Nevada Medicaid

HIPAA Transaction

Standard Companion Guide

Refers to the Technical Report Type 3 Document

Based on ASC X12N version: 005010X220A1

Benefit Enrollment and Maintenance (834)

June 16, 2025

Medicaid Management Information System (MMIS)

Department of Health and Human Services (DHHS)

Division of Health Care Financing and Policy (DHCFP)

Disclosure Statement

The following Nevada Medicaid companion guide is intended to serve as a companion document to the corresponding Accredited Standards Committee (ASC) X12N/005010X220 Benefit Enrollment and

Maintenance (834), its related Addenda (005010X220A1), and its related Errata (005010X220E1). The companion guide further specifies the requirements to be used when preparing, submitting, receiving, and processing electronic health care administrative data. The companion guide supplements, but does not contradict, disagree, oppose, or otherwise modify the 005010X220 in a manner that will make its implementation by users to be out of compliance.

NOTE: Type 1 Technical Report Type 3 (TR3) Errata are substantive modifications, necessary to correct impediments to implementation and are identified with a letter "A" in the errata document identifier. Type 1 TR3 Errata were formerly known as Implementation Guide Addenda. Type 2 TR3 Errata are typographical modifications and are identified with a letter "E" in the errata document identifier.

The information contained in this companion guide is subject to change. Electronic Data Interchange (EDI) submitters are advised to check the Nevada Medicaid EDI webpage at https://www.medicaid.nv.gov/providers/edi.aspx regularly for the latest updates.

Gainwell Technologies is the fiscal agent for Nevada Medicaid and is referred to as Nevada Medicaid throughout this document.

About DHCFP

The Nevada Department of Health and Human Services' Division of Health Care Financing and Policy (DHCFP) works in partnership with the Centers for Medicare & Medicaid Services (CMS) to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources. The medical programs are known as Medicaid and Nevada Check Up.

DHCFP website: Medicaid Services Manual, rates, policy updates, public notices: http://dhcfp.nv.gov.

Preface

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services.

This companion guide to the 5010 ASC X12N TR3 documents and associated errata and addenda adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with Nevada Medicaid. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 documents, are compliant with both ASC X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the ASC X12N TR3 documents adopted for use under HIPAA. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3 documents.

Table of Contents

1 Introduction

This section describes how TR3 Implementation Guides, also called 834 ASC X12N (version 005010X220A1), adopted under HIPAA, will be detailed with the use of a table. The tables contain a Notes/Comments column for each segment that Nevada Medicaid has information additional to the TR3 Implementation Guide. That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the implementation guide's internal code listings
- Clarify the use of loops, segments, composite and simple data elements
- Provide any other information tied directly to a loop, segment, and composite, or simple data element pertinent to trading electronically with Nevada Medicaid

In addition to the row for each segment, (highlighted in blue in the tables), one or more additional rows are used to describe Nevada Medicaid's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a Notes/Comments column to provide additional information from Nevada Medicaid for specific segments provided by the TR3 Implementation Guide. The following is just an example of the type of information that would be spelled out or elaborated on in the Section 10: Transaction Specific Information.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10 percent and notes or comments about the segment itself go in this cell.
193	2100C	NM109	Subscriber Primary Identifier	00	15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by Nevada Medicaid Management Information System (NVMMIS).

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first three columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
241	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

1.1 Scope

This section specifies the appropriate and recommended use of the companion guide.

This companion guide is intended for Trading Partner use in conjunction with the TR3 HIPAA 5010 834 Implementation Guide for the purpose of receiving benefit enrollment and maintenance transactions electronically. This companion guide is not intended to replace the TR3 Implementation Guide. The TR3 defines the national data standards, electronic format, and values for each data element with an electronic transaction. The purpose of this companion guide is to provide Trading Partners with a companion guide to communicate Nevada Medicaid-specific information required to successfully exchange transactions electronically with Nevada Medicaid. The instructions in this companion guide are not intended to be stand-alone requirements. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guide and is in conformance with ASC X12's Fair Use and Copyright statements.

The intended purpose of this document is to provide information such as registration, testing, support and specific transaction requirements to EDI Trading Partners that exchange X12 information with the Nevada Medicaid Agency.

This companion guide provides specific requirements for receiving benefit enrollment and maintenance transactions (834).

1.2 Overview

This section specifies how to use the various sections of the document in combination with each other.

Nevada Medicaid created this companion guide for Nevada Trading Partners to supplement the X12N Implementation Guide. This guide contains Nevada Medicaid specific instructions related to the following:

- Data formats, content, codes, business rules and characteristics of the electronic transaction
- Technical requirements and transmission options
- Information on testing procedures that each Trading Partner must complete before transmitting electronic transactions

This companion guide must be used in conjunction with the TR3 instructions. The companion guide is intended to assist Trading Partners in implementing electronic 834 transactions that meet Nevada Medicaid processing standards by identifying pertinent structural and data-related requirements and recommendations. Updates to this companion guide will occur periodically and new documents will be posted on the Nevada Medicaid EDI webpage at https://www.medicaid.nv.gov/providers/edi.aspx.

1.3 References

This section specifies additional useful reference documents; for example, the X12N Implementation Guides adopted under HIPAA to which this document is a companion.

The TR3 implementation guide specifies in detail the required formats for transactions exchanged electronically with an insurance company, health care payer, or government agency. The TR3 implementation guide contains requirements for the use of specific segments and specific data elements within those segments and applies to all health care providers and their Trading Partners. It is critical that your IT staff or software vendor review this document in its entirety and follow the stated requirements to exchange HIPAA-compliant files with Nevada Medicaid.

The implementation guides for X12N and all other HIPAA standard transactions are available electronically at https://www.wpc-edi.com/.

1.4 Additional Information

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

2 Getting Started

This section describes how to interact with Nevada Medicaid's EDI Help Desk.

The Nevada Medicaid EDI Help Desk can be contacted at (877) 638-3472 options 2, 0, and then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays. You can also send an email to nvmmis.edisupport@gainwelltechnologies.com.

2.1 Trading Partner Enrollment

This section describes how to enroll as an Encounter Trading Partner with Nevada Medicaid.

In order to submit and/or receive transactions with Nevada Medicaid, Trading Partners must complete a Trading Partner Profile (TPP) agreement, establish connectivity and certify transactions.

- A Trading Partner is any entity (provider, billing service, clearinghouse, software vendor, etc.) that transmits electronic data to and receives electronic data from another entity. Nevada Medicaid requires all Trading Partners to complete a TPP agreement regardless of the Trading Partner type listed below
- Vendor is an entity that provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor or clearinghouse.
    - Software vendor is an entity that creates software used by billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions.
    - Billing service is a third party that prepares and/or submits claims for a provider.
    - Clearinghouse is a third party that submits and/or exchanges electronic transactions on behalf of a provider.

Establishing a Trading Partner Profile (TPP) agreement is a simple process which the Trading Partner completes using the Nevada Medicaid Provider Web Portal. The Provider Web Portal is located at: https://www.medicaid.nv.gov/hcp/provider.

Trading Partners must agree to the Nevada Medicaid Trading Partner Agreement at the end of the Trading Partner Profile enrollment process. Once the TPP application is completed, an 8-digit Trading Partner ID will be assigned.

After the TPP Agreement has been completed, the Trading Partner must submit a Secure Shell (SSH) public key file to Nevada Medicaid to complete their enrollment. Once the SSH key is received, users will be contacted to initiate the process to exchange the directory structure and authorization access on the Nevada Medicaid external SFTP servers.

Failure to provide the SSH key file to Nevada Medicaid will result in the TPP application request being rejected and you will be unable to submit transactions electronically to Nevada Medicaid. Please submit the SSH public key via email within five business days of completing the TPP application. Should you require additional assistance with information on SSH keys, please contact the Nevada EDI Help Desk at (877) 638-3472 options 2, 0, and then 3.

2.2 Certification and Testing Overview

This section provides a general overview of what to expect during certification and testing phases.

All Trading Partners who submit electronic transactions with Nevada Medicaid will be certified through the completion of Trading Partner testing. This includes Clearinghouses, Software Vendors, Provider Groups and Managed Care Organizations (MCOs).

Providers who use a billing agent, clearinghouse or software vendor will not need to test for those electronic transactions that their entity submits on their behalf.

3 Testing with Nevada Medicaid

This section contains a description of the testing phase.

Testing is conducted to ensure compliance with HIPAA guidelines. Outbound 834 transactions are validated through Strategic National Implementation Process (SNIP) Level 4. Refer to Appendix C for a list of SNIP Level 4 edits.

The following transactions are available for testing:

- 834 Benefit Enrollment and Maintenance
- 820 Health Care Premium Payment

Note: Testing for 834 and 820 transactions will need to be coordinated with the EDI Help Desk. Contact the Nevada Medicaid EDI Help Desk at (877) 638-3472 options 2, 0, then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays or send an email to nvmmis.edisupport@gainwelltechnologies.com.

