ANSI X12N 5010 834 Benefit Enrollment and Maintenance

Transaction Guide

Version 1.92

***January 23, 2020***

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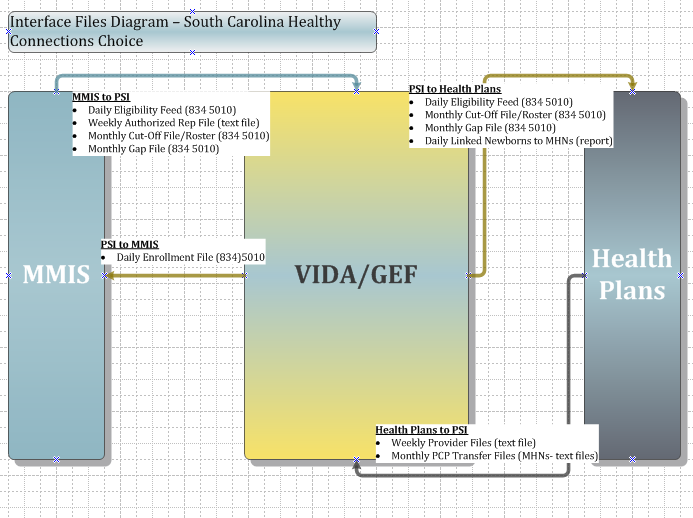
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# Revision History

| **Version Number** | **Date** | **DESCRIPTION/LOCATION OF CHANGE** |
| --- | --- | --- |
| 1 | 02/16/12 | First Draft |
| 1.1 | 03/09/12 | * Included Interface Files Diagram. * Included the 030/21 transaction in the Daily MAXIMUS to Health Plan section. * Inserted mockups of the File Exchange control file emails. |
| 1.2 | 6/6/12 | Updated Section 3 – Daily Files outbound to Health Plans |
| 1.3 | 1/17/13 | Added Zap transactions to Health Plans (Chapter 3 – added new transactions #15 & 16)  Updated logo from PSI to Maximus. |
| 1.4 | 7/17/13 | Added ‘E’ enrollment indicator for re-enrollment transaction in the Maximus to MMIS section, and the Maximus to Health Plan section.  Added the reasons 891, 892, 91, and 92 to Chapter 5  Changed PSI to Maximus throughout  Updated the cutoff dates appendix for 2013 in appendix E |
| 1.5 | 10/25/14 | Added new work flows for SC-Prime – internally called PRIME Phase 2 in MAXIMUS.  Updated APPENDIX E – KEY DATES FOR MANAGED CARE ASSIGNMENTS 2015  Included feedback from MMIS/state. |
| 1.6 | 12/18/14 | Produce reason code=74 on disenrollment in outbound 834 to MMIS and plans when part of Max-initiated transfer. |
| 1.7 | 1/22/15 | Updated complete list of disenrollment reason codes generated by MAXIMUS |
| 1.8 | 03/13/15 | Added 021/13 member choice code 651 being sent to plans. Added new error codes 412, 413 sent from MMIS. Updated/added a few disenrollment reason codes that were previously missing; added program types DEF inbound; reviewed with state. |
| 1.8.1 | 12/4/15 | Updated APPENDIX E – Added KEY DATES FOR MANAGED CARE ASSIGNMENTS 2016 |
| 1.9 | 9/22/16 | Updated APPENDIX E – Added KEY DATES FOR PRIME 2016 & 2017 |
| 1.91 | 12/2017 | Updated App E – added calendars for MCO and PRIME for future years. |
| 1.92 | 01/2020 | Added 668, 669 AA reason codes |

# Interface Files Diagram



# Chapter 1 – Introduction

This document provides details regarding the different transactions between MMIS and the Enrollment Broker (EB) or Transactions sent to the Health Plans. Health Plans for South Carolina include Managed Care Organizations (MCO) and Managed Health Networks (MHN) and those providing services for Dual Eligibles (Medicaid+Medicare, i.e. PRIME). MAXIMUS and MMIS confirm receipt of all transactions with 030/88 and indicate rejections with 030/99. 030/99 transactions need to be corrected before the next file is sent.

Appropriate fulfillment is sent based upon updated enrollment as needed.

