  FM-MD-MEDICARE-ST           PIC X(02).
        15  FM-MD-REST-SVS              PIC X(03).
        15  FM-MD-MULTI-SOC-CASE-IND    PIC X(02).
        15  FM-MD-1ST-HCP-PLAN          PIC X(03).
        15  FM-MD-1ST-HCP-ST            PIC X(02).
        15  FM-MD-2ND-HCP-PLAN          PIC X(03).
        15  FM-MD-2ND-HCP-ST            PIC X(02).
        15  FM-MD-3RD-HCP-PLAN          PIC X(03).
        15  FM-MD-3RD-HCP-ST            PIC X(02).
        15  FM-MD-4TH-HCP-PLAN          PIC X(03).
        15  FM-MD-4TH-HCP-ST            PIC X(02).
        15  FM-MD-5TH-HCP-PLAN          PIC X(03).
        15  FM-MD-5TH-HCP-ST            PIC X(02).
        15  FM-MD-STATE-FED-IND         PIC X(01).
        15  FM-MD-HF-IN-OUT-DAYS.
            20  FM-MD-HF-IN-DAY         PIC X(02).
            20  FM-MD-HF-OUT-DAY        PIC X(02).
        15  FILLER                      PIC X(11).
05  FM-MONTHLY-DATA2  REDEFINES  FM-MONTHLY-DATA.
    10  FM-CURRENT-DATA.
        15  FM-CD-SEG-ID                PIC X(02).
```