3.1 Testing Process

The following points are actions that a Trading Partner will need to take before receiving production files from Nevada Medicaid:

- Enroll by using the Trading Partner Enrollment Application on the Nevada Medicaid Provider Web Portal to obtain a new Trading Partner ID
- Register on the Nevada Medicaid Provider Web Portal
- Receive EDI Trading Partner Welcome Letter indicating Trading Partner Profile (TPP) has been approved for testing
- Receive 834 test file (needs to be coordinated with the EDI Help Desk)
- Receive Production Authorization letter containing a list of approved transactions that could be received from the production environment along with the connection information

To begin the testing process, please review the Nevada Medicaid Trading Partner User Guide located at: https://www.medicaid.nv.gov/providers/edi.aspx.

3.2 File Naming Standard

The following naming standards are used when receiving 834 outbound files from Nevada Medicaid:

- File Tracking ID_Correlated file Tracking ID_Checksum_Transaction Type, X12BATCH_number of INS segments_Trading Partner ID.filetype.

Examples are as follows:

- 1709777_0_A83899BE_834X12BATCH_0_TPID1234.834
- 1715283_0_4D960549_834X12BATCH_0_TPID1234.834

Note: The files are in plain text and can be opened with any text editor.

3.3 File Retention

All electronic files that have been made available for download will remain available online for download for sixty (60) days. This applies to Web Portal and SFTP Trading Partners.

After the 60 days' time frame, the files will be removed from the list and will no longer be available for download. This applies to testing and production environments.

3.4 Payer Specific Documentation

For additional information in regards to business processes related to eligibility, prior authorization and claims processing, please review the Billing Manual located on the Nevada Medicaid Provider Billing Information webpage at: https://www.medicaid.nv.gov/providers/BillingInfo.aspx.

4 Connectivity with Nevada Medicaid/ Communications

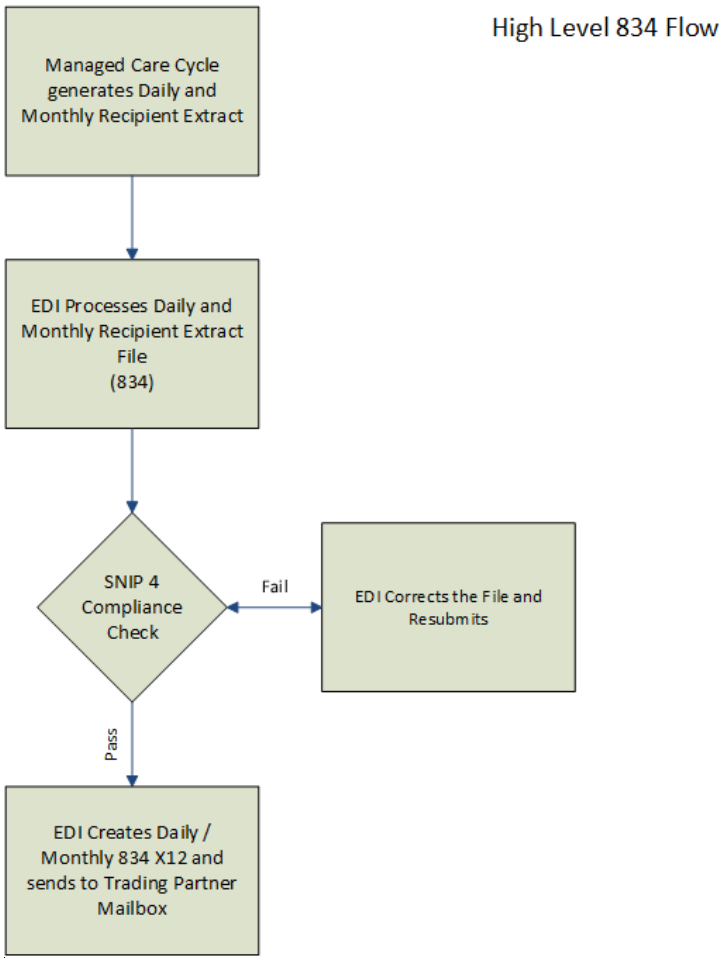
This section describes the process to receive HIPAA 834 transactions, along with retrieval methods, security requirements, and exception handling procedures.

Nevada Medicaid supports multiple methods for exchanging electronic healthcare transactions depending on the Trading Partner's needs. For HIPAA 834 transactions, the following can be used:

- Secure File Transfer Protocol (SFTP) (Batch Only)
- The Nevada Medicaid Provider Web Portal (not recommended due to the size limitations on the monthly 834 file)

4.1 Process Flows

This section contains a process flow diagram and appropriate text.



4.2 Health Care Encounter Claim and Response

Managed Care generates a file and sends to EDI. EDI processes the file and runs SNIP 4 compliance check. The X12 834 file is delivered to the Trading Partners mailbox.

4.3 Transmission Administrative Procedures

This section provides Nevada Medicaid's specific transmission administrative procedures.

For details about available Nevada Medicaid Access Methods, refer to the Communication Protocol Specifications section below.

Nevada Medicaid is only available to authorized users. The submitter/receiver must be a Nevada Medicaid Trading Partner. Each Trading Partner is authenticated using the Username and private SSH key provided by the Trading Partner as part of the enrollment process.

4.4 System Availability

The system is typically available 24X7 with the exception of scheduled maintenance windows as noted on the Nevada Medicaid website at https://www.medicaid.nv.gov/.

4.5 File Size Limitation

Nevada Medicaid Provider Web portal contains the following size limitation.

Transactions	Submission Method	File Size Limit	Other Conditions
834	SFTP		No file size limits.
820	SFTP		BPR02 less than 12 characters excluding negative sign.
834	Web Portal	4 MB	
820	Web Portal	4 MB	

4.6 Communication Protocol Specifications

This section describes Nevada Medicaid's communication protocol(s).

- **Secure File Transfer Protocol (SFTP)**: Nevada Medicaid allows Trading Partners to connect to the Nevada Medicaid SFTP server using the SSH private key and assigned user name. There is no password for the connection.
- **Nevada Medicaid Provider Web Portal**: Nevada Medicaid allows Trading Partners to connect to the Nevada Medicaid Provider Web Portal. Refer to the Trading Partner User Guide for instructions.

4.7 Passwords

Trading Partners must adhere to Nevada Medicaid's use of passwords. Trading Partners are responsible for managing their own data. Each Trading Partner must take all necessary precautions to ensure that they are safeguarding their information and sharing their data (e.g., granting access) only with users and entities who meet the required privacy standards. It is equally important that Trading Partners know who on their staff is linked to other providers or entities, in order to notify those entities whenever they remove access for that person in your organization(s).

5 Contact Information

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

5.1 EDI Customer Service

This section contains detailed information concerning EDI Customer Service, especially contact numbers.

Most questions can be answered by referencing materials posted on the Nevada Medicaid website at https://www.medicaid.nv.gov.

If you have questions related to the Nevada Medicaid 834 transaction, you may contact the EDI Help Desk at (877) 638-3472 options 2, 0, then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays, or send an email to nvmmis.edisupport@gainwelltechnologies.com.

5.2 EDI Technical Assistance

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

The Nevada Medicaid EDI Help Desk can help with connectivity issues or transaction formatting issues at (877) 638-3472 options 2, 0, then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays, or send an email to nvmmis.edisupport@gainwelltechnologies.com.

Please have your 8-digit Trading Partner ID available. Trading Partners should have this number available each time they contact the Nevada Medicaid EDI Help Desk.

For written correspondence:

Nevada Medicaid
PO Box 30042
Reno, Nevada 89520-3042

5.3 Customer Service/Provider Enrollment

This section contains information for contacting Customer Service and Provider Enrollment.

Customer Service should be contacted instead of the EDI Help Desk for questions regarding claim status information and provider enrollment.

Customer Service

- Phone: (877) 638-3472 (select option 2, option 0 and then option 2)
- Billing Manual can be found at: https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_General.pdf

Provider Enrollment

- Phone: (877) 638-3472 (select option 2, option 0 and then option 5)
- E-mail: nv.providerapps@gainwelltechnologies.com (license updates and voluntary terminations only)

- Provider Enrollment Information Booklet can be found at: https://www.medicaid.nv.gov/Downloads/provider/NV_Provider_Enrollment_Information_Booklet.pdf

5.4 Applicable Websites/Email

This section contains detailed information about useful websites.

