HIPAA Transaction
Standard Companion Guide

Benefit Enrollment and Maintenance (834)
ASC X12N/005010X220

17th January 2023

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Disclosure Statement

Disclosure, distribution and copying of this guide is permitted. However, be aware that changes to items found in this guide may occur at any time without notice.

The intended purpose and use of this guide, is to provide information supporting Benefit Enrollment and Maintenance (834).

Due to the copyright protection of the 5010 Implementation Guides (TR3), Utah Medicaid will not publish items found on the ASC X12 Implementation Guides (TR3), other than to convey the Utah Medicaid system limitations and usage iterations.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronic health data with Utah Medicaid. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides.

The Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. It is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide will provide information regarding the exchange of an Electronic Data Interchange (EDI) transaction with Utah Medicaid regarding Benefit Enrollment and Maintenance transaction. It also includes information about EDI enrollment, testing, and customer support.

Utah Medicaid is publishing this Companion Guide to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of, the ASC X12N TR3 mandated by HIPAA. This Companion Guide can be accessed at https://medicaid.utah.gov/hipaa/providers/#companion-guides.

All References to Medicaid are used for simplicity, but other programs supported by the Utah Department of Health Division of Medicaid and Health Financing (DMHF) are also included, e.g., Medicaid, CHIP, Integrated Medicaid, Baby Your Baby, etc.

Utah Medicaid provides services to eligible members using two coverage models:

- Managed Care Organizations (MCO) - Are Plans who provide medical, dental and behavioral health services to eligible Medicaid and CHIP members.

- Fee for Service (FFS) - Consists of all Medicaid plans where services are paid for a member who is not enrolled in a MCO or the service that is needed is not covered by the MCO plan.

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No table of figures entries found.

Tables

1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires all entities exchanging health data to comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The Accredited Standards Committees (ASC) X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) are the standards of compliance. The TR3s are published by the Washington Publishing Company (WPC) and are available at: https://x12.org/products.

This section describes how the ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of tables. The tables contain a row for each segment that, due to the Utah Medicaid system limitation and business needs, may require information in addition to, or over and above, the information in the IGs. That information can:

- Limit the repeat of loops, or segments.

- Limit the length of a simple data element.

- Specify a sub-set of the IGs internal code listings.

- Clarify the use of loops, segments, composite and simple data elements.

- Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with Utah Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe the Utah Medicaid usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail.

Table 1 specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Table 1. Columns and Usage

Page #	Loop ID	Reference	Name	Notes/Comments
41	1000B	REF01	Reference Identification Qualifier	"94"
41	1000B	N104	Reference Identification	PRISM Provider Location ID
55	2000	REF02	Reference Identification	10-digit Beneficiary ID Number

Scope

The Companion Guide addresses the Utah Medicaid technical and connectivity specifications for the Benefit Enrollment and Maintenance transaction. It highlights business rules, system limitations, and data requirements for generating a successful Benefit Enrollment and Maintenance transaction.

Table 2. Transactions Covered by this Companion Guide

Transactions	Versions
834 Benefit Enrollment and Maintenance	005010X220
Implementation Acknowledgment for Health Care Insurance (999) Interchange Acknowledgment (TA1)	005010X231A1

Overview

The Companion Guide was written to assist providers in designing and implementing transaction standards to meet the Utah Medicaid processing methodology. The guide is organized in the sections listed below:

- Section 1 INTRODUCTION: Section includes scope, overview, references and additional information.

- Section 2 GETTING STARTED: Section includes information on enrolling as a Utah Medicaid Provider, EDI enrollment, and the testing process.

- Section 3 TESTING WITH UTAH MEDICAID: Section includes detailed transaction instruction on how to test with Utah Medicaid.

- Section 4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS: Section includes information on Medicaid transmission procedures, and communication and security protocols.

- Section 5 CONTACT INFORMATION: Section includes Medicaid telephone numbers, mailing and email addresses, and other contact information.

- Section 6 CONTROL SEGMENT/ENVELOPES: Section includes information needed to create the ISA/IEA, GS/GE, and ST/SE control segments to be submitted to Utah Medicaid.

- Section 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS: Section includes detailed transaction testing information. Web services connection is needed to send transactions.

- Section 8 ACKNOWLEDGEMENTS AND/OR REPORTS: Section includes information on all EDI reports such as 999s, or TA1.

- Section 9 TRADING PARTNER AGREEMENTS: Section contains information regarding Trading Partner EDI Enrollment requirements for the 834 transaction.

- Section 10 TRANSACTION SPECIFIC INFORMATION: Section contains specific information regarding 834 transactions, system limitations, scheduled and non-scheduled system downtime notifications, holiday hours, and other information that would be helpful to Trading Partners.

- APPENDICES: This section will lay out transmission examples, frequently asked questions, an implementation checklist, business scenarios, and a change summary.

References

- **5010 ASC X12 Technical Report Type 3 (TR3) Guides:**

  Due to system limitation and business needs, Utah Medicaid will identify loops, segments, and data elements to convey additional information to process electronic requests successfully.

  The TR3s may be purchased through Washington Publishing Company (WPC) at https://x12.org/products.