# Chapter 2 – Transactions between MMIS and Enrollment Counselor

This set of transactions occurs between MAXIMUS and MMIS. A transaction is defined as the combination of the Maintenance Type Code and the Record Type Code within their respective fields in the 834 5010 file.

Whenever Eligibility is stated here, it is assumed Managed Care Eligibility unless stated otherwise. Each event here will cause transaction(s) to be sent to either party. Some events will trigger one 834 transaction, others will trigger a set of two 834 transactions.

Also included here will be changes to enrollments that affect the current benefit month/year, which have occurred as a “Zap” transaction in the MMIS Online system.

### daily transactions – mmis to Maximus

| **DAILY MMIS TO MAXIMUS** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Maint Type Code**  **2000 / INS03** | **Record Type**  **2000 / REF02** | **Event** | **MMIS Condition(s)** | **Enroll Ind**  **2000 / REF02** | **Choice Reason**  **2300 / HD04** | **Disenroll Reason**  **2300 / HD04** | **MAXIMUS Expected Actions / Comments**  **(high level – does not include all permutations of possible outcomes)** |
| Add Transactions – New Members | | | | | | | | |
| 1 | 021– Add | 01 – Potential New Enrollee | Potential New Enrollee | * New Member Received * Managed Care Eligible * Program Type is Medicaid (B/P/Q/C/M/D/E/F)   D=Assignable (PRIME only)  E=Non-assignable (PRIME Only)  F=Opt Out (PRIME only) | Y | N/A | N/A | * MAXIMUS determines whether the member is a Newborn or a Reinstatement before continuing on to process as a New Enrollee. * Add Member to Database * Start Outreach to Member * Schedule Auto Assignment, See [Appendix B](#_Appendix_B_–) for Rules * When member makes enrollment choice or is auto-assigned, send to MMIS for confirmation.   NOTE: Health Plan information is not sent on this transaction. |
| 2 | 021 – Add | 22 – Newborn | New Eligible Newborn | * New Member Received * Managed Care Eligible | Y/R | N/A | N/A | * Add Member to Database * Enroll newborn to mother’s plan or start outreach to member. * If enrollment takes place, send enrollment to MMIS for confirmation.   NOTE: Health Plan information is not sent on this transaction. |
| 3 | 021 – Add | 17 – Member Change | Potential New Enrollee | * New Member Received * Managed Care Eligible * Program Type is Medicaid (B/P/Q/C/M/D/E/F) D=Assignable (PRIME only)   E=Non-assignable (PRIME Only)  F=Opt Out (PRIME only) | Y | N/A | N/A | This Transaction is to be processed exactly the same as a 021/01:   * MAXIMUS determines whether the member is a Newborn or a Reinstatement before continuing on to process as a New Enrollee. * Add Member to Database * Start Outreach to Member * Schedule Auto Assignment, See [Appendix B](#_Appendix_B_–) for Rules * When member makes enrollment choice or is auto-assigned, send to MMIS for confirmation.   NOTE: Health Plan information is not sent on this transaction. |
| 4 | 021 – Add | 21 – Zap Transaction | Enrollment (ZAP) | * Member was added in the MMIS Online system. * Transactions include the HMO start and end dates to match period affected. | Y/N | Choice Reason Captured by MMIS |  | **“State Initiated Enrollment”**   * MAXIMUS will update new enrollment information. * Auto – Assignment notice sent. |
| Update Transactions – Changes to Existing Members | | | | | | | | |
| 5 | 025 – Reinstate | 17 – Member Change | Regain Eligibility – Medicaid | * Member regains Managed Care Eligibility * Member regains eligibility since the last cut-off. | Y | N/A | N/A | * Modify member so they are eligible * Apply enrollment so that the member is continuously enrolled. * Continue outreach * Allow enrollments and transfers if applicable   NOTE: MAXIMUS is most likely to receive this transaction when a member has been disenrolled via the 001/06 transaction within the same cut-off period. The rules above are intended to reflect this assumption. |
| 6 | 030 – Audit or Compare | 17 – Member Change | Demographic Update | * Any changes where member does not lose eligibility * Member must be Medicaid eligible to send transaction | Y | N/A | N/A | * Update member information: if county changes, update enrollment information as needed. * Update linkage to correct mother if mother’s member # is populated. (Does not affect enrollment of newborn). * Update Paycat/Program Type: update enrollment information as needed. |
| 6a | 30– Audit or Compare | 19-Opt Out |  | * CMS initiated Opt out |  |  |  | * Set program type 'F’ * do not submit/send any transaction back to MMIS. Just update database |