- Accredited Standards Committee (ASC X12): ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org.
- Accredited Standards Committee (ASC X12N): ASC X12N develops and maintains X12 EDI and XML standards, standards interpretations, and guidelines as they relate to all aspects of insurance and insurance-related business processes. www.x12.org.
- American Dental Association (ADA): Develops and maintains a standardized data set for use by dental organizations to transmit claims and encounter information. www.ada.org.
- American Hospital Association Central Office on ICD-10-CM/ICD-10-PCS (AHA): This site is a resource for the International Classifications of Diseases, 10th edition, Clinical Modification (ICD-10-CM) codes, used for reporting patient diagnoses and (ICD-10-PCS) for reporting hospital inpatient procedures. www.ahacentraloffice.org.
- American Medical Association (AMA): This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. www.ama-assn.org.
- Centers for Medicare & Medicaid Services (CMS): CMS is the unit within HHS that administers the Medicare and Medicaid programs. Information related to the Medicaid HIPAA Administrative Simplification provision, along with the Electronic Health-Care Transactions and Code Sets, can be found at https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/.

  This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system.
- Committee on Operating Rules for Information Exchange (CORE): A multi-phase initiative of Council for Affordable Quality Healthcare, CORE is a committee of more than 100 industry leaders who help create and promulgate a set of voluntary business rules focused on improving physician and hospital access to electronic patient insurance information at or before the time of care. www.caqh.org/CORE_overview.php.
- Council for Affordable Quality Healthcare (CAQH): A nonprofit alliance of health plans and trade associations, working to simplify healthcare administration through industry collaboration on public-private initiatives. Through two initiatives – the Committee on Operating Rules for Information Exchange and Universal Provider Datasource, CAQH aims to reduce administrative burden for providers and health plans. www.caqh.org.
- Designated Standard Maintenance Organizations (DSMO): This site is a resource for information about the standard-setting organizations and transaction change request system. https://www.cms.gov/priorities/key-initiatives/burden-reduction/administrative-simplification/hipaa/standard-setting-related-organizations

- Health Level Seven (HL7): HL7 is one of several ANSI-accredited Standards Development Organizations (SDOs), and is responsible for clinical and administrative data standards. www.hl7.org.
- Healthcare Information and Management Systems (HIMSS): An organization exclusively focused on providing global leadership for the optimal use of IT and management systems for the betterment of health care. www.himss.org.
- National Committee on Vital and Health Statistics (NCVHS): The National Committee on Vital and Health Statistics was established by Congress to serve as an advisory body to the Department of Health and Human Services on health data, statistics, and national health information policy. www.ncvhs.hhs.gov.
- National Council of Prescription Drug Programs (NCPDP): The NCPDP is the standards and codes development organization for pharmacy. www.ncpdp.org.
- National Uniform Billing Committee (NUBC): NUBC is affiliated with the American Hospital Association. It develops and maintains a national uniform billing instrument for use by the institutional health-care community to transmit claims and encounter information. www.nubc.org.
- National Uniform Claim Committee (NUCC): NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health-care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy. www.nucc.org.
- Nevada Department of Health and Human Services (DHHS) Division of Health Care Financing and Policy (DHCFP): The DHCFP website assists with policy questions: dhcfp.nv.gov and this website assists providers with billing and enrollment support: www.medicaid.nv.gov.
- Office for Civil Rights (OCR): OCR is the office within the Department of Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa.
- United States Department of Health and Human Services (HHS): The DHHS website is a resource for the Notice of Proposed Rule Making, rules, and their information about HIPAA. www.aspe.hhs.gov/admnsimp.
- Washington Publishing Company (WPC): WPC is a resource for HIPAA-required transaction technical report type 3 documents and code sets. www.wpc-edi.com.
- Workgroup for Electronic Data Interchange (WEDI): WEDI is a workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org.

6 Control Segments/Envelopes

The page numbers listed below in each of the tables represent the corresponding page number in the X12N 834 HIPAA Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer
TA1 – Interchange Acknowledgement

6.1 ISA-IEA

This section describes Nevada Medicaid's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

To promote efficient, accurate electronic transaction processing, please note the following Nevada Medicaid specifications:

- Each Trading Partner is assigned a unique Trading Partner ID
- All dates are in the CCYYMMDD format, with the exception of the ISA09 which is YYMMDD
- All date/times are in the CCYYMMDDHHMM format
- Nevada Medicaid Payer ID is NVMED
- Only one ISA/IEA will be present within a logical file

Transactions transmitted during a session or as a batch are identified by an ISA header segment and IEA trailer segment, which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification. The tables below represent the interchange envelope information.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.4		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00	2	
C.4		ISA02	Authorization Information		10	Space fill
C.4		ISA03	Security Information Qualifier	00	2	
C.4		ISA04	Security Information		10	Space fill

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.4		ISA05	Interchange ID Qualifier	ZZ	2	
C.4		ISA06	Interchange Sender ID	NVMED	15	NV Medicaid Trading Partner ID, left justified and space filled.
C.5		ISA07	Interchange ID Qualifier	ZZ	2	
C.5		ISA08	Interchange Receiver ID		15	8-digit Trading Partner ID supplied by Nevada Medicaid, left justified, and space filled.
C.5		ISA09	Interchange Date		6	Format is YYMMDD
C.5		ISA10	Interchange Time		4	Format is HHMM
C.5		ISA11	Repetition Separator	^	1	The repetition separator is a delimiter and not a data element. It is used to separate repeated occurrences of a simple data element or a composite data structure.
C.5		ISA12	Interchange Control Version Number	00501	5	
C.5		ISA13	Interchange Control Number		9	This will be identical to the value in the IEA02.
C.6		ISA14	Acknowledgement Requested	0	1	
C.6		ISA15	Interchange Usage Indicator	T, P	1	P = Production Data T = Test Data
C.6		ISA16	Component Element Separator	:	1	The component element separator is a delimiter and not a data element. It is used to separate component data elements within a composite data structure.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups		1/5	Number of included Functional Groups.
C.10		IEA02	Interchange Control Number		9	The control number assigned by the interchange sender. This will be identical to the value in the ISA13.

6.2 GS-GE

This section describes Nevada Medicaid's use of the functional group control segments.

It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Nevada Medicaid will send functional groups. These discussions will describe how similar transaction sets will be packaged and Nevada Medicaid's use of functional group control numbers. The tables below represent the functional group information.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS01	Functional Identifier code	BE	2	
C.7		GS02	Application Sender's Code	NVMED	5	NV Medicaid Trading Partner ID.
C.7		GS03	Application Receiver's Code			The 8-digit Trading Partner ID.
C.7		GS04	Functional Group Creation Date		8	Format = CCYYMMDD
C.8		GS05	Functional Group Creation Time		6	Format = HHMMSS
C.8		GS06	Group Control Number		9	This will be identical to the value in the GE02.
C.8		GS07	Responsible Agency Code	X	1	
C.8		GS08	Version/Release/Industry Identifier Code		12	005010X220A1

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included		1/6	Number of included Transaction Sets.
C.9		GE02	Group Control Number		1/9	This will be identical to the value in the GS06.

6.3 ST-SE

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

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments).

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
70		ST	Transaction Set Header			
70		ST01	Transaction Set Identifier Code	834	3	
70		ST02	Transaction Set Control Number		4/9	This will be identical to the value in the SE02.
70		ST03	Implementation Convention Reference		12	005010X220A1 This will be Identical to the value in the GS08.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
496		SE	Transaction Set Trailer			
496		SE01	Transaction Segment Count		1/10	Total number of segments included in a transaction set including ST and SE segments.
496		SE02	Transaction Set Control Number		4/9	This will be Identical to the value in the ST02.

7 Nevada Medicaid Specific Business Rules and Limitations

This section describes Nevada Medicaid's specific business rules and limitations for the 834 Benefit Enrollment and Maintenance transaction.

Before receiving electronic benefit enrollment and maintenance transactions from Nevada MMIS, please review the appropriate HIPAA Technical Report Type 3 (TR3) Implementation Guide and Nevada Medicaid Companion Guide.

7.1 834 Availability

Daily Files

- Daily files include members which have a maintenance type code of "021 = Addition" or "002 = Historied or Void" or "024 = Cancellation or Termination." The maintenance type code of "024" is reported if there is a date of death or if the recipient's eligibility has been historied. The daily file created out of the monthly cycle will report code of "024" if the recipient has something updated since the last monthly file was generated.
- Daily files are made available to the Trading Partner each evening.

Note: Daily files are generated if DHCFP has updates for a recipient enrolled in a Managed Care Organization. If no updates are performed, then no enrollment file will be generated and made available to the MCO.

Monthly Files

- Monthly files include members which have a maintenance type code of "001 = Change," "021 = Addition" or "024 = Cancellation or Termination."
- Monthly files run on the last Wednesday of the month, minus 3 days. Monthly files will be made available to the Trading Partner on the Monday following, by noon Pacific Time.

Example: The last Wednesday in the month of June 2019 is the 26th. If you subtract 3 days, the monthly file will be generated on Sunday, June 23, and made available to the Trading Partner on Monday, June 24.

7.2 Logical File Structure

There will only be one interchange (ISA/IEA) per logical file. The interchange can contain multiple functional groups (GS/GS) however; the functional groups must be the same type

7.3 Compliance Checking

Outbound 834 transactions are validated through Strategic National Implementation Process (SNIP) Level 4 before they are delivered. Refer to Appendix C for a list of SNIP Level 4 edits.