- **Utah Health Information Network (UHIN) Standards and Specifications:**

  All payers in Utah, including Medicaid, have adopted the UHIN Standards and Specifications set forth by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value added network serving providers and payers in Utah. To access specific documents such as Standards, Technical Manuals, Specifications, etc., a provider must request access to https://my.uhin.org from UHIN.

  o UHIN Home Page: http://www.uhin.org

  o UHIN Standards: https://support.uhin.org/hc/en-us/categories/360002051651-Standards

  o UHIN UTRANSEND Technical Reference Manual (TRM): https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2

  o UHIN EDI Enrollment Specification: https://support.uhin.org/hc/en-us/articles/360037342132-UHIN-EDI-Enrollment-Specification-v1-1

- **Washington Publishing Company (WPC):**

  https://www.wpc-edi.com/

- **WPC Code List:**

  https://x12.org/codes

- **CMS transaction and Code Sets Standards:**

  https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/AdoptedStandardsandOperatingRules.html

- **CMS Electronic Billing & EDI Transactions Help Lines (Part A and B):**

  http://www.cms.gov/ElectronicBillingEDITrans

- **Accredited Standards Committee (ASC):**

  https://x12.org/

Additional Information

Utah Medicaid does not offer EDI software. Some software vendors charge for each electronic transaction type (claims, eligibility, reports, and remittance advice). There are no regulations as to what software vendors can charge for the software license or their services. It is the responsibility of the provider to procure software that best fits their business needs.

Things to consider when looking for EDI software:

1. Fees and Function – What EDI transactions are included with the software license? Examples include:

   a. Health Care Eligibility Benefit Inquiry and Response (270/271)

   b. Health Care Claim Status Request and Response (276/277)

   c. Health Care Claims: Professional (837P), Institutional (837I), Dental (837D)

   d. Health Care Claim Acknowledgment (277CA)

   e. Acknowledgment Reports (Interchange Acknowledgement (TA1), Implementation Acknowledgment for Health Care Insurance (999))

   f. Health Care Claim Payment/Advice (835)

   g. Health Care Services Review - Request for Review and Response (278)

   h. Payroll Deducted and Other Group Premium Payments for Insurance Products (820)

   i. Benefits Enrollment and Maintenance (834)

2. Software License – Will the license include free regulatory updates?

3. Technical Support – Is the installation, set-up, and any subsequent assistance included with the subscription?

4. System Requirements – Will the software function with your current Operating System, hardware, and Practice Management software, or will new Operating System, Practice Management software, or hardware be needed?

5. Reports – Are data elements on received transactions viewable, for example, Claims Adjustment Reason Codes, Remittance Remark Codes, PLB segments on the 835, and so forth?

6. UHIN provides software for their members. Contact UHIN at (877) 693-3071 for more information.

7. Providers that use a billing company or clearinghouse, contact the billing company or clearinghouse for software.

8. Proprietary software can be used provided it meets HIPAA standards and CORE requirements.

2 GETTING STARTED

Working with Utah Medicaid

Providers must enroll as a Utah Medicaid provider. The Utah Medicaid Provider Enrollment team may be reached at (801) 538-6155 or (800) 662-9651, option 3, then option 4, for questions regarding provider enrollment. Provider Enrollment forms, instructions, and contact information are available on the Utah Medicaid website: https://medicaid.utah.gov/become-medicaid-provider.

A provider who enrolled online will receive a Welcome Letter to access provider enrollment information.

Providers who wish to employ UHIN and use their tools and services to submit EDI claims, Client Eligibility and Response, Claim Status Inquiry and Response, Health Care Services Review - Request for Review and Response, or receive Electronic Remittance Advice may contact UHIN at (877) 693-3071 or see the UHIN EDI Enrollment Specification at: https://support.uhin.org/hc/en-us/articles/360037342132-UHIN-EDI-Enrollment-Specification-v1-1. The Provider must ask UHIN for membership information and how to obtain an Electronic Data Interchange (EDI) Trading Partner Number (TPN).

Providers who elect to transmit or receive electronic transactions using a third party, such as a billing agent, clearinghouse, or network service, do not need to contact UHIN or acquire a TPN if the billing agent, or network service is a member of UHIN. In this case, providers must obtain the billing company's TPN to complete the Utah Medicaid EDI enrollment online.

Trading Partner Registration

Utah Medicaid requires all trading partners to complete the Utah Medicaid EDI Enrollment online. Any other form of EDI Enrollment is not accepted. To become a trading partner with Utah Medicaid, visit our website at https://medicaid.utah.gov/become-medicaid-provider.

Using the information provided in the Welcome Letter (when you first enrolled to become a Utah Medicaid provider), you may access and complete or modify the EDI Enrollment. If a Welcome Letter was not received, contact Medicaid Provider

Enrollment at (801) 538-6155 or (800) 662-9651, option 3, then option 4, to request one.

Providers may need to obtain the TPN for each EDI transaction from their clearinghouse or billing agency prior to EDI enrollment.

For Brand New Providers – Never Validated:

1. Acquire a Utah Identification (ID) from https://id.utah.gov/login if you do not have one.

    a. Create an Account

    b. Complete all the required fields

    c. Set the password interval to 90 days, using the following State of Utah password requirements:

        ▪ Minimum of 8 characters

        ▪ Upper case letters

        ▪ Lower case letters

        ▪ At least 1 number

        ▪ Special characters

2. Visit our website at: https://medicaid.utah.gov/become-medicaid-provider.

3. Click the PRISM Portal hyperlink.

4. Enter your Utah ID and password to log in.

5. Click the Submit Enrollment Access (Converted Providers Accessing the New PRISM System for the First Time).

6. Complete and Submit Enrollment Access form. Upon successful validation, the system will redirect you to the profile selection domain page.

7. Click Manage Provider Information.

8. Complete all the validation requirements in Steps 1-3.

9. Complete all the steps for EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the Trading Partner Number (TPN) to each EDI transaction based on business needs. A different TPN may be used for each EDI transaction.

10. Click the Submit button in the last step to submit the form for processing.

For Existing Providers – Validated:

1. Visit our website at https://medicaid.utah.gov/become-medicaid-provider/.

2. Click the PRISM Portal hyperlink.

3. Enter your Utah ID and password to log in.

4. Select a Domain and Profile.

5. Click the Manage Provider Information.

6. Complete all the steps that pertain to the EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the TPN to each EDI transaction based on business needs. Different TPNs may be used for each EDI transaction.

