

Department of Human Resource Management
Addendum 1
RFP OHB06-1

RFP Issue Date: June 1, 2006

Addendum Issue Date: June 8, 2006

RFP Close Date: June 30, 2006

Replace “APPENDICES” section that was inadvertently left out of the RFP with the following:

Appendix 1

1. Current Plan Description (click on the link below to be directed to this PDF file)

<http://www.dhrm.virginia.gov/hbenefits/retirees/medicarePlanOptions.pdf>

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

STANDARD CONTRACT

This contract is entered into this , hereinafter called “Contractor” and the Commonwealth of Virginia, Department of Human Resource Management, hereinafter called “Purchasing Agency”.

WITNESSETH that the Contractor and the Purchasing Agency, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF SERVICES: The Contractor shall provide to the Purchasing Agency as set forth in the Contract Documents.

PERIOD OF CONTRACT: From as described in the contract documents.

COMPENSATION AND METHOD OF PAYMENT: The Contractor shall be paid monthly according to the terms of its accepted proposal.

CONTRACT DOCUMENTS: The Contract Documents shall consist of this signed Contract; the Request for Proposals: the General Terms and Conditions, Special Terms and Conditions, specifications, and other data contained in the Request for Proposals.

Any contractual claims shall be submitted in accordance with the contractual dispute procedures set forth in the Request for Proposals.

In witness whereof, the parties have caused this Contract to be duly executed intending to be bound thereby.

PURCHASING AGENCY: Department of Human Resource Management

By: _____ By: _____

_____ Print Name _____ Print Name

Title: _____ Title: _____

Date: _____ Date: _____

CONTRACTOR:

By: _____

_____ Print Name

Title: _____

Date: _____

Approved as to Form: _____

Office of the Attorney General

Date

Appendix 3

Cost & Enrollment Data

This information will be provided on CD upon request.

State Medicare Retiree Program Membership and Billing System

A. Benefits Eligibility System

The Department maintains a central membership system that contains the records of all employees, retirees, other eligibles, and their dependents that have coverage under the state Medicare retiree health benefits program. The system is a live time system known as the Benefits Eligibility System (BES). BES is used to receive enrollment changes, provide enrollment updates to all carriers, and is the official eligibility source for all programs, in addition to providing the self billing information used to transfer premiums to fully insured carriers on a monthly basis. All eligibles, including both the enrollee and their dependents, are required to carry an identification number that currently is an alternate ID number not based on Social Security number. Eligibility updates, including the identification number, are made available to carriers electronically as frequently as daily.

Enrollment to the state program is largely done through the Office of Health Benefits (OHB)'s web based enrollment system that is called Employee Direct (E-Direct). Eligible persons may go to the E-Direct site to enroll, change membership types, change dependent information, or receive general information on the state's programs, along with other functions. E-Direct has a live time interface with BES and a change is updated while the caller is on line and a confirmation is provided. The state enrollee has the option of completing a manual enrollment/waiver form and giving it to their agency benefits administrator for keying directly to BES.

As stated above, eligibility updates will be made available to all contractors through a FTP process on a daily basis. It is expected that contractors maintain their eligibility files on a current basis to provide for accurate claims processing.

B. Billing for Self Funded Plans

The services billed under the self-funded plans fall into two categories. These are billing for claims payments and billing for administrative fees as records accumulated, and invoiced in total to the Department on a weekly basis. The OHB staff reviews the invoice and the Contractor is reimbursed through an electronic transfer of funds within 48 hours of the receipt of the billing documentation. The billing documentation will at a minimum consist of: a cover invoice which provides the net claim dollars to be paid broken between the state and the TLC retiree program, and support documentation for each program that provides the claims dollars paid for each benefit category during the period covered by the invoice and year to date. This procedure will be finalized with each contractor as part of the negotiation process and the cycle may be varied based upon compelling reasons, such as claim volume and dollars.

Administrative expenses are invoiced monthly to OHB by each Contractor by the 15th of the following month. In this process, the OHB will review the invoice and authorize reimbursement through the EDI process. Again the billing documentation will consist of a cover invoice providing the administrative dollars in total for each program with a summary for all programs, and documentation which supports the summary invoice. This

support will at minimum consist of a breakdown by each program of billing units by price per unit, shown for the current period and year to date. The number of billing units for each employer under the TLC program will also be required. The monthly administrative invoice may also be used as the financial transfer document for miscellaneous non-claim items that are either due from or to the Department when supported by clear documentation. This procedure will also be finalized during final negotiations.

Reference website link below.

<http://www.dhrm.virginia.gov/statefrm/health/retireeenrollment03.pdf>

**Commonwealth of Virginia (State Programs)
834 Benefit Enrollment and Maintenance: Change File**

Sample:

ISA*00* *00* *30*54-6024817 *30*22-3461740
*040224*1436*U*00401*100000230*0*T*:~
GS*BE*COMMW VIRGINIA*22-
3461740*20040224*143645*22520049*X*004010X095A1~
ST*834*0001~
BGN*00*125839*20040224*132509*ET***2~
N1*P5*COMMONWEALTH OF VA*FI*54-6024817~
N1*IN*CARRIER NAME*FI*99-9999999~
INS*Y*18*024*AI*A*E**RT~
REF*0F*234567890~
REF*1L*0420101111111203000~
REF*DX*005001154~
REF*Q4*34567890~
DTP*303*D8*20040229~
DTP*357*D8*20040331~
NM1*IL*1*TESTY*TESTOR*T***34*234567890~
PER*IP**WP*8048401682*HP*8047460695~
N3*PO BOX 324~
N4*SURRY*VA*238830000~
DMG*D8*19450814*M~
HD*024**HLT*042*ESP~
DTP*348*D8*20030701
SE*18*0001~
GE*470*22520049~
IEA*1*100000230~

Change File Documentation052704 (2).doc

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**Commonwealth of Virginia (State Programs)
834 Benefit Enrollment and Maintenance: Change File**

Table 1 – Interchange Control Header

Pos. #

Seg. ID

Name

Valid Values and Description

ISA

Interchange Control Header

ISA01

Authorization Information Qualifier:

00: No Authorization Information Present

ISA02

Authorization Data Identification:

10 spaces

ISA03

Security Information Qualifier:

00: No Security Information Present

ISA04

Security Information:

10 spaces

ISA05

Interchange ID Qualifier:

30: U. S. Federal Tax Identification Number

ISA06

Sender's Code:

54-6024817 with 5 spaces

ISA07

Interchange ID Qualifier:

30: U. S. Federal Tax Identification Number

ISA08

Receiver's Code:

54-0357120 with 5 spaces (Anthem)

54-0844477 with 5 spaces (Delta Dental)

54-0954463 with 5 spaces (Kaiser)

22-3461740 with 5 spaces (Medco)

54-1414194 with 5 spaces (Value Options)

22-2232264 with 5 spaces (AON)

ISA09

Interchange Date formatted YYMMDD (file created)

ISA10

Interchange Time formatted HHMM (file created)

ISA11

Interchange Control Standards Identifier:

U: U.S. EDI Community of ASC X12, TDCC,
and UCS

ISA12

Interchange Control Version Number:

00401: Draft Standards for Trial Use

Approved for Publication by ASC X12 Procedures Review Board through October 1997

ISA13

Interchange control number

ISA14

Acknowledgement Requested:

0: No acknowledgement requested

ISA15

Usage Indicator:

P: Production Data

T: Test Data

ISA16

Component Element Separator:

: used by COV

Change File Documentation052704 (2).doc

Prepared 05/27/2004

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Commonwealth of Virginia (State Programs)
834 Benefit Enrollment and Maintenance: Change File
Table 2 – Functional Group Header

GS

Functional Group Header

GS01

Functional Identifier Code:

BE: Benefit Enrollment and Maintenance (834)

GS02

Application Sender's Code:

COMMW VIRGINIA

GS03

Application Receiver's Code:

058916206MEMCHG (Anthem)

54-0844477 (Delta Dental)

54-0954463 (Kaiser)

22-3461740 (Medco)

54-1414194 (Value Options)

22-2232264 (AON)

GS04

Date header created: expressed CCYYMMDD

GS05

Time header created: expressed HHMMSS

GS06

Group Control Number:

Assigned by the Sender

GS07

Responsible Agency Code:

X: Accredited Standards Committee X12

GS08

Version/Release/Industry Identifier Code:

004010X095A1: Draft Standards Approved

for Publication by ASCX12 Procedures Review Board through October 1997, as published in the implementation guide.