```
        15  FM-CD-CNTY-CODE              PIC X(02).
        15  FM-CD-AID-CODE               PIC X(02).
        15  FM-CD-ESC                    PIC X(03).
        15  FM-CD-DUAL-AID1              PIC X(02).
        15  FM-CD-DUAL-ESC1              PIC X(03).
        15  FM-CD-DUAL-AID2              PIC X(02).
        15  FM-CD-DUAL-ESC2              PIC X(03).
        15  FM-CD-DUAL-AID3              PIC X(02).
        15  FM-CD-DUAL-ESC3              PIC X(03).
        15  FM-CD-SOC-AMT                PIC X(05).
        15  FM-CD-CERT-DAY               PIC X(02).
        15  FM-CD-PRCNT-OBLIG            PIC X(02).
        15  FM-CD-OTH-COV                PIC X(01).
        15  FM-CD-MEDICARE-ST            PIC X(02).
        15  FM-CD-REST-SVS               PIC X(03).
        15  FM-CD-MULTI-SOC-CASE-IND     PIC X(02).
        15  FM-CD-1ST-HCP-PLAN           PIC X(03).
        15  FM-CD-1ST-HCP-ST             PIC X(02).
        15  FM-CD-2ND-HCP-PLAN           PIC X(03).
        15  FM-CD-2ND-HCP-ST             PIC X(02).
        15  FM-CD-3RD-HCP-PLAN           PIC X(03).
        15  FM-CD-3RD-HCP-ST             PIC X(02).
        15  FM-CD-4TH-HCP-PLAN           PIC X(03).
        15  FM-CD-4TH-HCP-ST             PIC X(02).
        15  FM-CD-5TH-HCP-PLAN           PIC X(03).
        15  FM-CD-5TH-HCP-ST             PIC X(02).
        15  FM-CD-STATE-FED-IND          PIC X(01).
        15  FM-CD-HF-IN-OUT-DAYS.
            20  FM-CD-HF-IN-DAY          PIC X(02).
            20  FM-CD-HF-OUT-DAY         PIC X(02).
        15  FILLER                       PIC X(11).
    10  FM-HISTORY-TABLE OCCURS 15 TIMES INDEXED BY FH-DEX.
        15  FM-HD-SEG-ID                 PIC X(02).
        15  FM-HD-CNTY-CODE              PIC X(02).
        15  FM-HD-AID-CODE               PIC X(02).
        15  FM-HD-ESC                    PIC X(03).
        15  FM-HD-DUAL-AID1              PIC X(02).
        15  FM-HD-DUAL-ESC1              PIC X(03).
        15  FM-HD-DUAL-AID2              PIC X(02).
        15  FM-HD-DUAL-ESC2              PIC X(03).
        15  FM-HD-DUAL-AID3              PIC X(02).
        15  FM-HD-DUAL-ESC3              PIC X(03).
        15  FM-HD-SOC-AMT                PIC X(05).
        15  FM-HD-CERT-DAY               PIC X(02).
        15  FM-HD-PRCNT-OBLIG            PIC X(02).
        15  FM-HD-OTH-COV                PIC X(01).
        15  FM-HD-MEDICARE-ST            PIC X(02).
        15  FM-HD-REST-SVS               PIC X(03).
        15  FM-HD-MULTI-SOC-CASE-IND     PIC X(02).
        15  FM-HD-1ST-HCP-PLAN           PIC X(03).
        15  FM-HD-1ST-HCP-ST             PIC X(02).
        15  FM-HD-2ND-HCP-PLAN           PIC X(03).
        15  FM-HD-2ND-HCP-ST             PIC X(02).
        15  FM-HD-3RD-HCP-PLAN           PIC X(03).
```

```
15  FM-HD-3RD-HCP-ST            PIC X(02).
15  FM-HD-4TH-HCP-PLAN          PIC X(03).
15  FM-HD-4TH-HCP-ST            PIC X(02).
15  FM-HD-5TH-HCP-PLAN          PIC X(03).
15  FM-HD-5TH-HCP-ST            PIC X(02).
15  FM-HD-STATE-FED-IND         PIC X(01).
15  FM-HD-HF-IN-OUT-DAYS.
    20  FM-HD-HF-IN-DAY         PIC X(02).
    20  FM-HD-HF-OUT-DAY        PIC X(02).
15  FILLER                      PIC X(11).
```

9.4 Attachment D - HISDB layout

```
000100*****************************************************************
000200*                      COPY MEMBER HISDBMF                      *
000300* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *
000400*                                                               *
000500*  DESCRIPTION:  LAYOUT FOR THE HIS DATABASE MASTER FILE        *
000600*                RECORD LENGTH = 769 - 5929                     *
000700*                                                               *
000800*  ABBREVIATIONS:  PH = POLICY HOLDER                           *
000900*                                                               *
001000*****************************************************************
001100
001200 01  HISMF-MASTER-RECORD.
001300     05  HISMF-BENE-DATA-SEG.
001400         10  HISMF-BENE-DATA-PARTA.
001500             15  HISMF-BENE-MEDS-ID          PIC  X(09).
001600             15  HISMF-NBR-SEG               PIC  9(02).
001700             15  HISMF-BENE-PHONE-NBR        PIC  X(10).
001800             15  HISMF-WRKR-PHONE-NBR        PIC  X(10).
001900             15  HISMF-HIQ-MAIL-DATE         PIC  X(08).
002000             15  HISMF-OHC-LTR-MAIL-DATE     PIC  X(08).
002100             15  HISMF-FORM-LTR-MAIL-DATE-1  PIC  X(08).
002200             15  HISMF-IVD-MEMBER-ID         PIC  X(10).
002300             15  FILLER                      PIC  X(06).
002400         10  HISMF-BENE-DATA-PARTB.
002500             15  HISMF-HIQ-FLAG              PIC  X(01).
002600             15  HISMF-PENDING-OHC           PIC  X(01).
002700             15  HISMF-MEDS-DATE-Y2K.
002710                 20  HISMF-MEDS-CC           PIC  X(02).
002720                 20  HISMF-MEDS-YYMM         PIC  X(04).
002800             15  FILLER                      PIC  X(04).
002900     05  HISMF-CARD-CALENDAR-SEG             PIC  X(684).
003000     05  FILLER  REDEFINES  HISMF-CARD-CALENDAR-SEG.
003100         10  HISMF-CARD-CAL-TABLE  OCCURS  36 TIMES.
003200             15  HISMF-OHC                   PIC  X(01).
003300             15  HISMF-COMBINED-SCOPE        PIC  X(16).
003400             15  FILLER  REDEFINES  HISMF-COMBINED-SCOPE.
003500                 20  HISMF-COMB-SCOPE-TABLE
003600                         OCCURS 16 TIMES      PIC  X(01).
003700             15  HISMF-MEDICARE              PIC  X(02).
003800     05  HISMF-CARRIER-SEG
003900             OCCURS 0 TO 10 TIMES
004000             DEPENDING ON HISMF-NBR-SEG.
004100         10  HISMF-CARRIER-CODE              PIC  X(04).
004200         10  HISMF-POLICY-NBR                PIC  X(30).
004300         10  HISMF-SEG-TYPE                  PIC  X(01).
004400         10  HISMF-SCOPE-COVERAGE            PIC  X(16).
004500         10  FILLER  REDEFINES  HISMF-SCOPE-COVERAGE.
004600             15  HISMF-SCOPE-TABLE
004700                     OCCURS 16 TIMES          PIC  X(01).
004800         10  HISMF-POLICY-START-DATE         PIC  X(08).
004900         10  HISMF-POLICY-STOP-DATE          PIC  X(08).
005000         10  HISMF-LAST-CHG-DATE             PIC  X(08).
005100         10  HISMF-SOURCE-OF-CHG             PIC  X(04).
005200         10  HISMF-TRANS-TYPE                PIC  X(01).
005300         10  HISMF-OPERATOR-FIELD.