7. Click the Submit button in the last step to submit the form for processing.

Training is available by clicking the link for the Provider Enrollment and EDI Enrollment tutorial: https://medicaid.utah.gov/pe-training.

Certification and Testing Overview

All payers in Utah, including Utah Medicaid, have adopted the UHIN Standards and Specifications set forth by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value added network serving providers and payers in Utah.

All providers who wish to submit EDI transactions through UHIN, must test with UHIN prior to submission of electronic transactions. Contact UHIN at (877) 693-3071 to coordinate acceptance testing.

3   TESTING WITH UTAH MEDICAID

Providers who wish to submit EDI transactions through the PRISM Electronic batch are not required to do testing. If a provider wants to test prior to production, send test transactions to the Medicaid Test Trading Partner Number: HT000004-003.

Providers who wish to submit EDI transactions through UHIN, contact UHIN Help Desk at (877) 693-3071 for security access to their Test environment. Coordinate Acceptance Testing with UHIN first. UHIN will validate your EDI transactions and notify Utah Medicaid when Acceptance Testing is completed.

During provider enrollment, ensure that your UHIN Trading Partner Numbers (TPN) are associated for each transaction based on business needs prior to testing with Utah Medicaid. Registration can be done through EDI Enrollment online at the Medicaid website: https://medicaid.utah.gov/become-medicaid-provider/. See detailed instructions under the Trading Partner Registration section.

Providers should coordinate testing with Utah Medicaid, after completion of the Acceptance Testing with UHIN, by calling the EDI Customer Support at (801) 538-6155, option 3, then option 5. Medicaid EDI Customer Support will assist with testing issues and errors.

Send your test transactions to the Medicaid Test Trading Partner Number: HT000004-003.

Providers using the UHIN software are not required to test. Contact UHIN Member Relations Team at (877) 693-3071 for technical support.

Providers using a third-party software or practice-management software need to work directly with their software vendor for software upgrades and technical support.

4 CONNECTIVITY WITH THE PAYER/ COMMUNICATIONS

Web Service connection is required to send electronic transactions through UHIN. For more information, see UHIN standards at: https://support.uhin.org/hc/en-us/categories/360002051651-Standards.

To initiate a Trading Partner relation with UHIN, contact UHIN at (877) 693-3071 for more information, or email at: customerservice@uhin.org.

UHIN Technical Specifications are available at: https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2.

5 CONTACT INFORMATION

EDI Customer Service

The UHIN Help Desk can be contacted at either (877) 693-3071 or by email at customerservice@uhin.org.

Trading Partners may call Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit Trading Partner data or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

Utah Medicaid Manage Care EDI Customer Support team may be contacted by email: MHC-EDI@utah.gov.

Notes: Do not send non-encrypted PHI to this email address.

If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the information in the email could be intercepted and read by a third-party during transmission.

This may be a reportable incident under the HIPAA Privacy and Security Rules. Please follow your organization's incident reporting procedure and notify your compliance officer.

If you need to send PHI or other sensitive information to us electronically, we strongly encourage you to use a secure method.

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M.

EDI Customer Support is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, ListServ, and through UHIN alerts for unexpected system down time, for unexpected delay in generation and transmission of EDI reports, delay in the release of provider payments, to announce the release of new or interim Medicaid Information Bulletin (MIB), and so forth.

To sign up for the Medicaid ListServ, click: https://medicaid.utah.gov/utah-medicaid-official-publications.

Trading partners may also sign up to receive UHIN alerts for urgent broadcast and notification sent by various Utah Payers including Utah Medicaid at: http://www.uhin.org.

Applicable Websites/E-mail

Utah Medicaid Managed Care EDI email address is: MHC-EDI@utah.gov

Utah Medicaid Web Page: https://medicaid.utah.gov/

Utah Medicaid Companion Guide: https://medicaid.utah.gov/hipaa/providers/#companion-guides/

Utah Medicaid Provider training: https://medicaid.utah.gov/provider-training-0/

Utah Medicaid EDI Enrollment: https://medicaid.utah.gov/become-medicaid-provider/

Utah Medicaid Registration and EDI Enrollment Tutorial: https://medicaid.utah.gov/pe-training

To sign up for the Utah Medicaid ListServ: https://medicaid.utah.gov/utah-medicaid-official-publications

UHIN: https://uhin.org

UHIN Help Desk: customerservice@uhin.com

UHIN Standards and Specifications: https://support.uhin.org/hc/en-us/categories/360002051651-Standards

Connectivity requirements, click the UHIN website at this link: https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2

To sign up to receive UHIN alerts: https://uhin.org

UHIN Hardware Requirements: https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2

6 CONTROL SEGMENT/ENVELOPES

In all transactions, the ISA06 and ISA08 must contain the designated Trading Partner Number (TPN) of the submitter and receiver, respectively. The trading partner defines the value carried in GS02 and GS03. If there is not an agreement between trading partners as to the value carried in these segments, then the default will be the TPN of the submitter and receiver (that is, the same numbers that are in ISA06 and ISA08, respectively).

For security purposes, neither the ISA04 nor the GS02 will be used to carry the Trading Partner Password or User ID. The Password and User ID values will be transmitted in an outside wrapping of the transaction for authentication. For this reason, the ISA01 and ISA03 values are '00' and the ISA02 and ISA04 are space filled. See Table 3 for proper usage and required value for various data elements in the ISA and GS segments.

ISA-IEA (Interchange Control Number)

To facilitate tracking and debugging, the Interchange Control number used in the ISA13 must be unique for each transaction.

Group Control Number

To facilitate tracking and debugging, the Group Control number used in the GS06, must be unique.

For more information regarding the use of ISA/IEA and GS/GE control segments, see the Utah Standards available on the UHIN website at: https://support.uhin.org/hc/en-us/categories/360002051651-Standard.