Table 2 – Transaction Set Header

010

ST

Transaction Set Header

ST01

Transaction Set Identifier Code:

834: Benefit Enrollment and Maintenance

ST02

Transaction set control number:

Assigned by the Sender

020

BGN

Beginning Segment

BGN01

Transaction Set Purpose Code:

00: Original

BGN02

Reference Identification:

Assigned by the Sender

BGN03

Date transaction created: expressed CCYYMMDD (BES Key Date)

BGN04

Time transaction created: expressed HHMMSS

(BES Key Date)

BGN05

Time code:

ET: Eastern Time

BGN08

Action Code:

2: Change

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Commonwealth of Virginia (State Programs)

834 Benefit Enrollment and Maintenance: Change File

Loop ID – 1000A Sponsor Name

070

N1

Sponsor Name

N101

Entity Identifier Code:

P5: Plan Sponsor

N102

Name:

Commonwealth of VA

N103

Identification Code Qualifier:

FI: Federal Taxpayer's Identification number

N104

Identification Code:

54-6024817

Loop ID – 1000B Payer

070

N1

Payer

N101

Entity Identifier Code:

IN: Insurer

N102

Name of administrator (one of six):

Anthem

Delta Dental

Kaiser

Medco

Value Options

AON

N103

Identification Code Qualifier:

FI: Federal tax identification number

N104

Identification Code:

Denotes the federal tax identification number for the administrator identified in N102:

54-0357120 (Anthem)

54-0844477 (Delta Dental)

54-0954463 (Kaiser)

22-3461740 (Medco)

54-1414194 (Value Options)

22-2232264 (AON)

Table 3 – Member Level Detail

Loop ID – 2000 Member Level

Detail

010

INS

Member Level Detail

INS01

Yes/No Condition or Response Code:

Y: Participant record

N: Dependent record

INS02

Individual Relationship Code:

01: Spouse

18: Self

19: Child

INS03

Maintenance Type Code:

001: Change

021: Addition

024: Cancellation or Termination

025: Reinstate

INS04

Maintenance Reason Code:

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Commonwealth of Virginia (State Programs)

834 Benefit Enrollment and Maintenance: Change File

AI: No Reason Given

INS05

Benefit Status Code:

A: Active

C: COBRA

INS06

Medicare Plan Code:

D: Medicare - Part Unknown

INS07

Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying:

1: Termination of Employment

2: Reduction of work hours

3: Medicare

4: Death

5: Divorce

6: Separation

7: Ineligible Child

8: Bankruptcy of a Retired Employee

INS08

Participant's Employment Status Code:

FT: Full-time active employee

L1: Eligible employee on leave of absence

RT: Retired

TE: COBRA participant

INS09

Dependent's Student Status Code:

F: Full-time

N: Not a student

INS10

Yes/No Condition or Response Code:

Denotes the dependent's handicap status:

N: Not handicapped

Y: Handicapped

020

REF

Subscriber Number

REF01

Reference Identification Qualifier:

0F: Subscriber number

REF02

Reference Identification:

The Subscriber Identification Number. This is usually the Social security number – 9 digits; an exception exists for those approved by COV for an alternate ID number. A 9-character string beginning with "C" followed by 8 digits will be sent in lieu of the SSN for these members.

020

REF

Member Policy Number

Used by COV to send data as one numeric string of 18 digits where the following field positions have specific meaning.

REF01

Reference Identification Qualifier:

1L: Group or policy number

REF02

Pos. 1-3

Reference Identification:

Denotes the member's health coverage plan:

000: Waived Coverage

002: Option I

003: Option II

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Commonwealth of Virginia (State Programs)

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006: Kaiser Permanente HMO

027: Advantage 65

036: Option II + Dnt,Vsn

037: Advantage 65 + Dnt,Vsn

042: Basic COVA Care

043: CC + OON

044: CC + ExpDnt

045: CC + OON & ExpDnt

046: CC + Vsn,Hrg & ExpDnt

047: CC + OON & Vsn,Hrg,ExpDnt

REF02

Pos. 4-12

Denotes the member's program:

010111111: State Program

for those not eligible for Medicare

020222222: State Program

for those eligible for Medicare

030333333: The Local Choice (future use)

REF02

Pos. 13

Denotes the member's classification or status:

0: Employee

2: Retiree

4: Extended Coverage (COBRA)

REF02

Pos.

14-15:

Denotes the member's premium status:

02: COV's Billing Agent collects premium

03: VRS collects premium

06: Agency collects premium

07: COV's Dept. of Accounts pays premium

09: Premium Not Paid –

Suspend Claims Payment

REF02

Pos.

16-17

Denotes the member's leave of absence:

00: Not on leave of absence,

do not send conversion letter

01-98: On leave of absence,

do not send conversion letter

99: Did not return from leave of absence,

conversion letter may be sent

REF02

Pos. 18

Denotes the member's eligibility for Medicare:

0: Not Medicare eligible,

group pays primary

6: Medicare eligible,

group pays as if Medicare is primary

7: Exempt from Medicare,

group pays primary

020

REF

Member ID Number

Used by COV to send data as one numeric string of 9 digits where the following field positions have specific meaning. Each agency/group is assigned a single Benefits Administrator contact. The Contacts Database is updated and distributed by email to each vendor monthly and is used to distribute materials.

REF01

Reference Identification Qualifier:

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Commonwealth of Virginia (State Programs)

834 Benefit Enrollment and Maintenance: Change File

DX: Department/Agency Number

REF02

Pos. 1-3

Reference Identification:

Denotes the member's assigned agency:

005: The Virginia Retirement System

006: DHRM: Office of Health Benefits

007: The Member's Last Employing Agency

090-999: Active State Agency (refer to the Contacts Database Table)

REF02

Pos. 4-6

Denotes the member's assigned group within an agency:

001-999: (refer to the Contacts Database Table for each entry)

REF02

Pos. 7-9

Denotes the member's last employing agency when the member's agency is 007:

000: Unknown

090-999: Active State Agency (refer to the Contacts Database)

020

REF

Prior Identifier Number

When a member's account number (ID number) changes (the REF*0F number), the old account number (ID number) is sent here. The Q4 Reference is suppressed after the initial change.

REF01

Reference Identification Qualifier:

Q4: Prior Identifier Number

REF02

Nine-digit number denoting the member's prior account number (ID number). This field will be used in three situations, otherwise it is suppressed:

1: The member is approved by COV for an alternate ID number in lieu of his or her social security number; in this case, the social security number will be sent in this segment, and a replacement account number (ID number) will be sent in the REF*0F segment.

2: The member's SSN was originally mis-keyed; the incorrect ssn will be sent here, and the correct SSN will be sent in the REF*0F segment. This information will also be sent in segments NM1*74 followed by NM1*70 as outlined in the implementation guide.

3. The member (formerly a dependent) is being transferred to an account number (ID number) of his or her own. The member's original ID number is sent here so history can be transferred.