| 6b | 30– Audit or Compare | 02 – disenroll  w/disenrollment reason code of 'CM' |  | * CMS initiated Disenroll |  |  | CM | * contains disenrollment effective date * Reply to MMIS/Plans: 024 / 02 with a new disenrollment reason code of 'CM' meaning 'CMS initiated' (CM alerts MMIS to not relay onto CMS). |
| 6c | 30– Audit or Compare | 07 – Cancel enrollment  (aka “disregard”) |  | * CMS initiated Cancel Enroll |  |  |  | * Reply to MMIS/Plans: 024 / 07 with a new disenrollment reason code of 'CM' meaning 'CMS initiated' (CM alerts MMIS to not relay onto CMS). |
| 6d | 30– Audit or Compare | 13 –Cancel disenrollment  (aka “restore”) |  | * CMS initiated Cancel Disenroll |  |  |  | * Reply to MMIS/Plans: 021 / 13 with a new disenrollment reason code of 'CM' meaning 'CMS initiated' (CM alerts MMIS to not relay onto CMS). |
| 7 | 030 - Audit or Compare | 18 - program type change, demographic update | Program Type Change – Demographic Update  NonAssignment (including opt out) response | * Any changes where member does not lose eligibility * Member must be Medicaid eligible to send transaction | Y | N/A | N/A | * Update member information: if county changes, update enrollment information as needed. * Update linkage to correct mother if mother’s member # is populated. (Does not affect enrollment of newborn). * Update Paycat/Program Type: update enrollment information as needed. |
| 8 | 030 – Audit | 21 – Zap Transaction | Modify (ZAP) | * Member enrollment was modified, there is still at least one line in the MMIS system. * See Comments for some possible scenarios. | Y | Choice Reason Captured by MMIS | Disenroll Reason Captured by MMIS | **“State Initiated Transfer”**   * MAXIMUS will update all enrollments for that time period to match what is sent by MMIS.   Scenarios: Possible scenarios include: adding a termination date to an enrollment, changing a termination date to an older date, removing an enrollment line completely, or reopening a previous terminated enrollment again.  Note: Could be more than one transaction for one person. A line could have been removed from the MMIS system. |
| Update Transactions – Terminations | | | | | | | | |
| 9 | 001 – Change | 06 – Ineligible | Loss of Eligibility | * Member Loses Managed Care Eligibility * Member loses PRIME eligibility * Program Type Code = ‘X’ | N | N/A | Information Only.  See Valid Disenroll Codes | * End Date Member’s Eligibility * Will not auto assign * No further outreach if member has not already been enrolled. * If member has been enrolled, process disenrollment and send disenrollment notice. * Reply to MMIS/Plans: 024 / 02 with '65' as disenrollment reason code (PRIME ONLY) |
| 10 | 024 – Termination | 06 – Ineligible | Member Merge (MAID Update) | * Current Medicaid ID loses eligibility * MEDS has indicated a Medicaid ID that is eligible * An Alternate Client ID is sent in Loop 2000, REF02 Element (3rd Occurrence) | Y | N/A | N/A | * If the Alternate Client ID does not exist in VIDA, the record will be updated with the new id and attached to the case. * Enrollment selection(s), and coverage information will be moved from the Medicaid ID to the Alternate Client ID as needed. * Reply to MMIS/Plans: 024 / 02 with '65' as disenrollment reason code (PRIME ONLY) |
| 11 | 024 – Termination | 21 – Zap Transaction | Termination (ZAP) | * Member was disenrolled in the MMIS Online system. * All enrollment lines for the member were deleted. | Y/N | N/A | Disenroll Reason Captured by MMIS | **“State Initiated Disenrollment”**   * MAXIMUS to Disenroll this member. |
| Daily MMIS Responses – Confirmations and Errors  *Each day, responses to MAXIMUS’s previous 834 Daily Enrollment File or to MAXIMUSs Monthly Auto-Assignment File are appended in the MMIS Daily File to MAXIMUS. Responses to PRIME related transactions will likely not be provided the following day due to processing time required with CMS.* | | | | | | | | |
| 12 | 030 – Audit or Compare | 88 – Daily Confirmation | Confirmation | * MAXIMUS sent member record to MMIS in previous day’s file * Response to previous day’s transactions sent by MAXIMUS. * These transactions are confirmed. | N/A | Same as original transaction | Same as original transaction | * MAXIMUS to set confirmed records to ‘Official’ status. * Records are selected to be pulled for transmission to the appropriate Health Plans. |
| 13 | 030 – Audit or Compare | 99 – Daily Error | Error | * Some type of error was encountered during processing   See [Appendix D](#_Appendix_D_–) for Error Codes. | N/A | Same as original transaction | Same as original transaction | * MAXIMUS to resolve errors. * MAXIMUS to resend ‘fixed’ record to MMIS to continue enrollment confirmation.   NOTE: The 2300 / HD04segment contains the specific error that needs to be adjudicated. See Appendix D for the Error Code list. |