Table 3. 834 – Benefit Enrollment and Maintenance Interchange Control Header

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ISA		**Segment – Interchange Control Header**	
	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present)
	ISA	ISA02	Authorization Information	10 Spaces
	ISA	ISA03	Security Information Qualifier	"00" (no security information present)
	ISA	ISA04	Security Information	10 Spaces
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA06	Interchange Sender ID	"HT000004-002" "HT000004-003" – Test followed by spaces.
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA08	Interchange Receiver ID	Receiver Trading Partner ID associated to this transaction as part of Provider EDI Enrollment (HTXXXXXX-XXX) left justified, followed by spaces.
	ISA	ISA13	Interchange Control Number	<Interchange Control Number>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				PRISM will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.
	ISA	ISA14	Acknowledgment Requested	"0" (no acknowledgment requested)
	ISA	ISA15	Interchange Usage Indicator	"P" (production) "T" (test) data
	ISA	ISA16	Component Element Separator	<:>
	GS		**Segment – Functional Group Header**	**If a Trading Partner Number is shared between multiple providers, acknowledgement/response files generated for the Trading Partner Number will not be accessible from PRISM screens to download.**
	GS	GS02	Application Sender's Code	"HT000004-002" "HT000004-003" – Test
	GS	GS03	Application Receiver's Code	Receiver Trading Partner ID associated to this transaction as part of Provider EDI Enrollment (HTXXXXXX-XXX)

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Utah Medicaid generates one 834 file for every MCO Provider Location. Utah Medicaid reports a unique value in the ISA13 and GS06 for all X12 834 transactions.

Regular Scheduled System Downtime

Utah Medicaid systems are available to process Batch transactions 24/7 except during regularly scheduled system downtime, defined as:

Routine downtime

Regularly scheduled system downtime is Sundays, from 1 A.M. to 2 A.M.

Non-routine downtime

Medicaid will notify providers through the email ListServ, UHIN alerts, or message broadcast through the phone system, for unscheduled or emergency downtime, within one hour of discovery.

No response or acknowledgement will be returned during scheduled or non-scheduled downtime.

System Holiday Schedule

Utah Medicaid systems are available to process Batch X12 transactions 24 hours a day, 7 days a week except for our regularly scheduled system downtime, as stated above.

Business Limitations:

- **ANSI ASC X12 834 - Transaction Set Companion Guide Rules**

Table 4. Transaction Set Companion Guide Rules Outbound

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ST		**Segment – Transaction Set Header**	
	ST	ST02	Transaction Set Control Number	<Transaction set control number> PRISM will assign a unique number within the transaction set, to indicate the start of the transaction. PRISM will transmit identical transaction set control numbers in ST02 and SE02.
	BGN		**Segment – Beginning Segment**	
	BGN	BGN01	Transaction Set Purpose Code	"00" (original and resubmission of original upon request of trading partner)
	BGN	BGN08	Action Code	"2" Change (Update) "4" Verify
	DTP		**Segment – File Effective Date**	
	DTP	DTP01	Date/Time Qualifier	"303" (maintenance effective) for an update transaction
	DTP	DTP03	Date Time Period	Report first day of report month for a full file audit