7.4 Language Codes

The 834 transaction includes the ISO 639 language codes. The codes are sent in the LUI02 segment, loop 2100A with LUI01 as LE.

7.5 ST/SE and ISA/ISE Envelopes

Additions, cancellations and audits are each listed in their own, separate ST/SE envelope. All three groups are contained in one ISA/ISE envelope. The intent of this structure is to clearly identify enrollment changes. Recipients who appear on the addition list will also appear on the audit list because they are participants for that month and they are new additions.

7.6 Multiple Detail Information

When there is a change to the member Eligibility and Managed Care Assignment on the same day, the 2000, 2100A, 2100G and 2300 loops will repeat.

Here are some examples where multiple occurrences would be sent:

Example_1: Recipient Managed Care assignment is retro end dated, and a new Managed Care Assignment is added on the same day.

a. Recipient has existing Eligibility and Aid Category, effective 10-01-2018 to 12-31-2299
b. Recipient Eligibility and Aid Category is retro end dated to 12-31-2018
c. Recipient has existing Managed Care Assignment, effective 10-01-2018 to 12-31-2299
d. Recipient Managed Care Assignment is retro end dated to 12/31/2018
e. On the same day, Recipient Eligibility and Aid Category is added, effective date of 2-1-2019 to 12-31-2299 EOT (end of time)
f. On the same day, Recipient Managed Care Assignment is added, effective 2-1-2019 to 12/31/2299 EOT (end of time)

Expected Results:
The first occurrence of the 2000 and 2300 loops will contain an “024” maintenance code.
The second occurrence of the 2000 and 2300 loops will contain an “021” maintenance code.

2000 loop (first occurrence)

Maintenance Code	356 (Effective date)	357 (End date)
024	10/1/2018	12/31/2018

2300 loop (first occurrence)

Maintenance Code	348 (Effective date)	349 (End date)
024	10/1/2018	12/31/2018

2000 loop (second occurrence)

Maintenance Code	356 (Effective date)	357 (End date)
021	2/1/2019	No 357 is sent

2300 loop (second occurrence)

Maintenance Code	348 (Effective date)	349 (End date)
021	2/1/2019	No 349 is sent

Example_2: Recipient has Managed Care Eligibility and Assignments with gaps/breaks in coverage dates with different aid categories, added on the same day for the same MCO.

Different Aid Categories:

a. Recipient Eligibility is added with Aid Code Category **CH5**: 10/01/2018 – 12/31/2018
Recipient Managed Care Assignment is added from 10-1-2018 to 12-31-2018

b. Recipient Eligibility is added with Aid Code Category **AM15**: 02/01/2019 – 04/30/2019
Recipient Managed Care Assignment is added from 02-01-2019 to 04/30/2019

c. Recipient Eligibility is added with Aid Code Category **AM5**: 06/01/2019 – 12/31/2299
Recipient Managed Care Assignment is added from 06/01/2019 to 12/31/2299

Expected Results:
The first, second and third occurrence of the 2000 and 2300 loops will contain an "021" maintenance code.

2000 loop (first occurrence)

Maintenance Code	356 (Effective date)	357 (End date)	AC
021	10/1/2018	12/31/2018	CH5

2300 loop (first occurrence)

Maintenance Code	348 (Effective date)	349 (End date)	AC
021	10/1/2018	12/31/2018	CH5

2000 loop (second occurrence)

Maintenance Code	356 (Effective date)	357 (End date)	AC
021	2/1/2019	4/30/2019	AM15

2300 loop (second occurrence)

Maintenance Code	348 (Effective date)	349 (End date)	AC
021	2/1/2019	4/30/2019	AM15

2000 loop (third occurrence)

Maintenance Code	356 (Effective date)	357 (End date)	AC
021	6/1/2019	no 357 is sent	AM5

2300 loop (third occurrence)

Maintenance Code	348 (Effective date)	349 (End date)	AC
021	6/1/2019	no 349 is sent	AM5

Note: For multiple occurrence examples, refer to Appendix D.

7.7 Historied Assignment vs One Day Assignment

To differentiate one-day assignments from historied assignments:

- The 834-file will generate maintenance code **002 (new)** for a HISTORIED Managed Care assignment on the 2300 loop and maintenance code 024 for the eligibility on the 2000 loop.
- The 834-file will generate maintenance code 024 on the 2000 loop and the 2300 loop for a TERMINATED ONE-DAY assignment.

Here are some examples where historied occurrences would be sent:

Example_1: The recipient has active current Managed Care assignment and history past assignment with NO gap/breaks in coverages dates.

a. Recipient has current eligibility effective 05/01/2020 to 12/31/2299 end of time (EOT).
b. Recipient had past eligibility effective 02/01/2020 to 04/30/2020 no gap between the current eligibility and this eligibility.
c. Recipient has current Managed Care assignment effective 05/01/2020 to 12/31/2299 end of time (EOT).
d. Recipient had past Managed Care assignment effective 02/01/2020 to 04/30/2020 no gap between the current assignment and this assignment.
e. The recipient past eligibility effective 02/01/2020 to 04/30/2020 is historied.
f. The daily Managed Care Cycle is run.
g. The recipient past Managed Care assignment effective 02/01/2020 to 04/30/2020 is historied.
h. The recipient current Managed Care assignment effective 05/01/2020 to 12/31/2299 end of time (EOT) is still active.

Expected Results:

The first occurrence of the 2000 loop will contain an “024” and the 2300 loop will contain an “002” maintenance code.

The second occurrence of the 2000 and 2300 loops will contain an “001” maintenance code.

2000 loop (first occurrence)		
Maintenance Code	356 (Effective date)	357 (End date)
024	2/1/2020 (because historied)	2/1/2020 (because historied)
2300 loop (first occurrence)		
Maintenance Code	348 (Effective date)	349 (End date)
002	2/1/2020 (because historied)	2/1/2020 (because historied)
2000 loop (second occurrence)		
Maintenance Code	356 (Effective date)	357 (End date)
001	5/1/2020	No 357 is sent
2300 loop (second occurrence)		
Maintenance Code	348 (Effective date)	349 (End date)
001	5/1/2020	No 349 is sent

Example_2: The recipient current active Managed Care assignment is historied with gap/breaks in coverages dates.

a. Recipient has current eligibility effective 6/1/2020 to 12/31/2299 end of time (EOT).
b. Recipient had past eligibility effective 12/1/2019 to 4/30/2020 gap between the current eligibility and this eligibility.
c. Recipient has current Managed Care assignment effective 6/1/2020 to 12/31/2299 end of time (EOT).
d. Recipient had past Managed Care assignment effective 12/1/2019 to 4/30/2020 gap between the current assignment and this assignment.
e. The Recipient current eligibility effective 6/1/2020 to 12/31/2299 end of time (EOT) is historied.
f. The daily Managed Care Cycle is run.
g. The Recipient current Managed Care assignment effective 6/1/2020 to 12/31/2299 end of time (EOT) is historied.

Expected Results:

The first occurrence of the 2000 loop will contain an “024” and the 2300 loop will contain an “002”maintenance code.

2000 loop (first occurrence)		
Maintenance Code	356 (Effective date)	357 (End date)
024	6/1/2020 (because historied)	6/1/2020 (because historied)
2300 loop (first occurrence)		
Maintenance Code	348 (Effective date)	349 (End date)
002	6/1/2020 (because historied)	6/1/2020 (because historied)

Here is an example of where one-day occurrence would be sent:

Example_3: The recipient Managed Care assignment effective date is the same date as the date of death: One-day Assignment.

a. The recipient has eligibility effective 5/7/2020 to 12/31/2299 end of time (EOT).
b. The recipient has Managed Care assignment effective 5/7/2020 to 12/31/2299 end of time.
c. The recipient DOD is added 5/7/2020.
d. The recipient eligibility is end dated 5/7/2020.
e. The daily Managed Care Cycle is run.
f. The recipient Managed Care assignment effective 5/7/2020 is end dated 5/7/2020.

Expected Results:

The first occurrence of the 2000 and 2300 loops will contain an “024” maintenance code.

2000 loop (first occurrence)		
Maintenance Code	356 (Effective date)	357 (End date)
024	5/7/2020	5/7/2020
2300 loop (first occurrence)		

Maintenance Code	348 (Effective date)	349 (End date)
024	5/7/2020	5/7/2020

Note: For Historied vs One-day occurrence examples, refer to Appendix D.

8 Acknowledgements and/or Reports

The 834 is an outbound transaction and there are no associated responses.

8.1 Report Inventory

There are no acknowledgement reports at this time.

9 Trading Partner Agreements

Trading Partners who intend to conduct electronic transactions with Nevada Medicaid must agree to the terms of the Nevada Medicaid Trading Partner Agreement.