### daily and monthly transactions – Maximus to mmis

| **MAXIMUS TO MMIS** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Maint Type Code**  **2000 / INS03** | **Record Type**  **2000 / REF02** | **Event** | **MAXIMUS Condition(s)** | **Enroll Ind**  **2000 / REF02** | **Choice Reason**  **2300 / HD04** | **Disenroll Reason**  **2300 / HD04** | **Expected Actions / Comments**  **(high level – does not include all permutations of possible outcomes)** |
| Transactions sent both on a daily and monthly basis | | | | | | | | |
| 1 | 021 – Add | 03 – New Enrollment | Reinstatement | * MAXIMUS identified the 021/01 “Potential New Enrollee” transaction from MMIS as a reinstatement | * Y – standard new enrollments and reinstatements * ‘E’ for reenrollment to prior plan effective 1st of next month (after cutoff for that month) | 654 – MCO Reassignment  661 – MCO Reenrollment |  | * Member status is set to pending-enrolled into previous plan. * Annual Right to Change Date is not to be reset. (same as is was previously)   NOTE: MAXIMUS may receive other reinstatement transactions such as the 025/17. A reinstatement received as a 025/17 does not need to be sent to the MMIS for confirmation (the State knows they are sending MAXIMUS a reinstatement). |
| 2 | 021 – Add | 03 – New Enrollment | New enrollee | * A New Enrollment Transaction | Default to Y unless Newborn Retro which must be “R” | 650- AutoEnrollment  651- Member Choice  668 – Family Member Plan  669 – Prior Member Plan |  | * Member is pending - enrolled into new plan. * Lockin Begin Date is populated with new date. * Enrollment information is sent to MMIS * Once Confirmation is received, member record is set to ‘Official’ * Annual Right to Change Date is set by MAXIMUS. |
| 3 | 024 – Termination | 02 – Disenroll-ment | Transfer | * Member is disenrolled from one plan and enrolled into another based upon individual circumstances. * The Choice Reason is indicated in the UI and its corresponding Disenrollment Reason (if applicable) is recorded. * The Choice Reason and Disenrollment Reason codes are sent on either the enrollment or the disenrollment transaction. | Default to Y unless Newborn Retro which must be “R” |  | See Valid Codes - If Plan Initiated Transfer, send 11.  ‘74’ (PRIME only) | TRANSFER TRANSACTION: the set of a disenrollment transaction together with an enrollment transaction indicate that a member has been transferred.   * Member is disenrolled from plan * Member is enrolled to new plan * Both the disenrollment transaction as well as the enrollment transaction need to be confirmed by the MMIS * Annual Right to Change Date remains the same. |
| 4 | 021 – Add | 03 – Enrollment | Default to Y unless Newborn Retro which must be “R” | See Valid Codes - If Plan Initiated Transfer, send 899  (PRIME only) 740 - Transfer Health Plan |  |
| 5 | 024 – Termination | 02 – Disenroll-ment | Disenrollment | * Various reasons as described by reason codes. | Default to Y unless Newborn Retro which must be “R” |  | See [Chapter 5](#_Chapter_5_–) for Specific Disenrollment-Only Reasons  (PRIME only) If CMS initiated, send  'CM' | A DISENROLLMENT- ONLY TRANSACTION:   * Member is disenrolled from the plan and is not reenrolled into another plan. |
| 6 | 024 – Termination | 07 – Disregard | Disregard | * Member decides to opt-out before cut-off enrollment period. * Transaction has been sent to MMIS. | Default to Y unless Newborn Retro which must be “R” |  | (PRIME only) If CMS initiated, send  'CM' | * Remove the indicated selection that has not yet been approved through monthly processing. |