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				Report maintenance effective date for an update transaction
	QTY		**Segment – Transaction Set Control Totals**	
	QTY	QTY01	Quantity Qualifier	"TO" (Total)
	QTY	QTY02	Quantity	<Total number of records transmitted in ST-SE loop>
1000A			**Loop – Sponsor Name**	
1000A	**N1**		**Segment – Sponsor Name**	
1000A	N1	N102	Name	"Utah Medicaid"
1000A	N1	N103	Identification Code Qualifier	"FI" (Federal Taxpayer's Identification Number)
1000A	N1	N104	Identification Code	"876000545"
1000B			**Loop – Payer**	
1000B	**N1**		**Segment – Payer**	
1000B	N1	N102	Name	Organization Name
1000B	N1	N103	Identification Code Qualifier	"94" (Code assigned by the organization that is the ultimate destination of the transaction set)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
1000B	N1	N104	Identification Code	Report PRISM Provider Location Identifier
2000			**Loop – Member Level Detail**	
2000	**INS**		**Segment – Member Level Detail**	
2000	INS	INS01	Yes/No Condition or Response Code	"Y" (yes) – insured is always the subscriber
2000	INS	INS02	Individual Relationship Code	"18" (self) – insured is always the subscriber
2000	INS	INS03	Maintenance Type Code	Daily Update: "001" (Change) "021" (Addition) "024" (Cancellation or Termination) "025" (Reinstatement) Audit: "030" (Audit or Compare)
2000	INS	INS04	Maintenance Reason Code	Daily Update: See Table 5. Maintenance Type and Reason Crosswalk Audit: "XN" Audit
2000	INS	INS05	Benefit Status Code	"A" (Active)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000	INS	INS08	Employment Status Code	"AC" (active) for enrolled members "TE" (terminated) for disenrolled members
2000	INS	INS12	Date Time Period	<Beneficiary Date of Death> when available and applicable
2000	**REF**		**Segment – Subscriber Identifier**	
2000	REF	REF01	Reference Identification Qualifier	"0F" (Subscriber Number)
2000	REF	REF02	Reference Identification	<PRISM Beneficiary Identifier> Right-justified, zero-filled (RJ0F)
2000	**REF**		**Segment – Member Policy Number**	
2000	REF	REF01	Reference Identification Qualifier	"1L" (Group or Policy Number)
2000	REF	REF02	Reference Identification	<Member Policy Number> leading zero filled
2000	**REF**		**Segment – Member Supplemental Identifier**	
2000	REF	REF01	Reference Identification Qualifier	"3H" (Case Number)
2000	REF	REF02	Reference Identification	<Case Number>
2000	**DTP**		**Segment – Member Level Dates**	
2000	DTP	DTP01	Date/Time Qualifier	"303" (Maintenance Effective)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000	DTP	DTP03	Date Time Period	Report Status Information Effective Date in CCYYMMDD format
2100A			**Loop – Member Name**	
2100A	**NM1**		**Segment – Member Name**	
2100A	NM1	NM101	Entity Identifier Code	"74" (Corrected Insured) for demographic change "IL" (Insured or Subscriber) for all others
2100A	NM1	NM104	Name First	Report "NoFirst" if Subscriber doesn't have a first name
2100A	NM1	NM108	Identification Code Qualifier	"34" (Social Security Number) when available
2100A	NM1	NM109	Identification Code	<member SSN>
2100A	**PER**		**Segment – Member Communications Numbers**	
2100A	PER	PER01	Contact Function Code	"IP" (Insured Party)
2100A	PER	PER03	Communication Number Qualifier	"TE" (Telephone)
2100A	PER	PER04	Communication Number	HOH Telephone Number
2100A	**N3**		**Segment – Member Residence Street Address**	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	N3	N301	Address Information	Report Subscriber Residential Address (line 1)
2100A	N3	N302	Address Information	Report Subscriber Residential Address (line 2, if needed)
2100A	**N4**		**Segment – Member Residence City, State, Zip Code**	
2100A	N4	N405	Location Qualifier	"CY" (county/parish)
2100A	N4	N406	Location Identifier	FIPS county code In the case of an address outside of Utah 'OT' will be reported.
2100A	**DMG**		**Segment – Member Demographics**	
2100A	DMG	DMG05 -1	Race or Ethnicity Code	See Table 6. Race and Ethnicity Crosswalk. If member has more than one Race Code, system will report this field as 'E'.
2100A	**HLH**		**Segment – Member Health Information**	
2100A	HLH	HLH01	Health Related Code	"T" (Tobacco Use)
2100A	**LUI**		**Segment – Member Language**	
2100A	LUI	LUI01	Identification Code Qualifier	"LE" (ISO 639 Language Codes)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	LUI	LUI02	Identification Code	PRISM will use the ISO 639-2 version of the ISO 639 language codes.
2100A	LUI	LUI04	Use of Language Indicator	"7" (Language Speaking)
2100F			**Loop – Custodial Parent**	**When reporting Foster Care member, system will report Foster Parent Information in this loop**
2100G			**Loop – Responsible Person**	**The Head of Household information will be reported in this loop. In the case of a Sub Adopt member the adoptive parent will be reported.**
2300			**Loop – Health Coverage**	
2300	**HD**		**Segment – Health Coverage**	
2300	HD	HD03	Insurance Line Code	MMedicaid: HMO MCHIP: HMO MHome: HMO DMedicaid: DCP DCHIP: DCP MHMedicaid: AK SAMedicaid: AK

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300	HD	HD04	Plan Coverage Description	(1-5) Rate Code to represents member rate category which determines the dollar amount (see contract for values) (6) Restriction flag indicating whether the member has Restricted Provider or not - Y/N (7) Member choose plan based on specialist - Y/N (8 - 15) PET (Program Enrollment Type) See Table 9. PET Codes (16 – 25) Benefit Plan ID See Table 10. Benefit Plan ID vs Benefit Name Name Crosswalk
2300	HD	HD05	Coverage Level Code	"IND" (Individual)
2300	**DTP**		**Segment – Health Coverage Dates**	
2300	DTP	DTP01	Date/Time Qualifier	"348" (Benefit Begin)
2300	DTP	DTP02	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
2300	DTP	DTP03	Date Time Period	Update File: Report Enrollment begin date Audit File: Report First day of Report Month
2300	DTP	DTP01	Date/Time Qualifier	"349" (Benefit End) used only on update file

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300	DTP	DTP02	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
2300	DTP	DTP03	Date Time Period	Report Enrollment End Date when terminating coverage for a member
2300	**REF**		**Segment – Health Coverage Policy Number**	
2300	REF	REF01	Reference Identification Qualifier	"17" (Client Reporting Category)
2300	REF	REF02	Reference Identification	(1) Pregnancy indicator (Y/N) (2) Children with Special Health Care Needs (CSHCN) indicator (Y/N) (3) Waiver Type – Refer to Table 8. Waiver Type Codes (4) Protected Population Indicator- Y/N (Foster Care or Subsidized Adoption) (5) Native American - Y/N (6) Cost Share Met - Y/N (7 – 13) Cost Share Remaining-0000.00 (14 – 15) Dual Eligibility Type (16 – 23) Pregnancy Due Date (MMDDYYYY) from eREP (24 – 31) Recertification Date (Eligibility Review Date, MMDDYYYY). This date is informational and may not be current in the

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				daily file. The review date will be current at each sync/audit file. (32) TPL Court Ordered Indicator (Y/N)
2310			**Loop – Provider Information**	
2310	**NM1**		**Segment- Provider Name**	**For PMHP 834, system will report Medical MCO details in the 2310 loop with qualifier 'Y2'** **If HD04-Restriction flag is 'Y' then system will report restricted Primary provider information in the 2310 loop with qualifier 'P3'. If this is 'N' then system will report PCP information with qualifier "P3".** **System will report Primary pharmacy provider information in the 2310 loop with qualifier 'QA'**
2310	NM1	NM101	Entity Identifier Code	"P3" (Primary Care Provider or Lock-in Physician) "QA" (Lock-in Pharmacy) "Y2" (Managed Care Organization)
2310	NM1	NM102	Entity Type Qualifier	"1" Person "2" Non-Person Entity