```

```
005310            15  HISMF-OPERATOR-ID           PIC  X(03).          00531005
005320            15  FILLER                      PIC  X(05).          00532005
005400        10  HISMF-ABSENT-PARENT-FLG         PIC  X(01).          00540000
005500        10  HISMF-INS-STATUS-CODE           PIC  X(01).          00550000
005600        10  HISMF-RELATIONSHIP-TO-PH        PIC  X(01).          00560000
005700        10  HISMF-DEPEND-COV-AVAIL          PIC  X(01).          00570000
005800        10  HISMF-IEX-SOURCE-OF-COV         PIC  X(01).          00580000
005900        10  HISMF-TERM-REASON               PIC  X(02).          00590000
006000        10  HISMF-FOLLOWUP-FILE-FLG         PIC  X(01).          00600000
006100        10  HISMF-PH-SSN                    PIC  X(09).          00610000
006200        10  HISMF-PH-NAME.                                       00620000
006300            15  HISMF-PH-LAST-NAME          PIC  X(15).          00630000
006400            15  HISMF-PH-FIRST-NAME         PIC  X(10).          00640000
006500            15  HISMF-PH-INITIAL            PIC  X(01).          00650000
006600        10  HISMF-PH-ADDRESS.                                    00660000
006700            15  HISMF-PH-ADDR-LINE1         PIC  X(26).          00670000
006800            15  HISMF-PH-ADDR-LINE2         PIC  X(26).          00680000
006900            15  HISMF-PH-CITY-STATE         PIC  X(20).          00690000
007000            15  HISMF-PH-ZIP-CODE.                               00700000
007100                20  HISMF-PH-ZIP5           PIC  X(05).          00710000
007200                20  HISMF-PH-ZIP4           PIC  X(04).          00720000
007300        10  HISMF-PH-PHONE-NBR              PIC  X(10).          00730000
007400        10  HISMF-GRP-EMP-NAME              PIC  X(30).          00740000
007500        10  HISMF-GRP-EMP-NBR               PIC  X(20).          00750000
007600        10  HISMF-GRP-EMP-ADDRESS.                               00760000
007700            15  HISMF-GRP-EMP-ADDR-LINE1    PIC  X(26).          00770000
007800            15  HISMF-GRP-EMP-ADDR-LINE2    PIC  X(26).          00780000
007900            15  HISMF-GRP-EMP-CITY-STATE    PIC  X(20).          00790000
008000            15  HISMF-GRP-EMP-ZIP-CODE.                          00800000
008100                20  HISMF-GRP-EMP-ZIP5      PIC  X(05).          00810000
008200                20  HISMF-GRP-EMP-ZIP4      PIC  X(04).          00820000
008300        10  HISMF-GRP-EMP-PHONE-NBR         PIC  X(10).          00830000
008400        10  HISMF-UNION-NAME                PIC  X(30).          00840000
008500        10  HISMF-UNION-NBR                 PIC  X(20).          00850000
008600        10  HISMF-BOUNTY-INFORMATION.                            00860000
008700            15  HISMF-BNTY-ADD-DATE         PIC  X(08).          00870000
008800            15  HISMF-BNTY-ADD-SOURCE       PIC  X(04).          00880000
008900            15  HISMF-BNTY-ADD-CNTY-ID      PIC  X(14).          00890000
009000            15  HISMF-BNTY-ADD-EW-CODE      PIC  X(04).          00900000
009100            15  HISMF-BNTY-ADD-DISTRICT     PIC  X(03).          00910000
009200            15  HISMF-BNTY-STATUS           PIC  X(01).          00920000
009300        10  FILLER                          PIC  X(64).          00930003
009400                                                                  00940000
009500*                                                                 00950000
009600*                      END OF HISDBMF                           * 00960000
009700* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * 00970000
009800*    FIELD BELOW IS USED BY CICS PROGRAMS WHICH ACCESS HISDB    * 00980000
009900*                                                                 00990000
010000 01  HISDBMF-MAX-LENGTH              PIC S9(04) COMP VALUE +5887. 01000006
010100******************************************************************* 01010000
```

9.5 Attachment E - Data Element Dictionary

Business Address 1

Length: PIC:

Default Value: Allowable Values: any

Assigned by the Health Plan and collected by EDI Coordinator via the DHS Electronic Data Transmission Request Form.

Business Address 2

Length: PIC:

Default Value: Allowable Values: any

Assigned by the Health Plan and collected by EDI Coordinator via the DHS Electronic Data Transmission Request Form.

Business Name

Length: PIC:

Default Value: Allowable Values: any

Assigned by the Health Plan and collected by EDI Coordinator via the DHS Electronic Data Transmission Request Form.

City

Length: PIC:

Default Value: Allowable Values: any

Assigned by the Health Plan and collected by EDI Coordinator via the DHS Electronic Data Transmission Request Form.

Contact email

Length: PIC:

Default Value: Allowable Values: any

Assigned by the Health Plan and collected by EDI Coordinator via the DHS Electronic Data Transmission Request Form.