An EDI Trading Partner is defined as any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that conducts electronic transactions with Nevada Medicaid. The Trading Partner and Nevada Medicaid acknowledge and agree that the privacy and security of data held by or exchanged between them is of utmost priority. Each party agrees to take all steps reasonably necessary to ensure that all electronic transactions between them conform to all HIPAA regulations.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

A copy of the agreement is available on the Nevada Medicaid EDI webpage at https://www.medicaid.nv.gov/providers/edi.aspx.

10 Transaction Specific Information

This section describes how ASC X12N TR3 Implementation Guides adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Nevada Medicaid has something additional, over and above, the information in the TR3s. That information can:

- Limit the repeat of loops or segments
- Limit the length of a simple data element
- Specify a sub-set of the TR3 internal code listings
- Clarify the use of loops, segments, composite, and simple data elements
- Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with Nevada Medicaid

In addition to the row for each segment, one or more additional rows are used to describe Nevada Medicaid's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

10.1 Benefit Enrollment and Maintenance (834)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
32		BGN	Beginning Segment			
32		BGN01	Transaction Set Purpose Code	00	2	
33		BGN02	Transaction Set Identifier Code		1/50	
33		BGN03	Date		8/8	CCYYMMDD format
33		BGN04	Time		4/8	HHMM format
33-34		BGN05	Time Zone Code		2	
35		BGN08	Action Code		1	2 = Used to identify a transaction of additions, terminations and changes to the current enrollment 4 = Used to identify a transaction to verify that the sponsor and payer systems are synchronized

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
36		REF	Transaction Set Policy Number			
36		REF01	Reference Identification Qualifier	38	2	
36		REF02	Reference Identification		10	10-digit MCO Atypical Provider Identifier
37		DTP	DTP – File Effective Date			
37		DTP01	Date/Time Qualifier		3/3	
37		DTP02	Date Time Period Format Qualifier	D8	2	
37		DTP03	Date Time Period		8	CCYYMMDD format
38		QTY	Transaction Set Control Totals			
38		QTY01	Quantity Qualifier	DT, ET, TO	2/2	DT = Dependent Total ET = Employee Total TO = Total
38		QTY02	Quantity		1/15	
39	1000A	N1	Sponsor Name			
39	1000A	N102	Plan Sponsor Name			Division of Health Care Financing and Policy
40	1000A	N103	Identification Code Qualifier	FI	2	
40	1000A	N104	Sponsor Identifier		9	'840644739'
41	1000B	N1	Payer Name			
41	1000B	N102	Insurer Name		1/60	Provider's Name
42	1000B	N103	Identification Code Qualifier	FI	2	
42	1000B	N104	Insurer Identification Code		10	Provider's Federal Tax ID Number
47	2000	INS	Member Level Detail			Refer to section 7.6 for multiple detail information.
48	2000	INS01	Subscriber Indicator	Y	1	Y = Yes
48-49	2000	INS02	Individual Relationship Code	18	2	18 = Self

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
49	2000	INS03	Maintenance Type Code	001, 021, 024, 030	3	001 = Change (to be used like code 030) 021 = Additions 024 = Cancellations 030 = Audit records These will occur in separate ST/SE envelope groups. A maximum of 10,000 INS segments can occur in one ST/SE envelope.
49-51	2000	INS04	Maintenance Reason Code	07, 25, 27, 28, 33, 41, 43, AI, XN	2	07 = Termination of Benefits 25 = Change in Identifying Data Elements 27 = Pre-Enrollment 28 = Initial Enrollment 33 = Personnel Data 41 = Re-enrollment 43 = Change of Location AI = No Reason Given XN = Notification Only
51	2000	INS05	Benefit Status Code	A	1	A = Active
51-52	2000	INS06-1	Medicare Plan Code	A-E	1	A = Medicare Part A B = Medicare Part B C = Medicare Part A and B D = Medicare E = No Medicare
52	2000	INS08	Employment Status Code	AC	2/2	AC = Active
53	2000	INS11	Date Time Period Format Qualifier	D8	2	CCYYMMDD format
54	2000	INS12	Member Date of Death		8	CCYYMMDD format
55	2000	REF	Subscriber Identifier			
55	2000	REF01	Reference Identification Qualifier	0F	2	0F = Subscriber Number

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
55	2000	REF02	Subscriber Identifier			11-digit Nevada Medicaid Recipient ID.
56	2000	REF	Member Policy Number			
56	2000	REF01	Reference Identification Qualifier	1L	2	1L= Group or Policy Number
56	2000	REF02	Member Group or Policy Number			Assignment plan description
57	2000	REF	Member Supplemental Identifier			
57	2000	REF01	Reference Identification Qualifier	17, 3H, Q4, 60, ZZ		17 = Client reporting category 3H = Case Number Q4 = Prior Identifier Number 60 = Cross reference Number ZZ = Demographic Data
58	2000	REF02	Subscriber Identifier			REF01 = 17, this value will contain the Aid Category Codes. REF01 = ZZ, this value will contain the following: Redetermination Date = CCYYMMDD format Termination Reason – See Appendix F Switch Reason – See Appendix G Enrollment Source – See Appendix H Text Consent Indicator Y = Yes N = No 9 = no value

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
59	2000	DTP	Member Level Dates			This occurrence of the DTP segment can repeat multiple times.
60	2000	DTP01	Date Time Period Qualifier		3/3	
60	2000	DTP03	Date Time Period		8	CCYYMMDD format
62	2100A	NM1	Member Name			
62-63	2100A	NM101	Entity Identifier Code	IL	2	
63	2100A	NM102	Entity Type Qualifier	1	1	
63	2100A	NM103	Subscriber Last Name		1/60	Recipient Last Name
63	2100A	NM104	Subscriber First Name		1/35	Recipient First Name
63	2100A	NM105	Subscribers Middle Name		1	Recipient Middle Initial
63	2100A	NM107	Subscribers Suffix Name		1/10	Recipient Suffix
64	2100A	NM108	Identification Code Qualifier	34	2	34 = SSN
64	2100A	NM109	Member Identifier		9	
65	2100A	PER	Member Communications Numbers			
66	2100A	PER03	Communication Number Qualifier	TE	2/2	TE = Telephone
66	2100A	PER04	Communication Number		1/256	
66	2100A	PER05	Email Qualifier	EM	2/2	EM = Email
66	2100A	PER06	Email		1/256	
68	2100A	N3	Member Residence Street Address			
68	2100A	N301	Subscriber Address		1/55	
68	2100A	N302	Subscriber Address (Line 2)		1/55	
69	2100A	N4	Member City, State, Zip Code			
69	2100A	N401	Subscriber City		2/30	
69	2100A	N402	Subscriber State		2	
70	2100A	N403	Subscriber Zip Code		9	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
70	2100A	N405	Location Qualifier	CY	2	CY = County/Parish
70	2100A	N406	Location Identifier			001 = CHURCHILL 002 = CLARK 003 = DOUGLAS 004 = ELKO 005 = ESMERALDA 006 = EUREKA 007 = HUMBOLDT 008 = LANDER 009 = LINCOLN 010 = LYON 011 = MINERAL 012 = NYE 013 = CARSON CITY 014 = PERSHING 015 = STOREY 016 = WASHOE 017 = WHITE PINE 995 = OUT OF STATE 997 = CENTRAL OFF
71	2100A	DMG	Member Demographics			
71	2100A	DMG01	Date Qualifier	D8	2/3	D8
71	2100A	DMG02	Member Birth Date		8	CCYYMMDD format
72	2100A	DMG03	Gender Code	F, M, U	1	F= Female M= Male U= Unknown
72	2100A	DMG04	Marital Status Code	B, D, I, M, R, S, U, W, X	1	B = Registered Domestic Partner D = Divorced I = Single M = Married R = Unreported

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						S = Separated U = Unmarried W = Widowed X = Legally Separated
72-73	2100A	DMG05-1	Race or Ethnicity Code	A, B, D, E, F, H, I, N, O, P	1	A = Asian or Pacific Islander B = Black D = Subcontinent Asian American E = Other Race or Ethnicity F= Asian Pacific American H = Hispanic I = American Indian or Alaskan Native N = Black(Non-Hispanic) O = White(Non-Hispanic) P = Pacific Islander
74	2100A	DMG06	Citizenship Status Code	1, 2, 3, 4, 5, 6, 7	1	1 = U.S. Citizen 2 = Non-Resident Alien 3 = Resident Alien 4 = Illegal Alien 5 = Alien 6 = U.S. Citizen - Non-Resident 7 = U.S. Citizen - Resident
79-80	2100A	ICM	Member Income			
79	2100A	ICM01	Member Income Frequency Code	4	1	4 = Monthly
80	2100A	ICM02	Member Income Amount			11 characters, including decimal
84	2100A	LUI	Member Language			