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2310	NM1	NM103	Name Last or Organization Name	Name of the person/organization reported in NM109
2310	NM1	NM108	Identification Code Qualifier	"XX" (National Provider Identifier)
2310	NM1	NM109	Identification Code	<National Provider Identifier>
2310	NM1	NM110	Entity Relationship Code	"72" (Unknown)
2320			**Loop – Coordination of Benefits**	**When other insurance information for a member is in the PRISM Third Party Liability sub system, the information will be transmitted in the HIPAA-mandated 834 transaction in the 2320 Coordination of Benefits (COB) loop. It is the responsibility of the health plan to verify the information in the COB loop.** **Due to Implementation Guide limitation of reporting 5 COB repeats, if 5 COB records are reported, there may be additional TPL records in PRISM for the member.**
2320	**COB**		**Segment – Coordination of Benefits**	
2320	COB	COB01	Payer Responsibility Sequence Number Code	"U" (Unknown) Note: Medicaid is always the payer of last resort.
2320	COB	COB02	Reference Identification	Report Insured Policy Number

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	COB	COB03	Coordination of Benefits Code	"1" (Coordination of Benefits) "5" (Unknown)
2320	**REF**		**Segment – Additional Coordination of Benefits Identifiers**	
2320	REF	REF01	Reference Identification Qualifier	"6P" (Group Number)
2320	REF	REF02	Reference Identification	<Insured Group Number>
2320	REF	REF01	Reference Identification Qualifier	"60" (Account Suffix Code)
2320	REF	REF02	Reference Identification	<TPL Coverage Type Code> See Table 7. TPL Coverage Type Codes
2320	**DTP**		**Segment – Coordination of Benefits Eligibility Dates**	**Segment is repeated twice.**
2320	DTP	DTP01	Date/Time Qualifier	"344" (COB Begin)
2320	DTP	DTP03	Date Time Period	<COB Begin Date>
2320	DTP	DTP01	Date/Time Qualifier	"345" (COB End)
2320	DTP	DTP03	Date Time Period	<COB End Date>
2330			**Loop – Coordination of Benefits Related Entity**	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2330	**NM1**		**Segment – Coordination of Benefits Related Entity**	
2330	NM1	NM101	Entity Identifier Code	"IN" (Insurer)
2330	NM1	NM103	Name Last or Organization Name	\<Coordination of Benefits Insurer Name\>
2330	NM1	NM108	Identification Code Qualifier	"FI" (Federal Tax ID Number)
2330	NM1	NM109	Identification Code	\<Federal Tax ID Number of Payer\>, when available

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Implementation Acknowledgment for Health Care Insurance (999) – ASC X12N/005010X231

Edits for syntactical quality of the functional group or implementation guide compliance are documented in the 999 Acknowledgement and are returned for all batch Inbound transactions.

An Accepted 999 means the transaction file was accepted into the system for processing. A Rejected 999 means the file transmitted does not comply with the HIPAA standards identified by the syntactical analysis or implementation guide compliance.

The 999 Acknowledgment will identify the segment name, segment location (line number), Loop ID, and data element in error. For multiple errors, all errors found will be listed in the 999 Implementation Acknowledgment. Errors must be corrected before resubmitting the Inbound transaction.

Interchange Acknowledgment

The Interchange Acknowledgment (TA1) report provides the capability for the interchange receiver to notify the sender that a valid envelope was received, or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. It is unique in that it is a single segment transmitted without the GS/GE envelope structure.

The TA1 Acknowledgment encompasses the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number and interchange date and time are identical to those that were present in the transmitted interchange from the trading partner. This provides the capability to associate the TA1 with the transmitted interchange.

TA104, the Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors.

TA105, the Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.

EDI submitters wishing to receive a TA1 Acknowledgment must request it through data elements ISA14, using data element "1" in the transmitted interchange. If a TA1 Acknowledgment is not requested and the submitted EDI file has an envelope error, Medicaid will not generate or send an acknowledgment for the file.

9 TRADING PARTNER AGREEMENTS

Contact UHIN at: https://uhin.org or call (877) 693-3071 for membership enrollment information and Web Services connection. UHIN will assign a Trading Partner Number (TPN) for EDI.

Providers who elect to submit or receive electronic transactions using a third-party such as a billing agent, clearinghouse, or network service may not need to contact UHIN to acquire a TPN if the billing agent, clearinghouse, or network service has obtained a TPN on their behalf.

Providers who wish to exchange electronic transactions with Medicaid must complete the provider enrollment application through PRISM including all EDI steps.

If submitting through a billing agent, clearinghouse or UHIN, associate the TPN to each transaction (based on business needs). Different TPNs may be used for each transaction excluding 835, 834, and 820. For PRISM Electronic Batch submission, identify the transactions to be submitted through this method.

Utah Medicaid does not offer EDI software. It is the responsibility of the Provider to procure software capable of generating an X12 transaction, that is compatible with their Practice-Management software to meet their business needs.

Some software vendors charge for each transaction type (claims, eligibility, reports, and remittance advice). There is no federal regulation as to how much a software vendor can charge for the software license or their services.

UHIN provides software for UHIN members and it can be downloaded from https://uhin.org. For assistance with the download, contact UHIN at (877) 693-3071.

Providers using a billing company or clearinghouse, contact the billing company or clearinghouse for software. Proprietary software can be used provided it meets HIPAA standards and the CAQH CORE Operating Rules requirements.

10 TRANSACTION SPECIFIC INFORMATION

The information under this section is intended to help the trading partner understand the business context of the 834 Outbound transactions, where applicable.

Utah Medicaid only supports Batch 834 transactions.

Access to the 834 transactions by Batch transactions requires trading partners to register online with Medicaid and define usage of these transactions. Click the following link to register: https://medicaid.utah.gov/become-medicaid-provider/. An EDI Enrollment Tutorial is also available at: https://medicaid.utah.gov/pe-training.

Providers must be enrolled and open with Utah Medicaid for the date of 834 file generation.