025

DTP

Date or Time or Period

Repeats up to 20 times

DTP01

Date/Time Qualifier:

303: Maintenance effective (Effective date)

357: Eligibility End (Termination date)

DTP02

Date Time Period Format Qualifier:

D8: Date format expressed as CCYYMMDD

DTP03

CCYYMMDD (Effective date or Term date)

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Commonwealth of Virginia (State Programs)

834 Benefit Enrollment and Maintenance: Change File

Loop ID – 2100A Member Name

030

NM1

Member Name

NM101

Entity Identifier Code:

IL: Insured or Subscriber

74: Corrected Insured

NM102

Entity Type Qualifier:

1: Person

NM103

Name Last:

up to 25 characters

NM104

Name First:

up to 25 characters

NM105

Name Middle:

up to 2 characters

NM106

Name Prefix: not used

NM107

Name Suffix:

up to 3 characters

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NM108

Identification Code Qualifier:

34: Social Security Number

NM109

Identification Code:

Social security number: 9 digits

040

PER

Member Communications Numbers

PER01

Contact Function Code:

IP: Insured Party

PER02

Name: not used

PER03

Communication Number Qualifier:

WP: Work Phone

PER04

Communication Number:

10 digits beginning with area code

PER05

Communication Number Qualifier:

HP: Home Phone

PER06

Communication Number:

10 digits beginning with area code

050

N301

Member Residence Street Address

Participant's Address Information if only one line:

may contain up to 35 characters

N302

Participant's Address Information if second line:

may contain up to 35 characters

060

N4

Member Residence City, State, Zip Code

N401

Participant's City: up to 25 characters

N402

Participant's State or Canadian Province:

2 standardized characters

N403

Participant's Postal Code: up to 9 digits

N404

Participant's Country: 2 standardized characters if not US; see Nations at

<http://web1.dhrm.state.va.us/itech/pmistables/PMISTables20030916.htm>

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Commonwealth of Virginia (State Programs)
834 Benefit Enrollment and Maintenance: Change File

080

DMG

Member Demographics

DMG01

Date Time Period Format Qualifier:

D8: Date format expressed as CCYYMMDD

DMG02

Member's Date Of Birth:

CCYYMMDD (birth date)

DMG03

Gender Code:

F: Female

M: Male

Loop ID – 2100B Incorrect Member Name

030

NM1

Incorrect Individual Name

Sent when changing or correcting a name and when correcting demographic information in the DMG segment.

NM101

Entity Identifier Code:

70: Prior Incorrect Insured

NM102

Entity Type Qualifier:

1: Person

NM103

Name Last:

Prior Name Last, up to 25 characters

NM104

Name First:

Prior (Incorrect) Name First,
up to 25 characters

NM105

Name Middle:

Prior (Incorrect) Name Middle,
up to 2 characters

NM107

Name Suffix:

Prior (Incorrect) Name Suffix,
up to 3 characters

NM108

Identification Code Qualifier:

34: Social Security Number

NM109

Identification Code:

Prior (Incorrect)

Social Security Number, 9 digits

080

DMG

Incorrect Member Demographics
Sent only when correcting previously sent data in this loop.

DMG01

Date Time Period Format Qualifier:

D8 Date format expressed as CCYYMMDD

DMG02

Date Time Period:

Prior (Incorrect) Date of Birth

DMG03

Gender Code:

Prior (Incorrect) Gender Code,

F: Female

M: Male

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Commonwealth of Virginia (State Programs)

834 Benefit Enrollment and Maintenance: Change File

Loop ID – 2300 Health Coverage

260

HD

Health Coverage

HD01

Maintenance Type Code:

001: Change

021: Addition

024: Cancellation or Termination

025: Reinstate

HD03

Insurance Line Code:

AK: Mental Health for ValueOptions

DEN: Dental for Delta Dental

HLT: Health for Anthem and AON

PDG: Prescription Drug for Medco

HD04

Plan Coverage Description:

000: Waived Coverage

002: Option I

003: Option II

006: Kaiser Permanente HMO

027: Advantage 65

036: Option II + Dnt,Vsn

037: Advantage 65 + Dnt,Vsn

042: Basic COVA Care

043: CC + OON

044: CC + ExpDnt

045: CC + OON & ExpDnt

046: CC + Vsn,Hrg & ExpDnt

047: CC + OON & Vsn,Hrg,ExpDnt

HD05

Coverage Level Code:

E1D: Self Plus Child
ESP: Self Plus Spouse
EMP: Employee Only
FAM: Family
270
DTP
Health Coverage Dates
DTP01
Date/Time Qualifier:
348: Benefit Begin
DTP02
Date Time Period Format Qualifier:
D8: Date format expressed as CCYYMMDD
DTP03
Date Time Period:
CCYYMMDD (Plan Begin Date)

Table 4 – Transaction Set Trailer

690
SE
Transaction Set Trailer
SE01
Number of Included Segments
SE02
Transaction Set Control Number

Table 5 – Functional Group Trailer

GE
Functional Group Trailer
GE01

Number of Transaction Sets Included Change File Documentation052704 (2).doc
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Commonwealth of Virginia (State Programs)

834 Benefit Enrollment and Maintenance: Change File

GE02
Group Control Number
Table 6 – Interchange Control Trailer

IEA
Interchange Control Trailer
IEA01
Number of Included Functional Groups
IEA02
Interchange Control Number
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Commonwealth of Virginia (State Programs)

834 Benefit Enrollment and Maintenance: Audit File

Sample:

ISA*00* *00* *30*54-6024817 *30*99-9999999
 *050503*1436*U*00401*100000411*0*P*~
 GS*BE*COMMW VIRGINIA*99-
 9999999*20050503*053645*50320059*X*004010X095A1~
 ST*834*1001~
 BGN*00*125839*20050503*053645*ET***4~
 DTP*007*D8*20050503~
 N1*P5*COMMONWEALTH OF VA*FI*54-6024817~
 N1*IN*CARRIER NAME*FI*99-9999999~
 INS*Y*18*030*XN*A***RT~
 REF*0F*2345678XU~
 REF*1L*042010111111203000~
 REF*DX*005001154~
 REF*Q4*C01234567~
 DTP*303*D8*20040229~
 NM1*IL*1*TESTY*TESTOR*T***34*234567890~
 PER*IP**WP*8048401682*HP*8047460695~
 N3*PO BOX 324~
 N4*SURRY*VA*238830000~
 DMG*D8*19450814*M~
 HD*030**HLT*042*ESP~
 DTP*348*D8*20040701~
 INS*N*01*030*XN*A***RT~
 REF*0F*2345678XU~
 REF*1L*042010111111203000~
 REF*DX*005001154~
 REF*Q4*C01234567~
 DTP*303*D8*20050203~
 NM1*IL*1*TESTY*WIFEE*L***34*345678901~
 DMG*D8*19491014*F~
 HD*030**HLT*042~
 DTP*348*D8*20040701~

...

SE*45350*1001~
 GE*1*50320059~
 IEA*1*100000411~

Commonwealth of Virginia (State Programs)
834 Benefit Enrollment and Maintenance: Audit File
Table 1 – Interchange Control Header

Pos. #
 Seg. ID
 Name
 Valid Values and Description
 ISA
 Interchange Control Header
 ISA01
 Authorization Information Qualifier:
 00: No Authorization Information Present
 ISA02
 Authorization Data Identification:

10 spaces
ISA03
Security Information Qualifier:
00: No Security Information Present
ISA04
Security Information:
10 spaces
ISA05
Interchange ID Qualifier:
30: U. S. Federal Tax Identification Number
ISA06
Sender's Code:
54-6024817 with 5 spaces
ISA07
Interchange ID Qualifier:
30: U. S. Federal Tax Identification Number
ISA08
Receiver's Code:
54-0357120 with 5 spaces (Anthem)
54-0844477 with 5 spaces (Delta Dental)
22-3461740 with 5 spaces (Medco)
54-1414194 with 5 spaces (Value Options)
22-2232264 with 5 spaces (AON)
ISA09
Interchange Date formatted YYMMDD
ISA10
Interchange Time formatted HHMM
ISA11
Interchange Control Standards Identifier:
U: U.S. EDI Community of ASC X12, TDCC,
and UCS
ISA12
Interchange Control Version Number:
00401: Draft Standards for Trial Use
Approved for Publication by ASC X12 Procedures Review Board through October 1997
ISA13
Interchange control number
ISA14
Acknowledgement Requested:
0: No acknowledgement requested
ISA15
Usage Indicator:
P: Production Data
T: Test Data
ISA16
Component Element Separator:
~ used by COV

GS

Functional Group Header

GS01

Functional Identifier Code:

BE: Benefit Enrollment and Maintenance (834)

GS02

Application Sender's Code:

COMMW VIRGINIA

GS03

Application Receiver's Code:

Receiver's defined code

or Receiver's tax identification number

GS04

Date header created: expressed CCYYMMDD

GS05

Time header created: expressed in 24-hour clock
time

GS06

Group Control Number:

Assigned by the Sender

GS07

Responsible Agency Code:

X: Accredited Standards Committee X12

GS08

Version/Release/Industry Identifier Code:

004010X095A1: Draft Standards Approved

for Publication by ASCX12 Procedures Review Board through October 1997, as
published in the implementation guide.