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
84	2100A	LUI01	Identification Code Qualifier	LE	2	LE = ISO 639 Language codes
85	2100A	LUI02	Language Code	AR, ZH, DE, EN, FR, IT, JA, KM, KO, KU, LO, PL, PT, RU, SO, ES, TL, VI	3	AR = Arabic ZH = Chinese DE = German EN = English FR = French IT = Italian JA = Japanese KM = Central Khmer KO = Korean KU = Kurdish LO = Lao PL = Polish PT = Portuguese RU = Russian SO = Somali ES = Spanish; Castilian TL = Tagalog VI = Vietnamese
86	2100B	NM1	Incorrect Member Name			
86	2100B	NM101	Entity Identifier Code	70	2	
87	2100B	NM103	Prior Incorrect Last Name		1/60	
87	2100B	NM104	Prior Incorrect First Name		1/35	
87 -88	2100B	NM108	Identification Code Qualifier	34	2	
88	2100B	NM109	Prior Incorrect Insured Identifier		9	SSN
89	2100B	DMG	Incorrect Member Demographics			
89	2100B	DMG01	Date Qualifier	D8	2	
90	2100B	DMG02	Member Birth Date		8	CCYYMMDD format
90	2100B	DMG03	Gender Code	M, F, U	1	

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
92	2100C	NM1	Member Mailing Address			
92	2100C	NM101	Entity Identifier Code	31	2	31= Postal Mailing address
92	2100C	NM102	Entity Type Qualifier	1	1	1 = Person
94	2100C	N3	Member Mail Street Address			
94	2100C	N301	Member Mailing Address		1/55	
94	2100C	N302	Additional Member Mailing Address		1/55	
95	2100C	N4	Member City, State, Zip Code			
95	2100C	N401	Member Mailing City		2/30	
95	2100C	N402	Member Mailing State		2	
96	2100C	N403	Member Mailing Zip Code		5/9	
122	2100G	NM1	Responsible Person			
123-124	2100G	NM101	Entity Identifier Code	QD	2	QD= Responsible party
124	2100G	NM102	Entity Type Qualifier	1	1	1 = Person
124	2100G	NM103	Responsible Party Last Name		1/60	
124	2100G	NM104	Responsible Party First Name		1/35	
124	2100G	NM105	Responsible Party Middle Initial Name		1	
125	2100G	NM107	Responsible Party Suffix		1/10	
126	2100G	NM108	Identification code qualifier	34	2	
126	2100G	NM109	Identification code		9	SSN
137-138	2200	DSB	Disability Information			
137	2200	DSB01	Disability Type Code	1, 2, 3, 4	1	1 = Short Term Disability 2 = Long Term Disability 3 = Permanent or Total Disability 4 = No Disability
139	2200	DTP	Disability Eligibility Dates			Disability Period Start and End

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
139	2200	DTP01	Disability Eligibility Date	360, 361	3	360 = Period Start 361 = Period End
139	2200	DTP02	Disability Date Qualifier	D8	2	D8 = Date expressed in format CCYYMMDD
139	2200	DTP03	Disability Eligibility Date		8	(CCYYMMDD)
140	2300	HD	Health Coverage			
140-141	2300	HD01	Maintenance Type Code		3/3	Maintenance Type Codes: 001, 002, 021, 024, 025, 026, 030, 032.
141	2300	HD03	Insurance Line Code	See the Notes / Comments column		Insurance Line Codes: AG, AH, AJ, AK, DCP, DEN, EPO, FAC, HE, HLT, HMO, LTC, LTD, MM, MOD, PDG, POS, PPO, PRA, STD, UR, VIS.
			Health Maintenance Organization	HMO	3	HMO = Health Maintenance Organization
141	2300	HD04	Plan Coverage Description		1/50	Benefit Plan package code
143	2300	DTP	Health Coverage Dates			This occurrence of the DTP segment can repeat multiple times.
143	2300	DTP01	Date Time Qualifier			Date/Time Qualifiers: 300, 303, 343, 348, 349, 543, 695.
144	2300	DTP02	Date Time Period Qualifier	D8 RD8	2/3	D8= Date expressed in format CCYYMMDD RD8= Range of dates expressed in format CCYYMDD-CCYYMMDD
144	2300	DTP03	Date Time Period			
153	2310	NM1	Provider Name			This loop is only reported for the Transportation MCO.

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
153-154	2310	NM101	Entity Identifier Code			Entity Identifier Codes: 1X, 3D, 80, FA, OD, P3, QA, QN, Y2.
154	2310	NM102	Entity Type Qualifier	1, 2	1	
154	2310	NM108	Identification Code Qualifier	SV, XX	2	
154	2310	NM109	Identification Code		10	
155	2310	NM110	Entity Relationship Code	72	2	72= Unknown
156	2310	N3	Provider Address			
156	2310	N301	Provider Address Information		1/55	
156	2310	N302	Provider Address Information		1/55	
157	2310	N4	Provider City, State, Zip Code			
157	2310	N401	City Name		2/30	
157	2310	N402	State		2	
158	2310	N403	Zip Code		5 or 9	
159	2310	PER	Provider Communications Numbers			
160	2310	PER03	Communication Number Qualifier		2	Communication Number Qualifiers: AP, BN, CP, EM, EX, FX, HP, TE, WP.
160	2310	PER04	Communication Number		10	
162	2310	PLA	Provider Change Reason			
162	2310	PLA01	Action Code	2	1/2	
162	2310	PLA02	Entity Identifier	1P	2/3	
162	2310	PLA03	Date		8/8	(CCYYMMDD)
163	2310	PLA05	Maintenance Reason Code		2/3	
164	2320	COB	Coordination of Benefits			
164	2320	COB01	Payer Responsibility Sequence Number Code	U		U = Unknown

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
164-165	2320	COB03	Coordination of Benefits Code	1, 5, 6	1	
165	2320	COB04	Service Type Code	1, 35, 48, 50, 54, 89, 90, A4, AG, AL, BB	1/2	1=Medical 35=Dental Care 48=Hospital (Inpatient) 50=Hospital (Outpatient) 54=Long Term Care 89=Free Standing Prescription Drug 90=Mail Order Prescription Drug A4=Psychiatric AG=Skilled Nursing Care AL=Vision (Optometry) BB=Partial Hospitalization (Psychiatric)
166	2320	REF	Additional Coordination of Benefits Identifiers			
166	2320	REF01	Reference Identification	60, 6P		
167	2320	REF02	Reference Identification		1/50	
168	2320	DTP	Coordination of Benefits Eligibility Dates			This occurrence of the DTP segment can repeat multiple times.
168	2320	DTP01	Date Time Qualifier	344, 345	3	344= Begin 345= End
168	2320	DTP03	Coordination of Benefits Date		8	(CCYYMMDD)
169	2330	NM1	Coordination of Benefits Related Entity			
169	2330	NM101	Entity Identifier Code	GW, IN	2/3	GW = Group IN = Insurer

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
170	2330	NM102	Entity Type Qualifier	2	1	
170	2330	NM103	Name Last or Organization Name		1/60	
170	2330	NM108	Identification Code Qualifier	NI	2	NI = National Association of insurance commissioners identification
170	2330	NM109	Identification Code		2/80	
174	2330	PER	Administrative Communications Contact			
174	2330	PER01	Contact Function Code	CN	2/2	CN=General Contact
175	2330	PER03	Communication Number Qualifier	TE	2/2	TE=Telephone
175	2330	PER04	Communication Number			
177	2710	LX	Member Reporting Categories			
177	2710	LX01	Assigned Number		1/6	
179	2750	REF	Reporting Category Reference			
179	2750	REF01	Reference Identification Qualifier		2/3	
180	2750	REF02	Reference Identification		1/50	

Appendix A: Aid Code/Description

MCO MEDICAID
AM5 / TANF MEDICAID
AM55 / TANF MEDICAID - OBRA BABY
AMA / TANF MEDICAID
AMP / TANF MEDICAID
AO5 / AGED OUT FOSTER CHILD
CH5 / CHAP
CH55 / CHAP - OBRA BABY
CHA / CHAP
CHG / POSTPARTUM SERVICES
CHP / CHAP
CH4P / CHAP4
CHO / PRESUMPTIVE ELIGIBILITY – PREGNANT WOMEN
CH1P / CH EXPANDED MEDICAID
PM5 / POST MEDICAL DUE TO EXCESS CHILD SUPPORT
PM55 / POST MEDICAL - OBRA BABY
PMA / POST MEDICAL DUE TO EXCESS CHILD SUPPORT
PMP / POST MEDICAL DUE TO EXCESS CHILD SUPPORT
SN5 / SNEEDE VS. KIZER
SNA / SNEEDE VS. KIZER
SNP / SNEEDE VS. KIZER
TR5 / TRANSITIONAL MEDICAL
TR5A / TRANSITIONAL MEDICAL - OBRA BABY
TRA / TRANSITIONAL MEDICAL
TRP / TRANSITIONAL MEDICAL
AM5A / TANF MEDICAID - OBRA BABY
AO55 / AGED OUT - OBRA BABY
CA55 / OBRA BABY WITH INELIGIBLE ALIEN ADULT
CA5A / OBRA BABY WITH INELIGIBLE ALIEN ADULT
CH5A / CHAP - OBRA BABY
COA1 / CHILD ONLY WITH INELIGIBLE ALIEN ADULT
COA5 / CHILD ONLY WITH INELIGIBLE ALIEN ADULT
COAB / CHILD ONLY WITH INELIGIBLE ALIEN ADULT
COAP / CHILD ONLY WITH INELIGIBLE ALIEN ADULT
COK1 / CHILD ONLY KINSHIP
COK5 / CHILD ONLY KINSHIP
COKB / CHILD ONLY KINSHIP