Medicaid Trading Partner Numbers (TPN)

Providers must receive 834 transactions from the following mailbox:

HT000004-002

Test Trading Partner Number:

HT000004-003

Batch Transactions

The System will generate a single 834 file for every active MCO location. If a Trading Partner Number is shared between multiple providers, the 834 file generated for that Trading Partner Number will not be accessible from PRISM screens to download.

For questions regarding 834 transaction, Utah Medicaid Manage Care EDI Customer Support team may be contacted by email: MHC-EDI@utah.gov.

Special Business Processing Constraints

- Colon (:) in any non-composite fields will be replaced with a space before submitting the file to providers.

- If the COB payer reported in 2330 loop does not have an address in PRISM, system will report "288 N 1460 W" as N301, "Salt Lake City" as N401, "UT" as N402 and "84116" as N403.

- If the COB payer reported in 2330 loop has an address in PRISM but, State and Zip Code values are not present in the address record, system will report "OT" as Country Code in 2330 N403.

APPENDICES

Appendix A – IMPLEMENTATION CHECKLIST

1. Acquire a Utah ID at id.utah.gov/login.

2. Create an account (username and password).

3. Enroll as a Utah Medicaid Provider.

4. Acquire a Trading Partner Number from a billing agent, clearinghouse or UHIN (Not applicable to PRISM Electronic Batch).

5. Register transactions to be submitted to Utah Medicaid.

6. Register Trading Partner Number online with Utah Medicaid (billing agent, clearinghouse or UHIN).

7. Contact UHIN for Acceptance Testing and Connectivity testing (billing agent, clearinghouse or UHIN Submission).

8. Test with Utah Medicaid.

9. Go live with Utah Medicaid.

Appendix B – BUSINESS SCENARIOS

1. **Crosswalk for Maintenance Type and Reason Code (2000 INS03 and INS04):**

Table 5. Maintenance Type and Reason Crosswalk

HIPAA 834 Transaction Maintenance Type Code (2000 INS03) and Maintenance Reason Code (2000 INS04) for Update File		Transaction Reason Description
001	03	Date of Death reporting for member enrolled in current month but not enrolled in future
001	25	First Name, Last Name, Middle Name, SSN, Gender, DOB, Residential County Change
001	29	Retroactive or Prospective (Up to 4 Months) RAC/Rate Code Change without changing Program/Plan
001	33	Third Party Liability coverage (other insurance) changes
001	AI	Change in rate amount without change in Rate Code
021	02	Retroactive Newborn Enrollment
021	28	Prospective New Enrollment
021	28	Retroactive New Enrollment
024	07	Dis-Enrollment
025	41	Re-Instatement

2. Crosswalk for Race and Ethnicity Code (2100A DMG05-1) Crosswalk:

Table 6. Race and Ethnicity Crosswalk

eREP Race or Ethnicity Code		HIPAA 834 Transaction Race or Ethnicity Code (2100A DMG05-1)	
Proprietary Code	**Description**	**HIPAA Code**	**Description of HIPAA 2100 DMG05-1 Codes**
AI	Alaskan Native or American Indian-Pending	I	American Indian or Alaskan Native
AN	Alaskan Native or American Indian- Not Verified	E	Other Race or Ethnicity
AS	Asian	A	Asian or Pacific Islander
ASI	Asian Indian	A	Asian or Pacific Islander
AV	Alaska Native or American Indian - Verified	I	American Indian or Alaskan Native
BL	Black or African American	B	Black
CH	Chinese	A	Asian or Pacific Islander
FI	Filipino	A	Asian or Pacific Islander
GC	Guamanian or Chamorro	F	Asian Pacific American
HI	Hispanic	H	Hispanic
JA	Japanese	A	Asian or Pacific Islander
KO	Korean	A	Asian or Pacific Islander

eREP Race or Ethnicity Code		HIPAA 834 Transaction Race or Ethnicity Code (2100A DMG05-1)	
Proprietary Code	Description	HIPAA Code	Description of HIPAA 2100 DMG05-1 Codes
NH	Native Hawaiian	J	Native Hawaiian
OA	Other Asian	A	Asian or Pacific Islander
OPI	Other Pacific Islander	P	Pacific Islander
OT	Other	E	Other Race or Ethnicity
PI	Native Hawaiian or Other Pacific Islander	P	Pacific Islander
SA	Samoan	P	Pacific Islander
UN	Undeclared	7	Not Provided
VI	Vietnamese	A	Asian or Pacific Islander
WH	White/Non-Hispanic	O	White (Non-Hispanic)

3. **TPL Coverage Type Codes:**

Table 7. TPL Coverage Type Codes

TPL Coverage Type Code	Description
AA	Medicare - Part A
AS	All Services

TPL Coverage Type Code	Description
BB	Medicare - Part B
BV	Pharmacy, Vision, LTC, Mental Health
CC	Medicare - Enrolled in Medicare Advantage Plan
DB	Dental, LTC, Mental Health
DD	Medicare - Part D
DL	Medical, Pharmacy, Dental, LTC
DM	Medical, Dental, Mental Health
DN	Dental, LTC
DO	Dental Only
DP	Dental, Mental Health
DV	Dental, Vision
EL	Vision, LTC
FR	Pharmacy, Dental, Vision
HD	Medical, Pharmacy, Dental, LTC, Mental Health
HP	Medical, Pharmacy, Dental, Mental Health
HV	Medical, Pharmacy, Vision, LTC, Mental Health