Table 2 – Transaction Set Header

010

ST

Transaction Set Header

ST01

Transaction Set Identifier Code:

834: Benefit Enrollment and Maintenance

ST02

Transaction set control number:

Assigned by the Sender

020

BGN

Beginning Segment

BGN01

Transaction Set Purpose Code:

00: Original

BGN02

Reference Identification:

Assigned by the Sender

BGN03

Date file created: expressed CCYYMMDD

BGN04

Time file created: expressed in 24-hour clock time

BGN05

Time code:

ET: Eastern Time

BGN08

Action Code:

4: Verify

040

DTP

File Effective Date

DTP01

Date/Time Qualifier:

007: Effective

DTP02

Date Time Period Format Qualifier:

D8: Date format expressed CCYYMMDD

DTP03

Date Time Period:

CCYYMMDD (Snapshot date)

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Commonwealth of Virginia (State Programs)

834 Benefit Enrollment and Maintenance: Audit File

Loop ID – 1000A Sponsor Name

070

N1

Sponsor Name

N101

Entity Identifier Code:

P5: Plan Sponsor

N102

Name:

Commonwealth of VA

N103

Identification Code Qualifier:

FI: Federal Taxpayer's Identification number

N104

Identification Code:

54-6024817

Loop ID – 1000B Payer

070

N1

Payer

N101

Entity Identifier Code:

IN: Insurer

N102

Name of administrator (one of five):

Anthem

Delta Dental

Medco

Value Options

AON

N103

Identification Code Qualifier:

FI: Federal tax identification number

N104

Identification Code:

Denotes the federal tax identification number for the administrator identified in N102:

54-0357120 (Anthem)

54-0844477 (Delta Dental)

22-3461740 (Medco)

54-1414194 (Value Options)

22-2232264 (AON)

Table 3 – Member Level Detail

Loop ID – 2000 Member Level

Detail

There will be up to 9950 INS segments within the ST/SE group

010

INS

Member Level Detail

INS01

Yes/No Condition or Response Code:

Y: Participant record

N: Dependent record

INS02

Individual Relationship Code:

01: Spouse

18: Self

19: Child

INS03

Maintenance Type Code:

030: Audit or compare

INS04

Maintenance Reason Code:

XN: Notification only

INS05

Benefit Status Code:

A: Active

C: COBRA Audit File Layout 02252005 (2).doc Revised 02/25/2005 Page 4 of 9

Commonwealth of Virginia (State Programs)

834 Benefit Enrollment and Maintenance: Audit File

INS06

Medicare Plan Code:

D: Medicare - Part Unknown

E: No Medicare

INS07

Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying:

1: Termination of Employment

2: Reduction of work hours

3: Medicare

4: Death

5: Divorce

6: Separation

7: Ineligible Child

8: Bankruptcy of a Retired Employee

INS08

Participant's Employment Status Code:

FT: Full-time active employee

L1: Eligible employee on leave of absence

RT: Retired

TE: COBRA participant

INS09

Dependent's Student Status Code:

F: Full-time

N: Not a student

INS10

Yes/No Condition or Response Code:

Denotes the dependent's handicap status:

N: Not handicapped

Y: Handicapped

020

REF

Subscriber Number

REF01

Reference Identification Qualifier:

0F: Subscriber number

REF02

Reference Identification:

This is a nine-character alphanumeric identification number assigned by the Commonwealth. Depending on the effective date, it may be nnnnnnn, Connnnnnn, or nnnnnnnXU where n is a digit 0 –9. Beginning 07/01/2005 numbers will be transitioned to the format nnnnnnnXU. As of 01/01/2006 all records will use the format nnnnnnnXU.

020

REF

Member Policy Number

Used by COV to send data as one numeric string of 18 digits where the following field positions have specific meaning.

REF01

Reference Identification Qualifier:

1L: Group or policy number

REF02

Pos. 1-3

Reference Identification:

Denotes the member's health coverage plan:

000: Waived Coverage

002: Option I

003: Option II

006: Kaiser Permanente HMO

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Commonwealth of Virginia (State Programs)

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027: Advantage 65

036: Option II + Dnt,Vsn

037: Advantage 65 + Dnt,Vsn

042: Basic COVA Care
043: CC + OON
044: CC + ExpDnt
045: CC + OON & ExpDnt
046: CC + Vsn,Hrg & ExpDnt
047: CC + OON & Vsn,Hrg,ExpDnt

REF02

Pos. 4-12

Denotes the member's program:

010111111: State Program
for those not eligible for Medicare

020222222: State Program
for those eligible for Medicare

030333333: The Local Choice (future use)

REF02

Pos. 13

Denotes the member's classification or status:

0: Employee

2: Retiree

4: Extended Coverage (COBRA)

REF02

Pos.

14-15:

Denotes the member's premium status:

02: COV's Billing Agent collects premium

03: VRS collects premium

06: Agency collects premium

07: COV's Dept. of Accounts pays premium

09: Premium Not Paid –

Suspend Claims Payment

REF02

Pos.

16-17

Denotes the member's leave of absence:

00: Not on leave of absence,
do not send conversion letter

01-98: On leave of absence,
do not send conversion letter

99: Did not return from leave of absence,
conversion letter may be sent

REF02

Pos. 18

Denotes the member's eligibility for Medicare:

0: Not Medicare eligible,
group pays primary

6: Medicare eligible,
group pays as if Medicare is primary

7: Exempt from Medicare,
group pays primary

020

REF

Member ID Number

Used by COV to send data as one numeric string of 9 digits where the following field positions have specific meaning. Each agency/group is assigned a single Benefits Administrator contact. The Contacts Database is updated and distributed by email to each vendor monthly and is used to distribute materials.

REF01

Reference Identification Qualifier:

DX: Department/Agency Number

REF02

Reference Identification: Audit File Layout 02252005 (2).doc Revised 02/25/2005 Page 6 of 9

Commonwealth of Virginia (State Programs)

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Pos. 1-3

Denotes the member's assigned agency:

005: The Virginia Retirement System

006: DHRM: Office of Health Benefits

007: The Member's Last Employing Agency

090-999: Active State Agency (refer to the Contacts Database Table)

REF02

Pos. 4-6

Denotes the member's assigned group within an agency:

001-999: (refer to the Contacts Database Table for each entry)

REF02

Pos. 7-9

Denotes the member's last employing agency when the member's agency is 007:

000: Unknown

090-999: Active State Agency (refer to the Contacts Database)

020

REF

Prior Identifier Number

REF01

Reference Identification Qualifier:

Q4: Prior Identifier Number

REF02

Nine-character alphanumeric denoting the prior identification number for this person when coverage was effective prior to 07/01/2005. It may be nnnnnnnnn or C0nnnnnnnn where n is a digit 0 – 9.