COKP / CHILD ONLY KINSHIP
CON1 / CHILD ONLY WITH NON-NEEDY CARETAKERS
CON5 / CHILD ONLY WITH NON-NEEDY CARETAKERS
CONB / CHILD ONLY WITH NON-NEEDY CARETAKERS
CONP / CHILD ONLY WITH NON-NEEDY CARETAKERS
COS1 / CHILD ONLY WITH ADULT RECEIVING SSI
COS5 / CHILD ONLY WITH ADULT RECEIVING SSI
COSB / CHILD ONLY WITH ADULT RECEIVING SSI
COSP / CHILD ONLY WITH ADULT RECEIVING SSI
PM5A / POST MEDICAL - OBRA BABY
SN55 / SNEEDE VS. KIZER - OBRA BABY
SN5A / SNEEDE VS. KIZER - OBRA BABY
TR55 / TRANSITIONAL MEDICAL - OBRA BABY

EXPANSION ACA
AM15 / AM EXPANDED MEDICAID
CA5 / CHILDLESS ADULT
CH15 / CH EXPANDED MEDICAID
CH1A / CH EXPANDED MEDICAID

NV CHECK UP
NC5 / CHECK-UP

Appendix B: Implementation Checklist

This appendix contains all necessary steps for receiving 834 files from Nevada Medicaid.

1. Call the Nevada Medicaid EDI Help Desk with any questions at (877) 638-3472 options 2, 0, and then 3 or send an email to nvmmis.edisupport@gainwelltechnologies.com.
2. Check the Nevada Medicaid website at www.medicaid.nv.gov regularly for the latest updates.
3. Review the Trading Partner User Guide which includes enrollment and testing information. This can be found on the EDI webpage at: https://www.medicaid.nv.gov/providers/edi.aspx.
4. Confirm you have completed your Trading Partner Agreement and been assigned a Trading Partner ID.
5. Make the appropriate changes to your systems/business processes to support the updated companion guides. If you use a third party software, work with your software vendor to have the appropriate software installed.
6. Identify the transactions you will be testing:
    - Benefit Enrollment and Maintenance (834)
    - Health Care Premium Payment (820)
7. Schedule a week for the initial test.

Appendix C: SNIP Edit (Compliance)

The Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) recommends seven types of testing to determine compliance with HIPAA. Nevada Medicaid has adopted this through SNIP Level 4 edits. At this level a claim's inter-segment relationships are validated. For example, if element A exists, then element B should be populated.

The following SNIP Level 4 edits are applied to the 834 transaction before being delivered to the Trading Partner:

LOOP	MESSAGE
2000	2100A DMG04 is not used when 2000 INS01 = "N".
2000	2100A DMG06 is not used when 2000 INS01 = "N".
2000	2000 INS03 = "030" when BGN08 = "4"
2000	2000 INS03 = "030" when BGN08 = "RX"
2100A	2100B loop must be present when 2100A NM101 = "74".
2100A	2100A N4 must be present when 2100A N3 used
2100A	2100A N3 must be present when 2100A N4 used
2100D	2100D N4 must be present when 2100D N3 used
2100D	2100D N3 must be present when 2100D N4 used
2100E	2100E N4 must be present when 2100E N3 used
2100E	2100E N3 must be present when 2100E N4 used
2100F	2100F N4 must be present when 2100F N3 used
2100F	2100F N3 must be present when 2100F N4 used
2100G	2100G N4 must be present when 2100G N3 used
2100G	2100G N3 must be present when 2100G N4 used
2100H	2100H N4 must be present when 2100H N3 used
2100H	2100H N3 must be present when 2100H N4 used
2300	2300 HD01 = "030" when BGN08 = "4"
2300	2300 HD01 = "030" when BGN08 = "RX"
2310	2310 N4 must be present when 2310 N3 used
2310	2310 N3 must be present when 2310 N4 used
2330	2330 N4 must be present when 2330 N3 used
2330	2330 N3 must be present when 2330 N4 used

Appendix D: Transmission Examples

This is an example of a batch file that contains one (2) members. For Nevada Medicaid batch files have the ability to loop at the functional group, transaction and hierarchical levels. Each functional group within an interchange has to be the same transaction type.

ISA*00* *00* *ZZ*NVMED *ZZ*TPID1234 *180501*2134*^*00501*100000004*0*T*:
GS*BE*NVMED*TPID1234*20180501*213450*100000004*X*005010X220A1
ST*834*1000*005010X220A1
BGN*00*DAILY 201806 0001*20180501*2134*MT***2
REF*38*1740706985
DTP*007*D8*20180601
QTY*TO*2
N1*P5*DIVISION OF HEALTH CARE FINANCING AND POLICY*FI*840644739
N1*IN*NEVADA DENTAL PLAN OF NEVADA INC*FI*123456789
INS*Y*18*021*28*A*E**AC
REF*0F*99981681682
REF*1L*1740706985
REF*17*CH5
REF*3H*81681600088
DTP*356*D8*20180501
NM1*IL*1*DGKDJKGJK*FDJKFDJ****34*988899999
N3*1243 NANN
N4*CLARK*NV*890060000**CY*002
DMG*D8*19850101*F*U*F
LUI*LE*EN
NM1*QD*1*MKOB*SSRMJ*W***34*222731752
HD*021**DCP*CH5
DTP*348*D8*20180501
INS*Y*18*021*28*A*E**AC
REF*0F*75002298426
REF*1L*1740706985
REF*17*NC5
REF*3H*99881610088
DTP*356*D8*20180201
NM1*IL*1*PPOJJ*KJGG****34*334106921
N3*098
N4*WASHOE*NV*890060000**CY*002
DMG*D8*20080101*F*U*7
LUI*LE*EN
NM1*QD*1*PPOJJ*KJGG****34*334106921
HD*021**DCP*NC5
DTP*348*D8*20180601
SE*36*1000
GE*1*100000004
IEA*1*100000004

These are examples of files which contain multiple detail information.

Example_1: Recipient Managed Care assignment is retro end dated, and a new Managed Care Assignment is added on the same day.

INS*Y*18*024*07*A*E**AC
REF*0F*00000246246
REF*1L*9005052608
REF*17*NC5
REF*3H*11229510088
DTP*356*D8*20181001
DTP*357*D8*20181231
NM1*IL*1*DOE*JOHN****34*197024294
N3*1111 SAMPLE DR
N4*RENO*NV*895120000**CY*016
DMG*D8*20110920*M*I*O
LUI*LE*ES
NM1*QD*1*DOE*JAMES****34*513579710
HD*024**HMO*NC5
DTP*348*D8*20181001
DTP*349*D8*20181231
INS*Y*18*021*28*A*E**AC
REF*0F*00002465254
REF*1L*9005052608
REF*17*NC5
REF*3H*11229510088
DTP*356*D8*20190201
NM1*IL*1*DOE*JOHN****34*197024294
N3*1111 SAMPLE DR
N4*RENO*NV*895120000**CY*016
DMG*D8*20110920*M*I*O
LUI*LE*ES
NM1*QD*1*DOE*JAMES****34*513579710
HD*021**HMO*NC5
DTP*348*D8*20190201

Example_2: Recipient has Managed Care Eligibility and Assignments with gaps/breaks in coverage dates with different aid categories, added on the same day for the same MCO.

INS*Y*18*021*28*A*E**AC
REF*0F*00000384384
REF*1L*9005052608
REF*17*CH5
REF*3H*00038438488
DTP*356*D8*20181001
DTP*357*D8*20181231
NM1*IL*1*VOLKSWAGEN*JETTA****34*658003845
N3*500 POINT VIEW CIRCLE
N4*RENO*NV*895020000**CY*016
DMG*D8*19650906*F*U*H
LUI*LE*EN

NM1*QD*1*VOLKSWAGEN*JETTA****34*658003845
HD*021**HMO*CH5
DTP*348*D8*20181001
DTP*349*D8*20181231
INS*Y*18*021*28*A*E**AC
REF*0F*00000384384
REF*1L*9005052608
REF*17*AM15
REF*3H*00038438488
DTP*356*D8*20190201
DTP*357*D8*20190430
NM1*IL*1*VOLKSWAGEN*JETTA****34*658003845
N3*500 POINT VIEW CIRCLE
N4*RENO*NV*895020000**CY*016
DMG*D8*19650906*F*U*H
LUI*LE*EN
NM1*QD*1*VOLKSWAGEN*JETTA****34*658003845
HD*021**HMO*AM15
DTP*348*D8*20190201
DTP*349*D8*20190430
INS*Y*18*021*28*A*E**AC
REF*0F*00000384384
REF*1L*9005052608
REF*17*AM5
REF*3H*00038438488
DTP*356*D8*20190601
NM1*IL*1*VOLKSWAGEN*JETTA****34*658003845
N3*500 POINT VIEW CIRCLE
N4*RENO*NV*895020000**CY*016
DMG*D8*19650906*F*U*H
LUI*LE*EN
NM1*QD*1*VOLKSWAGEN*JETTA****34*658003845
HD*021**HMO*AM5
DTP*348*D8*20190601

These are examples of files which contain historied assignment.