| 7 | 021 - Add | 13 – Restore | Restore | * Member decides to not to Disenroll, or they want to stay in their current health plan. * Transaction has been sent to MMIS. | * Y between 1st of month and cutoff * E after cutoff | 654 – reassignment to previous MCO  661 – reenrollment to previous MCO (sent with ‘E’ enrollment indicator)  651- reenrollment to previous MMP (PRIME only | (PRIME only) If CMS initiated, send  'CM' | * Restore the original transaction. Will be sent with previous start date which MAXIMUS is expected to apply. |
| 8 | 001 – Change | 04 – Address Change  TBD | Address Change  FUTURE TRANSACTION | * Member has moved | Default to Y |  |  | * Send transaction to MMIS system * Need to confirm that this is still the accepted transaction for the demographic / address update to the MMIS.   NOTE: these are currently ignored by MMIS should they be sent. MAXIMUS can capture address changes and may be able to send; however, MMIS is not able to accept these changes. |
| 10 | 030 – Audit or Compare | 31 – Update Lockin Begin Date | Update Lockin Begin Date | * MAXIMUS determines member’s Lockin Begin Date is updated to the new year, where the month is in the next cut-off period * (only send anniversary dates for non-PRIME members) | Default to Y | N/A | N/A | MAXIMUS will maintain this date and review it each month. When the date is updated to the new year, a transaction will be sent to MMIS (only send anniversary dates for non-PRIME members)   * Letters will have been sent to the members 60 days prior to their lockin/ARC date change. |
| 11 | {Maint Type} | 88 – Daily Confirmation | Confirmation | * Response to previous day’s state initiated transactions sent by MMIS. * These transactions are confirmed. | N/A | Same as original transaction | Same as original transaction | * All state initiated maintenance types from the prior day that were successfully processed are reported as maintenance type code (e.g., 001, 021, 022, 024, 030, etc.) with record type = 88. For example, if an 030/17, 030/18 came in the prior day, each record processed would be returned as 030/88; if 021/03 and 021/22 came in and processed successfully, 021/88 for each record would be sent out in the 834. |
| 12 | {Maint Type} | 99 – Daily Error | Error | * Some type of error was encountered during processing of the state initiated transaction from the prior day * See [Appendix D](#_Appendix_D_–) for Error Codes. | N/A | Same as original transaction | Same as original transaction | * All state initiated maintenance types from the prior day that failed processing are reported as maintenance type code (e.g., 001, 021, 022, 024, 030, etc.) with record type = 99. For example, if an 030/17, 030/18 came in the prior day, each record failed would be returned as 030/99; if 024/02 came in and failed, 024/99 for each failed record would be returned in the outbound 834 to MMIS. |
| 21a | 30 | 20-Opt Out | Opt Out | * Member requests opt out of passive enrollment. |  | OPT | N/A | * Set prog code=F (member has opted out of passive/auto assignment) |
| Transactions Sent on a Monthly Basis Only | | | | | | | | |
| 13 | 021 - Add | 03 – Enrollment | Auto Assignment | * Member is Managed Care Eligible * Member has not made a choice * Member has not chosen to “opt-out” * Member has never made a choice | Default to Y | See Auto-Assignment Choice Reason Codes in [Chapter 5](#_Chapter_5_–) – “Auto Assign” column = ‘Yes’ | N/A | * Member is checked to see if they are still eligible * Member auto-assigned * Annual Right to Change Date is set. * MMIS sends confirmations / rejections in next day’s daily file. * MMIS processes eligible auto-assigned members for premium payments. |

### monthly roster/cut-off file transactions from mmis to Maximus

This set of transactions are specifically found within the Monthly Roster from the MMIS. These transactions are sent after benefit issuance has been processed by MMIS . The Monthly Roster is sent the third week of each month and represents the most current state of enrollments for the next assignment period. For Cut-Off scheduling, see [Appendix E](#_APPENDIX_E_–).