025

DTP

Date or Time or Period

DTP01

Date/Time Qualifier:

303: Maintenance effective

DTP02

Date Time Period Format Qualifier:

D8: Date format expressed as CCYYMMDD

DTP03

CCYYMMDD (date of snapshot)

Loop ID – 2100A Member Name

030

NM1

Member Name

NM101

Entity Identifier Code:

IL: Insured or Subscriber

NM102

Entity Type Qualifier:

1: Person

NM103

Name Last or Organization Name:

up to 25 characters

NM104

Name First:

up to 25 characters

NM105

Name Middle:

up to 2 characters

NM107

Name Suffix:

up to 3 characters

NM108

Identification Code Qualifier:

34: Social Security Number

NM109

Identification Code:

Social security number: 9 digits

040

PER

Member Communications

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Commonwealth of Virginia (State Programs)

834 Benefit Enrollment and Maintenance: Audit File

Numbers

PER01

Contact Function Code:

IP: Insured Party

PER03

Communication Number Qualifier:

WP: Work Phone

PER04

Communication Number:

10 digits beginning with area code

PER05

Communication Number Qualifier:

HP: Home Phone

PER06

Communication Number:

10 digits beginning with area code

050

N301

Member Residence Street Address

Participant's Address Information if only one line:
may contain up to 35 characters

N302

Participant's Address Information if second line:
may contain up to 35 characters

060

N4

Member Residence City, State, Zip Code

N401

Participant's City: up to 25 characters

N402

Participant's State: 2 standardized characters

N403

Participant's Postal Code: up to 9 digits

N404

Participant's Country: 2 standardized characters if not US; see Nations at
<http://web1.dhrm.state.va.us/itech/pmistables/PMISTables20030916.htm>

080

DMG

Member Demographics

DMG01

Date Time Period Format Qualifier:

D8: Date format expressed as CCYYMMDD

DMG02

Member's Date Of Birth:

CCYYMMDD (birth date)

DMG03

Gender Code:

F: Female

M: Male

Loop ID – 2300 Health Coverage

260

HD

Health Coverage

HD01

Maintenance Type Code:

030: Audit or compare

HD03

Insurance Line Code:

AK: Mental Health for ValueOptions

DEN: Dental for Delta Dental

HLT: Health for Anthem and AON

PDG: Prescription Drug for Medco

HD04

Plan Coverage Description:

000: Waived Coverage

002: Option I

003: Option II

006: Kaiser Permanente HMO

027: Advantage 65
036: Option II + Dnt,Vsn
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Commonwealth of Virginia (State Programs)

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037: Advantage 65 + Dnt,Vsn
042: Basic COVA Care
043: CC + OON
044: CC + ExpDnt
045: CC + OON & ExpDnt
046: CC + Vsn,Hrg & ExpDnt
047: CC + OON & Vsn,Hrg,ExpDnt

HD05

Coverage Level Code:

E1D: Self Plus Child
ESP: Self Plus Spouse
IND: Self Only
FAM: Family

270

DTP

Health Coverage Dates

DTP01

Date/Time Qualifier:

348: Benefit Begin

DTP02

Date Time Period Format Qualifier:

D8: Date format expressed as CCYYMMDD

DTP03

Date Time Period:

CCYYMMDD (The latter of the Plan Begin Date, Coverage Level Begin Date, and the Bill Premium Date; the date the current coverage described on this transaction started.)

Table 4 – Transaction Set Trailer

690

SE

Transaction Set Trailer

SE01

Number of Included Segments

SE02

Transaction Set Control Number

Table 5 – Functional Group Trailer

GE

Functional Group Trailer

GE01

Number of Transaction Sets Included

GE02

Group Control Number

Table 6 – Interchange Control Trailer

IEA

Interchange Control Trailer

IEA01

Number of Included Functional Groups

IEA02

Interchange Control Number

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Commonwealth of Virginia
Claims Database
Claims File
Data Specifications to be Effective July 1, 2006

Transmittal Frequency:	Weekly or biweekly as determined by the Commonwealth.
Medium:	(1) FTP/PGP or (2) Upload to secure site or (3) CDROM/DVD. ASCII.
Data Requirements:	<p>All dollar amounts should have leading sign, 2 decimal places and implied decimal point. Field can be zero or blank filled. E.g. a 9 byte field containing the value (\$100.00) could be coded either 'bbb-10000' or '-00010000'. Positive amounts can either have '+' sign or be unsigned. \$100.00 can be represented as '+00010000', '000010000', 'bbb+10000', or 'bbbb10000'.</p> <p>All dates should be provided CCYYMMDD where CC denotes Century, YY denotes year, MM denotes Month, and DD denotes Day. E.g. July 11, 1946 is '19460711'. If date is Not Applicable, field should be coded '00000000'.</p> <p>File will consist of 6 type records: Header, Facility, Professional (including Dental), Pharmacy, UB92 Revenue and Trailer. There will be 1 Header record as the first record on the file, 1 Trailer record at the end of the file, and the remaining records between the Header and Trailer records.</p> <p>The file should contain all claims processed on behalf of the Commonwealth during the transmittal period, regardless of the funding type or billing arrangement. Denied claims (Total Charges = Not Covered Charges) and adjustments to denied claims should be included on the file. Where capitated arrangements are in place, the claims file should still contain the underlying claims. Dollar amounts for capitated claims should be completed to the level of detail for which data is available.</p> <p>Fields highlighted in pink represent additional data elements to the feed in place prior to July 1, 2005.</p>

Record type		Pos	Size	Data type	Comments
Header	Record Type	1	1	Char	Value = 'A'
Header	Carrier Code	2	3	Char	To be assigned by the Commonwealth of Virginia (COV)
Header	File type	5	10	Char	Value = "CLAIM"
Header	Earliest processing date	15	8	Date	Claim Processed Date
Header	Latest processing date	23	8	Date	Claim Processed Date
	Record Length		30		
Prof	Record Type	1	1	Char	Value = 'P'
Prof	Carrier Code	2	3	Char	To be defined by COV
Prof	Covered Group	5	1	Char	"C" – Commonwealth of Virginia "S" – TLC School Group "G" – TLC Governmental Group
Prof	Plan Code	6	4	Char	To be defined by COV
Prof	Subscriber ID from BES – REF*0F	10	9	Char	
Prof	Contract Number (Subscriber SSN)	19	9	Char	No '–'.
Prof	Subscriber Birth Date	28	8	Date	
Prof	Subscriber Sex	36	1	Char	"M" : Male "F" : Female
Prof	Subscriber Zip Code	37	10	Char	
Prof	Subscriber Agency/ TLC Group	47	3	Char	For State, Agency Code from BES 834 feed. For TLC, School or Government Group Identifier from Anthem 834 feed.
Prof	Patient SSN	50	9	Char	Optional. No '–'.
Prof	Patient Last Name	59	20	Char	
Prof	Patient First Name	79	15	Char	
Prof	Patient Birth Date	94	8	Date	
Prof	Patient Relationship to Subscriber	102	1	Char	"E" : Self "S" : Spouse "C" : Child "O" : Other
Prof	Patient Sex	103	1	Char	"M" : Male "F" : Female
Prof	Patient Zip Code	104	10	Char	

Prof	Claim Number	114	20	Char	
Prof	Claim Number Suffix	134	2	Char	Optional. Can be used to differentiate multiple items (lines) on claim.
Prof	Claim Incurred Date	136	8	Date	
Prof	Claim Received Date	144	8	Date	
Prof	Claim Adjudicated Date	152	8	Date	
Prof	Claim Processed Date	160	8	Date	
Prof	Claim Check Date	168	8	Date	Date on the check when issued.
Prof	Claim Paid Date	176	8	Date	This date should be the date upon which claims are booked to your financial and accounting systems.
Prof	Claim Disposition	184	1	Char	“O” : Original Claim “P” : Positive Adjustment “N” : Negative Adjustment
Prof	Optional Benefit Utilization (Expanded Benefit – Key Advantage, Key Share or COVA Care)	185	1	Char	“Y” : Used expanded benefit, i.e. claim would not have been paid under Basic Coverage. “N” : Did not use expanded benefit or expanded benefit option not part of this plan design
Prof	Optional Benefit Utilization	186	1	Char	Space
Prof	Optional Benefit Utilization (COVA Care out of network)	187	1	Char	Y – Out of Network Benefit Applies N – Out of Network Benefit not part of this plan design or part of plan design but not used on this claim.
Prof	Claim Approved/Denied	188	1	Char	Space or “A” – Approved “D” – Denied (Total Charges = Not Covered Charges)
Prof	Capitated/Non-Capitated	189	1	Char	Space or “N” – Non-capitated “C” - Capitated
Prof	Inpatient/Outpatient	190	1	Char	“I” : Inpatient “O” : Outpatient
Prof	Place of Treatment	191	5	Char	See attached list of valid codes.
Prof	Type of Service	196	5	Char	See attached list of valid codes.
Prof	Claim Primary Payer	201	1	Char	“T” : This carrier is primary “M” : Medicare is primary “O” : Other carrier is primary
Prof	Claim Secondary Payer	202	1	Char	“T” : This carrier is secondary “M” : Medicare is secondary “O” : Other carrier is secondary “N” : No secondary payer “U” : Secondary payer not verified
Prof	Claim Tertiary Payer	203	1	Char	“T” : This carrier is tertiary “O” : Other carrier is tertiary “N” : No tertiary payer “U” : Tertiary payer not verified
Prof	Principal HCPCS Code	204	5	Char	Actual Code or “N/A”. HCPCS includes Level 1 (CPT), Level 2