TPL Coverage Type Code	Description
IO	Medical Only
LD	Medical, Dental, LTC
LM	LTC, Mental Health
LP	Medical, Pharmacy, Vision, LTC
M2	Medical, Dental, Vision, LTC, Mental Health
MD	Medical, Dental, LTC, Mental Health
MM	Medical, Vision, Mental Health
MR	Medical, Pharmacy, LTC, Mental Health
MV	Medical, Vision, LTC, Mental Health
ND	Medicare - Eligible, not enrolled in Medicare D
NH	LTC Only
NI	Pharmacy, Dental, Vision, LTC
NL	Pharmacy, Dental, Vision, Mental Health
NM	Pharmacy, Dental, Vision, LTC, Mental Health
NR	Medical, Dental, Vision, LTC
PB	Pharmacy, LTC, Mental Health

TPL Coverage Type Code	Description
PD	Pharmacy, Dental, LTC, Mental Health
PL	Medical, Pharmacy, LTC
PM	Medical, Pharmacy, Vision, Mental Health
PN	Pharmacy, LTC
PR	Medical, LTC
PS	Mental Health Only
RD	Pharmacy, Dental
RL	Pharmacy, Dental, LTC
RM	Pharmacy, Dental, Mental Health
RV	Pharmacy, Vision
RX	Pharmacy Only
S3	Medical, Pharmacy, Dental, Vision, LTC
S4	Medical, Pharmacy, Dental, Vision, LTC, Mental Health
SB	Dental, Vision, LTC, Mental Health
SL	Dental, Vision, LTC
SM	Dental, Vision, Mental Health

TPL Coverage Type Code	Description
VB	Vision, LTC, Mental Health
VH	Pharmacy, Vision, Mental Health
VL	Medical, Vision, LTC
VM	Vision, Mental Health
VN	Pharmacy, Vision, LTC
VO	Vision Only
X1	Medical, Pharmacy, Mental Health
X2	Medical, Pharmacy
X3	Medical, Dental
X4	Medical, Vision
X5	Medical, LTC, Mental Health
X6	Medical, Mental Health
XD	Medical, Pharmacy, Vision
XL	Medical, Pharmacy, Dental, Vision, Mental Health
XM	Medicare - Eligible for, not enrolled
XN	Medical, Dental, Vision, Mental Health

TPL Coverage Type Code	Description
XR	Medical, Dental, Vision
XV	Medical, Pharmacy, Dental
XX	Medicare - Aliens not enrolled for Medicare
MG	Medicare Supplement

4. Waiver Type Codes:

Table 8. Waiver Type Codes

Waiver Type Code	Description
A	Aging Waiver
B	Acquired Brain Injury Waiver
C	Community Transitions Waiver
D	Community Supports Waiver
E	Employment Related Personal Assistant Services
T	Technology Dependent Waiver
P	Physical Disabilities Waiver
N	New Choices Waiver
U	Medicaid Autism Waiver

M	No Waiver
Y	Medically Complex Children's Waiver
L	Limited Supports Waiver

5. **PET Codes:**

PET identifies the type of managed care program and if a member is residing in a facility or in the community.

Table 9. PET Codes

PET Code	Description
MMD-COMM	Medical Medicaid Managed Care Living in Community
MMD-NFAC	Medical Medicaid Managed Care Living in Nursing Facility
MMD-HOSR	Medical Medicaid Managed Care Living in Inpatient Hospice Facility
MMD-HOSH	Medical Medicaid Managed Care Living in Community on Hospice
MMD-HOSN	Medical Medicaid Managed Care Living in Nursing Facility on Hospice
MMD-ICF	Medical Medicaid Managed Care Living in ICF/ID
MCH-COMM	CHIP Medical Managed Care
MHM-COMM	HOME Medicaid Managed Care Living in Community
MHM-NFAC	HOME Medicaid Managed Care Living in Nursing Facility

MHM-HOSR	HOME Medicaid Managed Care Living in Inpatient Hospice Facility
MHM-HOSH	HOME Medicaid Managed Care Living in Community on Hospice
MHM-HOSN	HOME Medicaid Managed Care Living in Nursing Facility on Hospice
MHM-ICF	HOME Medicaid Managed Care Living in ICF/ID
DMD-COMM	Medicaid Dental Managed Care
DCH-COMM	CHIP Dental Managed Care
DCU-COMM	CHIP Dental Managed Care - UPP
IMD-COMM	Integrated Medicaid Managed Care Living in Community
IMD-NFAC	Integrated Medicaid Managed Care Living in Nursing Facility
IMD-HOSR	Integrated Medicaid Managed Care Living in Inpatient Hospice Facility
IMD-HOSH	Integrated Medicaid Managed Care Living in Community on Hospice
IMD-HOSN	Integrated Medicaid Managed Care Living in Nursing Facility on Hospice
IMD-ICF	Integrated Medicaid Managed Care Living in ICF/ID
NULL	Not applicable for Managed Care Mental Health or Substance Use Disorder plans

6. **Benefit Plan ID vs Benefit Plan Name Crosswalk:**

Table 10. Benefit Plan ID vs Benefit Name Name Crosswalk

Benefit Plan ID	Benefit Plan Name
MC-MED	MC Medical
MC-DENTAL	MC Dental
MC-MH	MC Mental Health
MC-HOME	MC HOME
MC-MH-SUD	MC Substance Use Disorder
MC-IMED	MC Integrated Medicaid
CHIP-MED	CHIP - Medical
CHIP-DEN	CHIP - Dental
CHIP-UDEN	CHIP - Dental (UPP)
NEMT	Non Emergency Transportation - MC

Appendix C – FREQUENTLY ASKED QUESTIONS

This appendix will be populated when content is available.

Appendix D – LEGEND

Table 11 provides the color legend for Table 3 and Table 4.

Table 11. Legend of Colors

This color signifies a Loop information.
This color signifies a Segment within a Loop.
This color signifies a Composite Element within a Segment.

Appendix E – CHANGE SUMMARY

Date	Description	Change Summary
10/16/2020	Final Submission	N/A
01/17/2023	Final Submission	N/A