Contact FAX

Length: 12 PIC: X(12)

Default Value: Allowable Values: any

Assigned by the Health Plan and collected by EDI Coordinator via the DHS Electronic Data Transmission Request Form.

Contact Name

Length: PIC:

Default Value: Allowable Values: any

Assigned by the Health Plan and collected by EDI Coordinator via the DHS Electronic Data Transmission Request Form.

Contact Telephone

Length: 12 PIC: X(12)

Default Value: Allowable Values: any

Assigned by the Health Plan and collected by EDI Coordinator via the DHS Electronic Data Transmission Request Form.

Date Created

Length: 8 PIC: DATE

Default Value: 1 Allowable Values: 1 – 999999999

This field is initialized to ‘1’ by the EDI Coordinator during setup of the Health Plan on the Health Plan Maintenance File. The field is incremented by ‘1’ each time an envelope structure is initiated. The value rolls back to ‘1’ when the maximum number value is exceeded.

Federal Employer Identification Number (FEIN)

Length: 9 PIC: X(9)

Default Value: Allowable Values: any

Assigned by the Federal Government to the Health Plan. This information is collected by the EDI Coordinator via the DHS Electronic Data Transmission Request Form.

File Type

Length: 1 PIC: X(1)

Default Value: null Allowable Values: C or A

This field defines the type of 834 Transaction file created. An 834 Transaction file may be either a (C)hange file or an (A)udit file. Change files are created daily and audit files are created monthly.

Group Control Number

Length: 9 PIC: 9(9)

Default Value: 1 Allowable Values: 1 – 999999999

This field is initialized to '1' by the EDI Coordinator during setup of the Health Plan on the Health Plan Maintenance File. The field is incremented by '1' each time an envelope structure is initiated. The value rolls back to '1' when the maximum number value is exceeded.

HCP Code

Length: 3 PIC: X(3)

Default Value: Allowable Values: as assigned

Assigned by the MMCD Program Area to each Health Plan.

Interchange Control Number

Length: 9 PIC: 9(9)

Default Value: 1 Allowable Values: 1 – 999999999

This field is initialized to '1' by the EDI Coordinator during setup of the Health Plan on the Health Plan Maintenance File. The field is incremented by '1' each time an envelope structure is initiated. The value rolls back to '1' when the maximum number value is exceeded.

Identification Number

Length: 15 PIC: X(15)

Default Value: Allowable Values: any

Assigned by the Health Plan and collected by EDI Coordinator via the DHS Electronic Data Transmission Request Form.

Usage Indicator

Length: 1 PIC X(1)

Default Value: T Allowable Values: T=test, P=Production

This field is initialized to 'T' by the EDI Coordinator during setup of the Health Plan on the Trading Partner Maintenance File. Throughout the development and testing phase the value remains at 'T'. Only after trading partner testing has been completed and agreement has been reached with the Health Plan does this value get changed to 'P' by the EDI Coordinator. The value reverts to a 'T' whenever testing is required with the Health Plan.

State

Length: PIC:

Default Value: Allowable Values: any

Assigned by the Health Plan and collected by EDI Coordinator via the DHS Electronic Data Transmission Request Form.

Total Transaction Count

Length: 9 PIC: 9(9)

Default Value: 1 Allowable Values: 1 – 999999999

This field is contains the total number of transactions in a given file. A transaction is defined as a complete 2000 Looping structure beginning with the INS segment. Value is incremented by '1' for every INS segment in an 834 Transaction file.

Transaction Type

Length: 3 PIC: X(3)

Default Value: Allowable Values: 820, 834

Assigned by the Health Plan and collected by EDI Coordinator via the DHS Electronic Data Trading Partner Profile Form.