Example_1: The Recipient has active current Managed Care Assignment and history past assignment with NO gap/breaks in coverages dates.

INS*Y*18*__**024**__*07*A*E**AC
REF*0F*00000715469
REF*1L*9005052590
REF*3H*25018500088
DTP*356*D8*20200201

DTP*357*D8*20200201
NM1*IL*1*GUZMAN*LIBRA****34*546217345
N3*7878 RIO GRANDE
N4*LAS VEGAS*NV*891300000**CY*002
DMG*D8*19850725*F*U*O
LUI*LE*EN
NM1*QD*1*GUZMAN*LIBRA****34*546217345
HD*__002__**HMO
DTP*348*D8*20200201
DTP*349*D8*20200201
INS*Y*18*__001__*AI*A*E**AC
REF*0F*00000715469
REF*1L*9005052590
REF*17*CA5
REF*3H*25018500088
DTP*356*D8*20200501
NM1*IL*1*GUZMAN*LIBRA****34*546217345
N3*7878 RIO GRANDE
N4*LAS VEGAS*NV*891300000**CY*002
DMG*D8*19850725*F*U*O
LUI*LE*EN
NM1*QD*1*GUZMAN*LIBRA****34*546217345
HD*__001__**HMO*CA5
DTP*348*D8*20200501

Example_2: The recipient current active Managed Care assignment is historied with gap/breaks in coverages dates.

INS*Y*18*__024__*07*A*E**AC
REF*0F*00000767234
REF*1L*9005052608
REF*17*AM5
REF*3H*53117500088
DTP*356*D8*20200601
DTP*357*D8*20200601
NM1*IL*1*QUINTO*LEO****34*918624467
N3*2375 MAYER WAY
N4*SPARKS*NV*894310000**CY*016
DMG*D8*19750605*M*U*H
LUI*LE*EN
NM1*QD*1*QUINTO*LEO****34*918624467
HD*__002__**HMO*AM5
DTP*348*D8*20200601
DTP*349*D8*20200601

This is an example of a file which contains one-day assignment.

Example_3: The recipient Managed Care assignment effective date is the same date as the date of death: One-day Assignment.

INS*Y*18***024***07*A*E**AC***D8*20200606
REF*0F*00001234567
REF*1L*9005052590
REF*17*CH5
REF*3H*12345600088
DTP*356*D8*20200606
DTP*357*D8*20200606
NM1*IL*1*TEST*JAKE****34*000124321
PER*IP**TE*7025961234
N3*1234 PURPLE CT
N4*LAS VEGAS*NV*891130000**CY*002
DMG*D8*20200606*F*I*E
LUI*LE*ZH
NM1*QD*1*TEST*JANE****34*680123456
HD***024****HMO*CH5
DTP*348*D8*20200606
DTP*349*D8*20200606

Appendix E: Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to Nevada Medicaid and its providers.

Q: As a Trading Partner or clearinghouse, who should I contact if I have questions about testing, specifications, Trading Partner enrollment or if I need technical assistance with electronic submission?

A: After visiting the Nevada Medicaid EDI webpage located at: https://www.medicaid.nv.gov/providers/edi.aspx if you still have questions regarding EDI testing and Trading Partner enrollment, support is available Monday through Friday 8 a.m.-5 p.m. Pacific Time by calling toll-free at (877) 638-3472 option 2, 0, and then 3. You can send an email to nvmmis.edisupport@gainwelltechnologies.com.

Q: How do I receive EDI files through the secure Nevada Medicaid SFTP server in production?

A: Once you have satisfied testing, you will receive an approval letter via email, which will contain the URL to connect to production.

Q: Where can I find a copy of the HIPAA ANSI TR3 documents?

A: The TR3 documents must be purchased from the Washington Publishing Company at www.wpc-edi.com.

Q: Will an expected due date be sent for a pregnant member? If so, where will the expected due date be sent on the 834 file?

A: It will not be sent on 834, there is a separate report sent monthly, Expected Due Date Report.

Appendix F: Termination Reason

TERMINATION REASON	DESCRIPTION
01	Excess income
02	Excess assets
03	Income reduced
04	Aged out of program
05	No longer in the foster care system
06	Death
07	No longer disabled
08	No longer institutionalized
09	No longer in need of long-term care serv resides
10	Obtained employer sponsored insurance (ESI)
11	Gained access to public employees health plan
12	Other coverage (not ESI or public empl hlth plan)
13	Failure to respond
14	Failure to pay premium or enrollment fees
15	Moved to a different state
16	Voluntary request for termination
17	Lack of verifications
18	Fraud
19	Suspension due to incarceration
20	Residence in an Inst for Mental Disease (IMD)
21	Suspension/Termination with reason unknown
22	Other

NOTE: 99 = if NOT applicable

Appendix G: Switch Reason

The Switch Reason only applies to MCO whose assignment was terminated.

SWITCH REASON	DESCRIPTION
0000	No Reason
0001	MCO moral or religious objection
0002	Member needs related service at same time
0003	LTSS disruption
0004	Poor quality of care
0005	Lack of access to care
0006	Preferred extra benefits
0007	State Sanction
0008	Other State approved
0009	Provider not in network
0010	Poor health plan customer service

NOTE: 9999 = if NOT applicable

Appendix H: Enrollment Source

ENROLLMENT SOURCE	DESCRIPTION
AAC	Auto Assigned - Case
AAD	Auto Assigned – Default (Random)
AAI	Auto Assigned - Newborn
AAP	Auto Assigned - Previous MCO
AAS	Auto Assigned - Pre-selection (Self-Selection)
AAU	Auto Assigned - Unborn
CNV	Conversion
HCA	Manual Entry
CR	Client Requested (Open Enrollment Choice)
SA	System Assignment
FAS	Future Assignment Sync
SWI	Switch Request

Appendix I: Change Summary

This section describes the differences between the current Companion Guide and previous versions of the guide.

Published / Revised	Section / Nature of change
06/28/2018	Initial version published.
11/07/2018	Added the below to Section 10: Added BGN03 and BGN04 Added QTY (Transaction Set Control Totals) segment Added Code “001” to 2000 INS03 Added Notes/Comments to 2000 INS03 Added 2000 INS06-1 Removed 2000 INS10 Added Notes/Comments to 2000 REF02 Removed code “ZZ” from 2100A NM108 Added 2100A N406 Added 2100A DMG04 Updated Codes and Notes/Comments field for 2100A DMG05-1 Added Codes and Notes/Comments field for 2100A LUI01 Removed 2100G PER, N3 and N4 segments Removed 2300 HD05 Added 2310 N3 segment Added 2310 PLA segment Added 2320 COB04 Added code “GW” to 2330 NM101 Added 2330 PER segment Added Loop 2710 LX Added Loop 2750 REF Added CH1P / CH EXPANDED MEDICAID and TR5A / TRANSITIONAL MEDICAL - OBRA BABY to Appendix A: Aid Code/Description
04/05/2019	Updated section 2.1 to Trading Partner Enrollment. Updated provider website link in section 2.1. Updated provider website link in section 3.4.
08/01/2019	Updated section 7.1 834 Availability.
11/05/2019	Added section 7.6 Multiple Loops. Added multiple loop examples in Appendix D - Transmission Examples.
11/02/2020	Updated section 7.1 834 Availability. Added section 7.7 Historied Assignments vs One-Day Assignments. Added Historied Assignments vs One-Day Assignments examples in Appendix D.
12/18/2020	Updated section 10.1 with Maintenance Reason Code, Reference INS04.
03/31/2023	Added ZZ as Qualifier in loop 2000 REF01 Added Notes/Comments in loop 2000 REF02 Added Email in loop 2100A PER segment Added Aid Code CHO in Appendix A

Published / Revised	Section / Nature of change
	Added Appendix F – Termination Reason Added Appendix G – Switch Reason Added Appendix H – Enrollment Source
07/03/2024	Added Aid Code CHG in Appendix A
08/19/2024	Added Citizen Status Code in loop 2100A DMG06 Added Member Income in loop 2100A ICM Added Disability Information in loop 2200 DSB and DTP
06/16/2025	Added Aid Code CH4P in Appendix A