| **MONTHLY ROSTER / CUT-OFF FROM MMIS TO MAXIMUS** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Maint Type Code**  **2000 / INS03** | **Record Type**  **2000 / REF02** | **Event** | **MMIS Condition(s)** | **Enroll Ind**  **2000 / REF02** | **Choice Reason**  **2300 / HD04** | **Disenroll Reason**  **2300 / HD04** | **Expected Actions / Comments**  **(high level – does not include all permutations of possible outcomes)** |
| 1 | 021 – Add | 09 -New Members on Roster | Enrollment Confirmation  OR  Change in Retroactive Enrollment Newborn | * Member is new on this month’s roster. * Premium will be paid, member has benefits for next month   **OR**   * Member is new on the roster and is a Newborn (less than 12 months old), needs to have enrollment retro-active * Member is enrolled for the benefit month/year of the transaction * There will be one transaction for each benefit month/year | X | Choice Reason will match what was sent to MMIS |  |  |
| 2 | 025 – Reinstate-ment | 09 - New Members on Roster | Reinstatement | * Member is new on the roster, was sent to this plan before * Premium will be paid, member has benefits for next month/year | X | Choice Reason will match what was sent to MMIS |  |  |
| 3 | 030 – Audit or Compare | 10 - Current Members | Continuous Enrollment – Member and Newborn | * Member was on the roster last month, was enrolled to this plan * Premium will be paid, member has benefits for next month/year | X | Choice Reason will match what was sent to MMIS – except if MMIS initiates PCP Transfer (code 899) |  | Scenario: Member appears on the monthly roster with the same plan enrollment as the previous month.   * If the Choice Reason Code is 899, this transaction represents a PCP transfer. In that case, update the member’s MCO/MHN as well as the PCP where applicable. |
| 4 | 021 – Add | 12 – Retro Enrollment | Retroactive Enrollment Newborn – Newborn remains in same Health Plan | * Member is new on the roster and is a Newborn (less than 12 months old), needs to have enrollment retro-active * Member is enrolled for the benefit month/year of the transaction * There will be one transaction for each benefit month/year | X | Choice Reason will match what was sent to MMIS |  | Scenario: Newborn received on monthly file with retro months of enrollment.   * Up to 4 transactions with 021/12 could be sent in the monthly roster. |
| 5 | 024 – Termination | 11 – Terminated | Transfer Confirmation | * Member is changing from one plan to another * Member has never been enrolled to new plan | X |  | Disenroll Reason to Match that Sent to MMIS |  |
| 6 | 021 – Add | 09 - New Members on Roster |  | Choice Reason will match what was sent to MMIS |  |
| 7 | 024 – Termination | 11 – Terminated | Transfer Confirmation | * Member is changing from one plan to another * Member has been enrolled in this plan before | X |  | Disenroll Reason to Match that Sent to MMIS |  |
| 8 | 025 – Reinstate-ment | 09 - New Members on Roster | X | Choice Reason will match what was sent to MMIS |  |
| 9 | 024 – Termination | 11 – Terminated | Disenrollment Confirmation | * Member has requested disenrollment, no longer wishes to participate | X |  | Disenroll Reason to Match that Sent to MMIS |  |
| 10 | 024 – Termination | 11 – Terminated  Potentially new record type to be assigned | Disenrollment -  Auto-Close | * Member record is no longer active. | X |  | 03,05,06 Auto Close Disenroll reasons | MAXIMUS processes these disenrollments with specific reason codes because the MMIS has auto-closed:   * Disenrollment Notice Sent * After 60 days, remove Anniversary Date and Continuous Enrollment Period |

### monthly gap file transctions from mmis to Maximus

This set of transactions that occur between MAXIMUS and MMIS once a month. These transactions are specifically found within the “GAP” file and are sent at the end of the month by MMIS to cover activity which has occurred between benefit issuance and the end of the month. These transactions are re-enrollments, or reinstating members whose eligibility lapsed between the first of the month and benefit issuance, but has been renewed between benefit issuance and the end of the month. See specific transactions for scenarios. Whenever Eligibility is stated here, it is assumed Managed Care Eligibility unless stated otherwise.