Prof	HCPCS Code Modifier	209	5	Char	Modifier or blank
Prof	Additional HCPCS Code	214	5	Char	Actual Code or "N/A"
Prof	HCPCS Code Modifier	219	5	Char	Modifier or blank
Prof	CDT-2 Code	224	5	Char	American Dental Association code. Actual Code or "N/A".
Prof	CDT-2 Level	229	1	Char	N – Not applicable, no CDT-2 code 1 – Dental Claim processed as Block 1 (Diagnostic and Preventive) 2 – Dental Claim processed as Block 2 (Primary) 3 – Dental Claim processed as Block 3 (Major) 4 – Dental Claim processed as Block 4 (Orthodontic) M – Dental Claim paid under medical plan.
Prof	ICD-9 Principal Diagnosis Code	230	6	Char	Actual Code with "." or "N/A". Required.
Prof	ICD-9 Secondary Diagnosis Code	236	6	Char	Actual Code with "." or "N/A"
Prof	Provider ID type	242	2	Char	FI – Federal Taxpayer's ID Number PC – Provider Commercial Number UP – Unique Physician ID Number HI – HCFA National Provider ID OT – Other ID (subject to COV approval) COV plans to require HCFA ID if the National Provider ID is mandated for use.
Prof	Provider ID	244	15	Char	
Prof	Provider Name	259	50	Char	
Prof	Provider Type	309	2	Char	See attached list of valid codes.
Prof	Provider Specialty	311	2	Char	See attached list of valid codes.
Prof	Provider Location – City	313	20	Char	
Prof	Provider Location – State	333	2	Char	
Prof	Provider Location – Zip Code	335	10	Char	
Prof	Provider Referral	345	1	Char	"P" : Provider is PCP "R" : PCP referral "S" : Self referral "I" : Specialist referral
Prof	Provider In/Out Network	346	1	Char	"I" : Provider in Network "P" : Participating Provider not in Network "N" : Non-participating Provider
Prof	Provider Contract Level	347	10	Char	"HMO" "HMO POS" "EPO"

					“POS PPO” “PPO” “PHO” “INDEMNITY”
Prof	Total Charges	357	10	Amount	
Prof	Non-benefit Charges not covered	367	10	Amount	e.g. convenience items
Prof	Benefit Charges not covered	377	10	Amount	e.g. a benefit not covered by COV’s plan.
Prof	Discount	387	10	Amount	If Schedule of Allowance is less than Total Charges – Non-benefit Charges Not Covered – Benefit Charges Not covered, Discount = Total Charges – Non-benefit Charges Not Covered – Benefit Charges Not Covered – Schedule of Allowance. Otherwise, Discount is zero.
Prof	Schedule of Allowance	397	10	Amount	Applicable to this procedure, provider, and to the COV.
Prof	Eligible Charges	407	10	Amount	Should be lesser of Schedule of Allowance and Total Charges – Non-benefit Charges Not Covered – Benefit Charges Not Covered.
Prof	Deductible	417	10	Amount	
Prof	Coinsurance	427	10	Amount	Copayment is stored in separate field
Prof	COB	437	10	Amount	
Prof	Net Payment After Application of Reimbursement Method	447	10	Amount	Expected relationship of amounts is Net Payment After Application of Reimbursement Method + COB + Copayment + Coinsurance + Deductible = Eligible Charge.
Prof	Internal Claim ID	457	20	Char	Claims may be edited for having been paid on covered individuals under the correct plan of benefits. To facilitate problem resolution, you may include an internal claim ID that will be included on the edit report.
Prof	Copayment	477	10	Amount	Copayment separate from Coinsurance
Prof	Contract Type	487	1	Char	Blank or ‘A’ – Active ‘C’ – Cobra ‘R’ - Retiree
	Record length		487		
Fac	Record Type	1	1	Char	Value = ‘F’
Fac	Carrier Code	2	3	Char	To be defined by COV
Fac	Covered Group	5	1	Char	“C” – Commonwealth of Virginia “S” – TLC School Group “G” – TLC Governmental Group
Fac	Plan Code	6	4	Char	To be defined by COV
Fac	Subscriber ID from BES – REF*0F	10	9	Char	
Fac	Contract Number	19	9	Char	No ‘-‘

	(Subscriber SSN)				
Fac	Subscriber Birth Date	28	8	Date	
Fac	Subscriber Sex	36	1	Char	“M” : Male “F” : Female
Fac	Subscriber Zip Code	37	10	Char	
Fac	Subscriber Agency/ TLC Group	47	3	Char	For State, Agency Code from BES 834 feed. For TLC, School or Government Group Identifier from Anthem 834 feed.
Fac	Patient SSN	50	9	Char	Optional. No ‘-’.
Fac	Patient Last Name	59	20	Char	
Fac	Patient First Name	79	15	Char	
Fac	Patient Birth Date	94	8	Date	
Fac	Patient Relationship to Subscriber	102	1	Char	“E” : Self “S” : Spouse “C” : Child “O” : Other
Fac	Patient Sex	103	1	Char	“M” : Male “F” : Female
Fac	Patient Zip Code	104	10	Char	
Fac	Claim Number	114	20	Char	
Fac	Claim Number Suffix	134	2	Char	Optional. Can be used to differentiate multiple items (lines) on claim.
Fac	Claim Incurred Date - Begin	136	8	Date	
Fac	Claim Incurred Date – End	144	8	Date	
Fac	Admit Date	152	8	Date	Form Locator 17 on UB92
Fac	Discharge Date	160	8	Date	Thru Date from Form Locator 6 on UB92
Fac	Discharge (Patient Status) Code	168	2	Char	Form Locator 22 on UB92
Fac	Number of Days Covered	170	5	Num	Signed. Right Justified. 0 Decimal places. Should be negative for negative adjustment.
Fac	Claim Received Date	175	8	Date	
Fac	Claim Adjudicated Date	183	8	Date	
Fac	Claim Processed Date	191	8	Date	
Fac	Claim Check Date	199	8	Date	Date on the check when issued.
Fac	Claim Paid Date	207	8	Date	This date should be the date upon which claims are booked to your financial and accounting systems.
Fac	Claim Disposition	215	1	Char	“O” : Original Claim “P” : Positive Adjustment “N” : Negative Adjustment
Fac	Optional Benefit Utilization (Expanded Benefit – Key Advantage, Key Share or COVA Care)	216	1	Char	“Y” : Used expanded benefit, i.e. claim would not have been paid under Basic Coverage. “N” : Did not use expanded benefit or expanded benefit option not part of this plan design
Fac	Optional Benefit	217	1	Char	Space