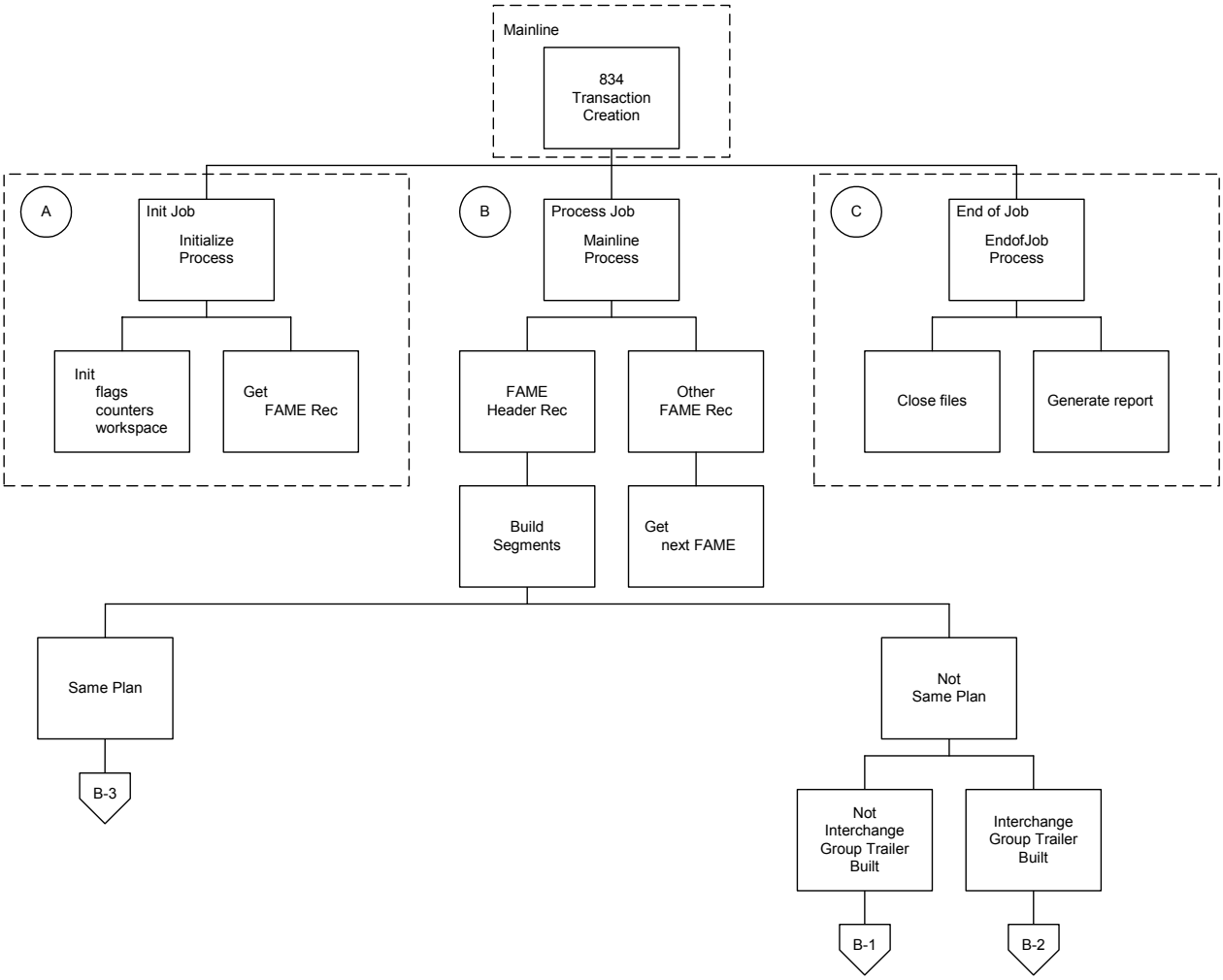
Zip/Postal Code

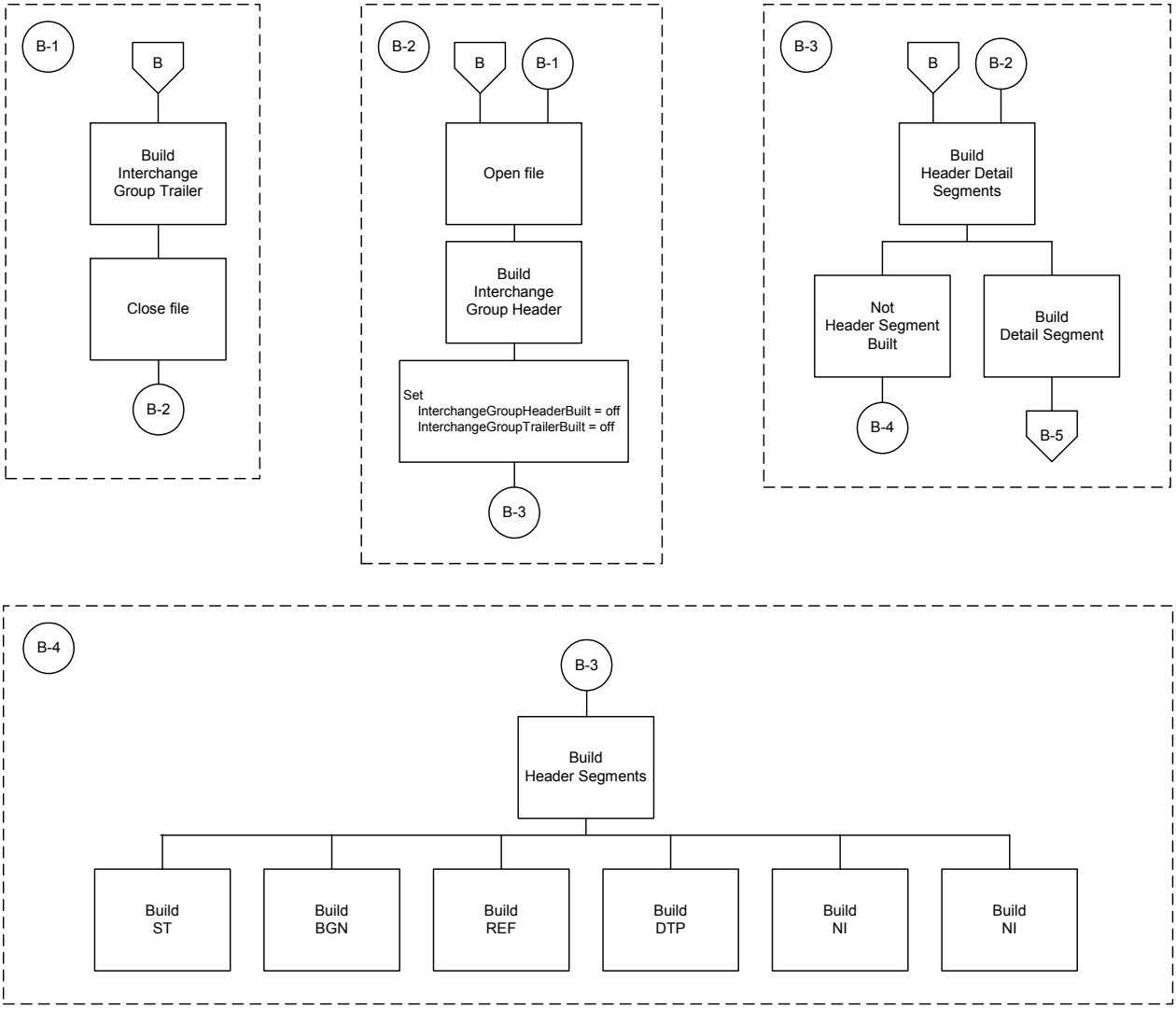
Length: PIC:

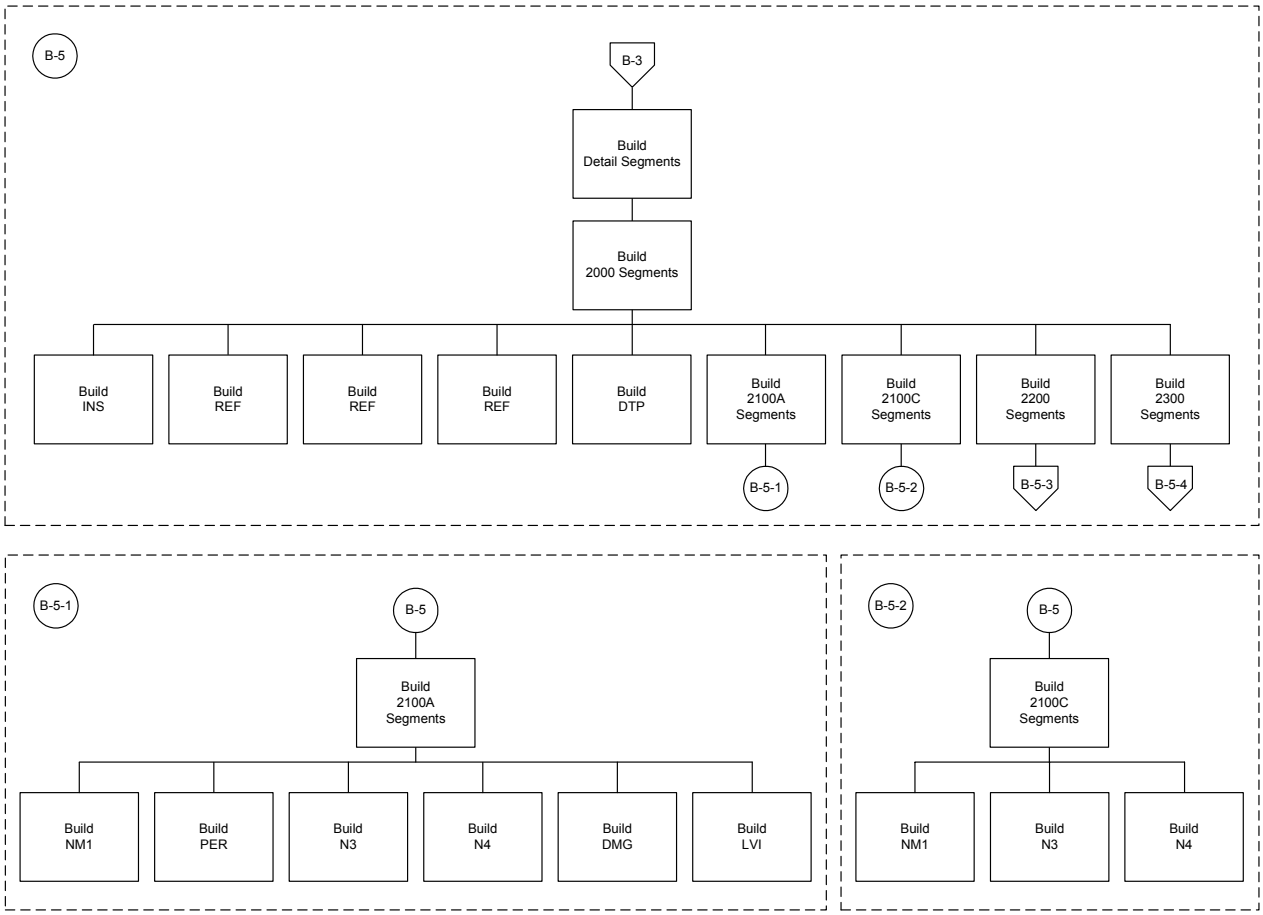
Default Value: Allowable Values: any

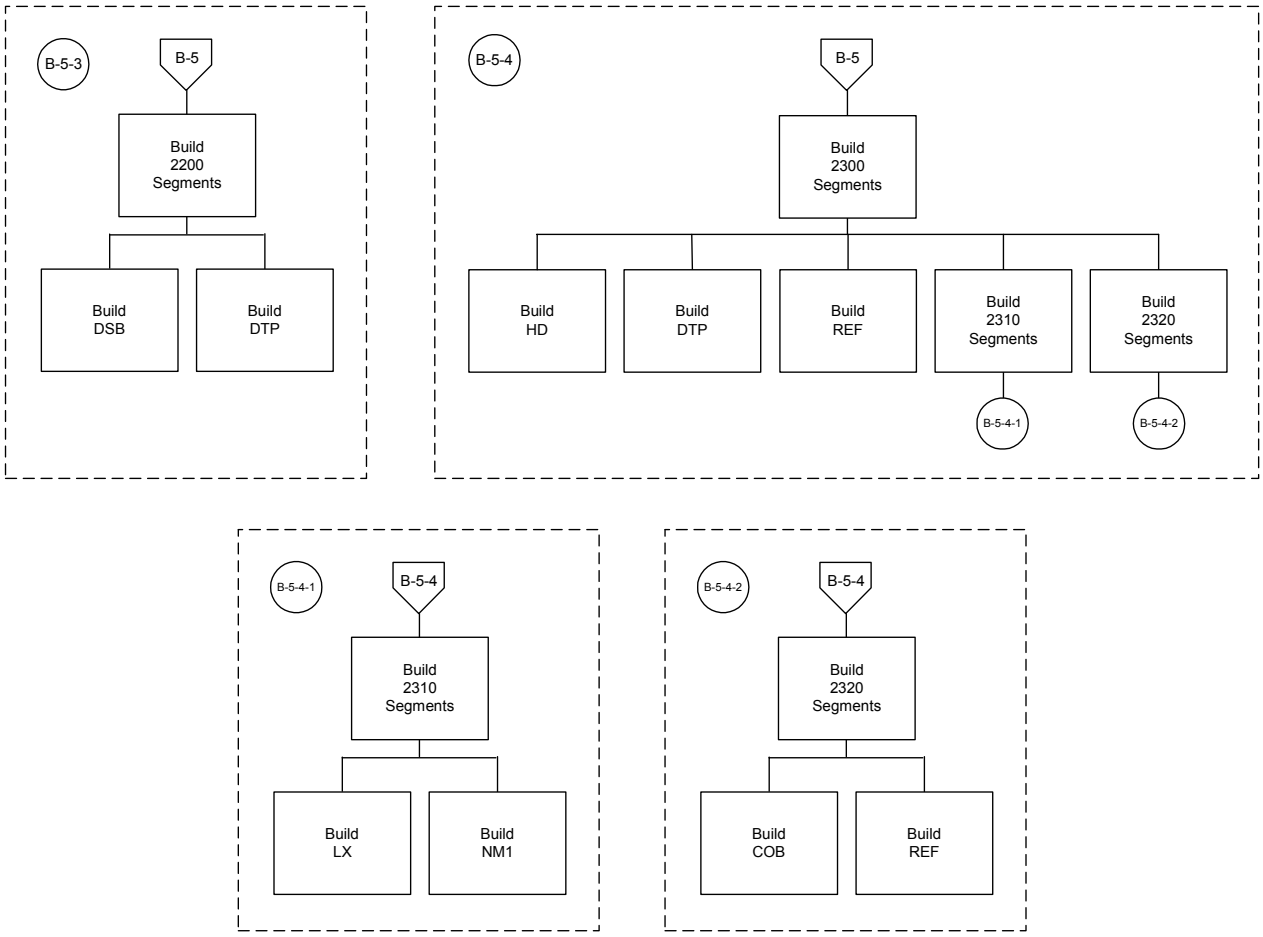
Assigned by the Health Plan and collected by EDI Coordinator via the DHS Electronic Data Transmission Request Form.