	Utilization				
Fac	Optional Benefit Utilization (COVA Care out of network)	218	1	Char	Y – Out of Network Benefit Applies N – Out of Network Benefit not part of this plan design or part of plan design but not used on this claim.
Fac	Claim Approved/Denied	219	1	Char	Space or “A” – Approved “D” – Denied (Total Charges = Not Covered Charges)
Fac	Capitated/Non-Capitated	220	1	Char	Space or “N” – Non-capitated “C” - Capitated
Fac	Inpatient/Outpatient	221	1	Char	“I” : Inpatient “O” : Outpatient
Fac	Place of Treatment	222	5	Char	See attached list of valid codes.
Fac	Type of Service	227	5	Char	See attached list of valid codes.
Fac	Claim Primary Payer	232	1	Char	“T” : This carrier is primary “M” : Medicare is primary “O” : Other carrier is primary
Fac	Claim Secondary Payer	233	1	Char	“T” : This carrier is secondary “M” : Medicare is secondary “O” : Other carrier is secondary “N” : No secondary payer “U” : Secondary payer not verified
Fac	Claim Tertiary Payer	234	1	Char	“T” : This carrier is tertiary “O” : Other carrier is tertiary “N” : No tertiary payer “U” : Tertiary payer not verified
Fac	DRG Code	235	3	Char	For inpatient facility claims, carrier should provide DRG Code, ICD-9 Principal Diagnosis Code, and ICD-9 Principal Procedure Code. If carrier cannot provide DRG Code, then carrier must provide all ICD-9 diagnosis and procedure codes.
Fac	ICD-9 Principal Diagnosis Code	238	6	Char	Actual Code with “.” or “N/A”
Fac	ICD-9 Other Diagnosis Code	244	6	Char	Actual Code with “.” or “N/A”
Fac	ICD-9 Other Diagnosis Code	250	6	Char	Actual Code with “.” or “N/A”
Fac	ICD-9 Other Diagnosis Code	256	6	Char	Actual Code with “.” or “N/A”
Fac	ICD-9 Other Diagnosis Code	262	6	Char	Actual Code with “.” or “N/A”
Fac	ICD-9 Other Diagnosis Code	268	6	Char	Actual Code with “.” or “N/A”
Fac	ICD-9 Other Diagnosis Code	274	6	Char	Actual Code with “.” or “N/A”
Fac	ICD-9 Other Diagnosis Code	280	6	Char	Actual Code with “.” or “N/A”
Fac	ICD-9 Other Diagnosis Code	286	6	Char	Actual Code with “.” or “N/A”

Fac	ICD-9 Principal Procedure Code	292	6	Char	Actual Code with “.” or “N/A”
Fac	ICD-9 Additional Procedure Code	298	6	Char	Actual Code with “.” or “N/A”
Fac	ICD-9 Additional Procedure Code	304	6	Char	Actual Code with “.” or “N/A”
Fac	ICD-9 Additional Procedure Code	310	6	Char	Actual Code with “.” or “N/A”
Fac	ICD-9 Additional Procedure Code	316	6	Char	Actual Code with “.” or “N/A”
Fac	ICD-9 Additional Procedure Code	322	6	Char	Actual Code with “.” or “N/A”
Fac	Ambulatory Patient Classification (APC) Group Number	328	5	Char	For outpatient facility claims, carrier should provide APC Group Number. If carrier cannot provide APC Group Number, then carrier must provide all Uniform Billing (UB-92) Revenue Codes coded on the claim.
Fac	Ambulatory Surgical Center (ASC) Group	333	5	Char	Blank or 1-8 as appropriate.
Fac	Provider ID type	338	2	Char	FI – Federal Taxpayer’s ID Number PC – Provider Commercial Number UP – Unique Physician ID Number HI – HCFA National Provider ID OT – Other ID (subject to COV approval)
Fac	Provider ID	340	15	Char	
Fac	Provider Name	355	50	Char	
Fac	Provider Type	405	2	Char	See attached list of valid codes.
Fac	Provider Location – City	407	20	Char	
Fac	Provider Location – State	427	2	Char	
Fac	Provider Location – Zip Code	429	10	Char	
Fac	Pre-Certified Admission	439	1	Char	“Y” : Yes “N” : No or Not Applicable
Fac	Provider In/Out Network	440	1	Char	“T” : Provider in Network “P” : Participating Provider not in Network “N” : Non-participating Provider
Fac	Provider Contract Level	441	10	Char	“HMO” “HMO POS” “EPO” “POS PPO” “PPO” “PHO” “INDEMNITY”
Fac	Total Charges	451	10	Amount	
Fac	Non-benefit Charges not covered	461	10	Amount	e.g. convenience items
Fac	Benefit Charges not	471	10	Amount	

	covered				
Fac	Eligible Charge	481	10	Amount	Should be equal to Total Charges – Non-benefit Charges not covered – Benefit Charges not covered
Fac	Deductible	491	10	Amount	
Fac	Coinsurance	501	10	Amount	Copayment is stored in separate field
Fac	COB	511	10	Amount	
Fac	Facility Liability (pre-discount)	521	10	Amount	Amount owed facility if no discount relationship in place. Expected relationship of amounts is: Facility liability (pre-discount) + COB + Copayment + Deductible = Eligible Charge.
Fac	Facility Liability (post-discount)	531	10	Amount	Amount contracted with Facility.
Fac	Discount retained by carrier	541	10	Amount	Portion of total discount retained by carrier for ASO. Remainder of discount is assumed to be Commonwealth's, which may consist of 2 portions: a guaranteed portion which is credited immediately and a settlement amount which is credited later, usually after the close of the fiscal year.
Fac	Discount guaranteed to Commonwealth	551	10	Amount	Amount of discount credited to Commonwealth on initial bill
Fac	Commonwealth's settlement discount	561	10	Amount	Amount of discount credited (or due to be credited, if known in advance) to Commonwealth after close of fiscal year.
Fac	Net Payment After Application of Reimbursement Method	571	10	Amount	The expected relationship is that Net Payment After Application of Reimbursement Method = Facility Liability (pre-discount) – Discount guaranteed to Commonwealth – Commonwealth's Settlement Discount
Fac	Internal Claim ID	581	20	Char	Claims may be edited for having been paid on covered individuals under the correct plan of benefits. To facilitate problem resolution, you may include an internal claim ID that will be included on the edit report.
Fac	Copayment	601	10	Amount	Copayment separate from Coinsurance
Fac	Contract Type	611	1	Char	Blank or 'A' – Active 'C' – Cobra 'R' - Retiree
	Record length		611		
UB92	Record Type	1	1	Char	Value = 'U' 1 record for each revenue code/units/HCPSC item on UB92
UB92	Carrier Code	2	3	Char	To be defined by COV
UB92	Covered Group	5	1	Char	"C" – Commonwealth of Virginia "S" – TLC School Group

					“G” – TLC Governmental Group
UB92	Plan Code	6	4	Char	To be defined by COV
UB92	Subscriber ID from BES – REF*0F	10	9	Char	
UB92	Claim Number	19	20	Char	Same Claim Number from corresponding Facility Record
UB92	Claim Number Suffix	39	2	Char	Same Claim Number from corresponding Facility Record
UB92	Revenue Code	41	3	Char	No ‘-‘
UB92	Revenue Code Units	44	7	Num	Whole number. Right Justified
UB92	Revenue Code HCPCS	51	5	Char	HCPCS code or ‘N/A’ if not provided
	Record length		55		
Pharm	Record Type	1	1	Char	Value = ‘D’
Pharm	Carrier Code	2	3	Char	To be defined by COV
Pharm	Covered Group	5	1	Char	“C” – Commonwealth of Virginia “S” – TLC School Group “G” – TLC Governmental Group
Pharm	Plan Code	6	4	Char	To be defined by COV
Pharm	Subscriber ID from BES – REF*0F	10	9	Char	
Pharm	Contract Number (Subscriber SSN)	19	9	Char	No ‘-‘
Pharm	Subscriber Birth Date	28	8	Date	
Pharm	Subscriber Sex	36	1	Char	“M” : Male “F” : Female
Pharm	Subscriber Zip Code	37	10	Char	
Pharm	Subscriber Agency/ TLC Group	47	3	Char	For State, Agency Code from BES 834 feed. For TLC, School or Government Group Identifier from Anthem 834 feed.
Pharm	Patient SSN	50	9	Char	Optional. No ‘-‘.
Pharm	Patient Last Name	59	20	Char	
Pharm	Patient First Name	79	15	Char	
Pharm	Patient Birth Date	94	8	Date	
Pharm	Patient Relationship to Subscriber	102	1	Char	“E” : Self “S” : Spouse “C” : Child “O” : Other
Pharm	Patient Sex	103	1	Char	“M” : Male “F” : Female
Pharm	Patient Zip Code	104	10	Char	
Pharm	Claim Number	114	20	Char	
Pharm	Claim Number Suffix	134	2	Char	Optional. Can be used to differentiate multiple items (lines) on claim.
Pharm	Claim Incurred Date	136	8	Date	
Pharm	Claim Received Date	144	8	Date	
Pharm	Claim Adjudicated Date	152	8	Date	
Pharm	Claim Processed Date	160	8	Date	

Pharm	Claim Check Date	168	8	Date	Date on the check when issued.
Pharm	Claim Paid Date	176	8	Date	This date should be the date upon which claims are booked to your financial and accounting systems.
Pharm	Claim Disposition	184	1	Char	“O” : Original Claim “P” : Positive Adjustment “N” : Negative Adjustment
Pharm	Optional Benefit Utilization (Expanded Benefit)	185	1	Char	‘N’
Pharm	Optional Benefit Utilization	186	1	Char	Blank
Pharm	Optional Benefit Utilization	187	1	Char	Blank
Pharm	Claim Approved/Denied	188	1	Char	Space or “A” – Approved “D” – Denied (Total Charges = Not Covered Charges)
Pharm	Capitated/Non-Capitated	189	1	Char	Space or “N” – Non-capitated “C” - Capitated
Pharm	Claim Primary Payer	190	1	Char	“T” : This carrier is primary “M” : Medicare is primary “O” : Other carrier is primary
Pharm	Claim Secondary Payer	191	1	Char	“T” : This carrier is secondary “M” : Medicare is secondary “O” : Other carrier is secondary “N” : No secondary payer “U” : Secondary payer not verified
Pharm	Claim Tertiary Payer	192	1	Char	“T” : This carrier is tertiary “O” : Other carrier is tertiary “N” : No tertiary payer “U” : Tertiary payer not verified
Pharm	NDC Drug Code	193	11	Char	In 5-4-2 format.
Pharm	Prescription Number	204	15	Char	
Pharm	Refill Flag	219	1	Char	‘N’ – New Prescription, ‘R’ - Refill
Pharm	Dispense as Written	220	1	Char	‘Y’ – Specified Dispense as Written ‘N’ – Dispense as Written not specified
Pharm	Therapeutic Class Code, Standard	221	2	Char	00-99 from NDDF User Manual
Pharm	Generic Drug Category	223	1	Char	“B” : Brand Drug with NO generic equivalent “E” : Brand Drug with generic equivalent “G” : Generic Drug
Pharm	Number Days Drug Supplied	224	5	Num	Signed. 0 assumed decimal places. If negative adjustment, signed negative.
Pharm	Metric Quantity Drug Dispensed	229	13	Num	Signed. 3 assumed decimal places. If negative, adjustment, signed negative.
Pharm	Pharmacy ID type	242	2	Char	FI – Federal Taxpayer’s ID Number PC – Provider Commercial Number NA – National Association of Boards of Pharmacy Number

					HI – HCFA National Provider ID OT – Other ID (subject to COV approval) COV plans to require HCFA ID if the National Provider ID is mandated for use.
Pharm	Pharmacy ID	244	15	Char	
Pharm	Pharmacy Name	259	50	Char	
Pharm	Pharmacy Type	309	2	Char	See attached list of valid Provider codes.
Pharm	Pharmacy Location – City	311	20	Char	
Pharm	Pharmacy Location – State	331	2	Char	
Pharm	Pharmacy Location – Zip Code	333	10	Char	
Pharm	Provider In/Out Network	343	1	Char	“I” : Provider in Network “P” : Participating Provider not in Network “N” : Non-participating Provider
Pharm	Provider Contract Level	344	10	Char	“HMO” “HMO POS” “EPO” “POS PPO” “PPO” “PHO” “INDEMNITY”
Pharm	Prescriber ID type	354	2	Char	FI – Federal Taxpayer’s ID Number PC – Provider Commercial Number NA – National Association of Boards of Pharmacy Number HI – HCFA National Provider ID OT – Other ID (subject to COV approval) COV plans to require HCFA ID if the National Provider ID is mandated for use.
Pharm	Prescriber ID	356	15	Char	
Pharm	Prescriber Name	371	50	Char	
Pharm	Prescriber Type	421	2	Char	See attached list of valid Provider codes.
Pharm	Prescriber Location – City	423	20	Char	
Pharm	Prescriber Location – State	443	2	Char	
Pharm	Prescriber Location – Zip Code	445	10	Char	
Pharm	Total Charges	455	10	Amount	
Pharm	Non-benefit Charges not covered	465	10	Amount	e.g. convenience items
Pharm	Benefit Charges not covered	475	10	Amount	e.g. a benefit not covered by COV’s plan.
Pharm	Discount	485	10	Amount	If Schedule of Allowance is less than Total Charges – Non-benefit Charges Not Covered – Benefit Charges Not covered, Discount =

					Total Charges – Non-benefit Charges Not Covered – Benefit Charges Not Covered – Schedule of Allowance. Otherwise, discount is zero.
Pharm	Schedule of Allowance	495	10	Amount	Applicable to this procedure, provider, and to the COV.
Pharm	Eligible Charges	505	10	Amount	Should be lesser of Schedule of Allowance and Total Charges – Non-benefit Charges Not Covered – Benefit Charges Not Covered.
Pharm	Deductible	515	10	Amount	
Pharm	Coinsurance	525	10	Amount	Copayment is stored in separate field
Pharm	COB	535	10	Amount	
Pharm	Net Payment After Application of Reimbursement Method	545	10	Amount	Expected relationship of amounts is Net Payment After Application of Reimbursement Method + COB + Copayment + Deductible = Eligible Charge.
Pharm	Drug Acquisition Cost	555	10	Amount	
Pharm	Drug Dispense Fee	565	10	Amount	Expected relationship is Drug Acquisition Cost + Drug Dispense Fee = Eligible Charge.
Pharm	Drug Process Fee	575	10	Amount	
Pharm	Internal Claim ID	585	20	Char	Claims may be edited for having been paid on covered individuals under the correct plan of benefits. To facilitate problem resolution, you may include an internal claim ID that will be included on the edit report.
Pharm	Copayment	605	10	Amount	Copayment separate from Coinsurance
Pharm	Payment Tier	615	1	Char	Blank or 'N' – Payment Tier Not Applicable '1' – Tier 1 '2' – Tier 2 '3' – Tier 3
Pharm	Contract Type	616	1	Char	Blank or 'A' – Active 'C' – Cobra 'R' - Retiree
Pharm	Dosage Form of Drug	617	2	Char	Unit of Measure applicable to Metric Quantity Drug Dispensed Blank – Not Specified "ML" – Milliliters "GM" – Grams "EA" - Each
	Record length		618		
Trailer	Record Type	1	1	Char	Value = 'Z'
Trailer	Carrier Code	2	3	Char	To be assigned by COV
Trailer	File type	5	10	Char	Value = "CLAIM"
Trailer	Lowest processing date on file	15	8	Date	Claim Processed Date
Trailer	Highest processing	23	8	Date	Claim Processed Date

	date on file				
Trailer	Number of Professional records on file	31	7	Numeric	Unsigned. Right Justify. 0 decimals.
Trailer	Amount of Professional Total Charges on file	38	12	Amount	
Trailer	Number of Facility records on file	50	7	Numeric	Unsigned. Right Justify. 0 decimals.
Trailer	Amount of Facility Total Charges on file	57	12	Amount	
Trailer	Number of Pharmacy records on file	69	7	Numeric	Unsigned. Right Justify. 0 decimals.
Trailer	Amount of Pharmacy Total Charges on file	76	12	Amount	
Trailer	Number of UB92 records on file	88	7	Numeric	Unsigned. Right Justify. 0 decimals
	Record length		94		

APPENDIX 7

TERMINAED DIRECT BILLED ELIGIBLES LAYOUT

This report shall be in Excel format and submitted electronically each month on a schedule determined by OHB, and shall contain at a minimum the following data elements:

- Member's Identification Number
- Member's SSN
- Member's Last Name
- Member's First Name
- Member's Term Date
- Member's Plan Coverage Description (Plan)
- Member's Coverage Level Code (Membership)
- Member's Classification or status
- Member's Premium Status