9.6 Attachment F – 834 Transaction Functional Modeling Diagram




B-1
B
Build Interchange Group Trailer
Close file
B-2
B-2
B
B-1
Open file
Build Interchange Group Header
Set
InterchangeGroupHeaderBuilt = off
InterchangeGroupTrailerBuilt = off
B-3
B-3
B
B-2
Build Header Detail Segments
Not Header Segment Built
Build Detail Segment
B-4
B-5
B-4
B-3
Build Header Segments
Build ST
Build BGN
Build REF
Build DTP
Build NI
Build NI


B-5
B-3
Build Detail Segments
Build 2000 Segments
Build INS
Build REF
Build REF
Build REF
Build DTP
Build 2100A Segments
Build 2100C Segments
Build 2200 Segments
Build 2300 Segments
B-5-1
B-5-2
B-5-3
B-5-4
B-5-1
B-5
Build 2100A Segments
Build NM1
Build PER
Build N3
Build N4
Build DMG
Build LVI
B-5-2
B-5
Build 2100C Segments
Build NM1
Build N3
Build N4


B-5-3
B-5
Build 2200 Segments
Build DSB
Build DTP
B-5-4
B-5
Build 2300 Segments
Build HD
Build DTP
Build REF
Build 2310 Segments
Build 2320 Segments
B-5-4-1
B-5-4-2
B-5-4-1
B-5-4
Build 2310 Segments
Build LX
Build NM1
B-5-4-2
B-5-4
Build 2320 Segments
Build COB
Build REF

9.7 Attachment G - Pervasive Software

MARKETWARE TECHNOLOGIES

Brandon Felts
bfelts@marketwareinc.com
819 Striker Ave. Suite 16
Sacramento, CA 95834
Phone (916) 925-3337 x3330
Fax (916) 925-4877
Toll Free (800) 870-3337
www.marketwareinc.com

Quote Number: 22956
Quote Date: 03/01/2004
Expiration Date: 04/01/2004
Customer Number:

Bill To:
CA Dept of Health Services - PSD HIPAA Compliance
8950 Cal Center Drive
Bldg. 2 Suite 140
Sacramento, CA 95826
JLazaro@dhs.ca.gov
916-255-5274

Ship To:
CA Dept of Health Services - PSD HIPAA Compliance
8950 Cal Center Drive
Bldg. 2 Suite 140
Sacramento, CA 95826

Contact: Jon Lazaro

Manufacturer	Manufacturer Part#	Contract#	Unit Price	Qty	Line Total
PERVASIVE	W409-7.5.5 (QTY 5)	1-01-70-03	$12,135.00	1	$12,135.00
DATA JUNCTION ENTERPRISE EDITION, MULTI-THREADED, 5-PACK					
PERVASIVE	SW409-7.5.5 (QTY 5)	1-01-70-03	$775.00	1	$775.00
DATA JUNCTION ENTERPRISE EDITION, MULTI-THREADED, 5-PACK SILVER SUPPORT					
PERVASIVE	MW409-7.5.5 (QTY 5)	1-01-70-03	$2,120.00	1	$2,120.00
DATA JUNCTION ENTERPRISE EDITION, MULIT-THREADED, 5-PACK MAINTENANCE SUBSCRIPTION 1 YEAR					
PERVASIVE	[illegible]-7.5.5 (QTY 5)	1-01-70-03	$3,130.00	1	$3,130.00
HIPAA ADAPTER - 5 PACK					
PERVASIVE	SDJADHIPAA-7.5.5 (QTY 5)	1-01-70-03	$1,445.00	1	$1,445.00
HIPAA ADAPTER - 5 PACK SILVER SUPPORT					
PERVASIVE	MDJADHIPAA-7.5.5 (QTY 5)	1-01-70-03	$870.00	1	$870.00
HIPAA ADAPTER - 5 PACK MAINTENANCE SUBSCRIPTION 1 YEAR					
PERVASIVE	DSMDHIPAA	1-01-70-03	$481.50	1	$481.50
HIPAA METADATA SCHEMA, PER TRANSACTION SET					
PERVASIVE	MDSMDHIPAA	1-01-70-03	$481.50	1	$481.50
HIPAA METADATA SCHEMA MAINTENANCE SUBSCRIPTION 1 YEAR					
PERVASIVE	W418-7.5.5	1-01-70-03	$4,550.00	1	$4,550.00
DOCUMENT SCHEMA DESIGNER - 5 PACK					
PERVASIVE	SW418-7.5.5	1-01-70-03	$385.00	1	$385.00
DOCUMENT SCHEMA DESIGNER - 5 PACK SILVER SUPPORT					

DRAFT PRICE LIST