| **MONTHLY GAP TRANSACTIONS MMIS TO MAXIMUS** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Maint Type Code**  **2000 / INS03** | **Record Type**  **2000 / REF02** | **Event** | **MMIS Condition(s)** | **Enroll Ind**  **2000 / REF02** | **Choice Reason**  **2300 / HD04** | **Disenroll Reason**  **2300 / HD04** | **Expected Actions / Comments**  **(high level – does not include all permutations of possible outcomes)** |
| 1 | 021 – Add | 09 - New Members on Roster | Enrollment Confirmation -Reinstatement | * Member is new on the roster, was not sent to this plan before * Premium will be paid, member has benefits for next month | Y |  |  | * Enrollment marked as Approved * Auto-Assignment or Confirmation Notice Sent * Do not reset Anniversary Date and Continuous Enrollment Period   Scenario: Member was auto-closed within the last 60 days but regained eligibility. This applies to a member who was about to become enrolled into a particular health plan for the first time. Enrollment is effective for the immediate enrollment period. Member has not been enrolled into this plan yet – there was no break in coverage because the member was not enrolled yet. |
| 2 | 025 – Reinstate-ment | 09 - New Members on Roster | Enrollment Confirmation -Reinstatement | * Member is new on the roster, was sent to this plan before * Premium will be paid, member has benefits for next month | Y |  |  | * Enrollment marked as Approved * Reset Eligibility for member * Do not reset Anniversary Date and Continuous Enrollment Period   Scenario: Member was auto-closed within the last monthly roster but regained eligibility. This applies to a member who was about to become re-enrolled into the last enrolled health plan. Enrollment is effective for the immediate enrollment period. There **was** a break in coverage. |
| 3 | 030 – Audit or Compare | 10 - Current Members | Continuous Enrollment | * Member was on the roster last month, was enrolled to this plan * Premium will be paid, member has benefits for next month | Y |  |  | * Continuous Enrollment. No Gap in coverage. * Member was just enrolled prior to the last cut-off, and regained eligibility with this transaction in the Gap.   Scenario: Member was auto-closed within the last monthly roster but regained eligibility. This applies to a member who was enrolled into the same health plan just prior to cut-off. Enrollment is effective for the immediate enrollment period. This scenario represents continuous enrollment – there was **no** break in coverage. |

### control file email mock-ups between mmis and Maximus

**mmis to Maximus daily file control email**

This email includes the following:

* New transactions sent from MMIS
* MAXIMUS transactions sent the previous day that were processed successfully confirmed by MMIS
* MAXIMUS transactions sent the previous day that were processed and denied by MMIS

South Carolina Healthy Connections Choices

MAXIMUS Load Statistics Report

February 17, 2012

High Level Statistics

Maint Rec Ty Count

------ ------ --------

001 06 618 - Ineligible

021 01 792 - Potential Eligible

021 17 18 - Demographic Change

021 21 14 - Zap Transaction

021 22 120 - Newborn

024 21 2 - Zap Transaction

025 17 233 - Demographic Change

030 17 2,526 - Demographic Change

030 18 19 - NonAssignable RSP/Waiver Membr

030 21 52 - Zap Transaction = 4394 from

030 88 5,818 - Processing Sucessful

030 99 6 - Processing Error

24 6 ## Ineligible MAID Merge

30 19 ## Opt Out

30 02 ## Disenroll

30 07 ## Cancel Enroll

30 13 ## Cancel Disenroll

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Total 10,218

**MAXIMUS to MMIS daily file control email**

This email includes the following:

* New transactions sent from MAXIMUS requesting confirmation
* MMIS transactions sent the previous day that were processed successfully confirmed by MAXIMUS
* MMIS transactions sent the previous day that were processed and denied by MAXIMUS

South Carolina Healthy Connections Choices

MAXIMUS 834 Outbound Statistics Report

February 16, 2012

High Level Statistics

Current daily transaction activity initiated by MAXIMUS:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Maint | RecType | Choice | Disenrl | Count | Description |
| -------- | ------- | --------- | -------- | --------------- |  |
| 021 | 03 | 650 |  | 3,398 | Auto Enrollment |
| 021 | 03 | 651 |  | 729 | Member Choice |
| 021 | 03 | 652 |  | 131 | Member Choice Change |
| 021 | 03 | 661 |  | 52 | Health Plan Historic Enrollment |
| 021 | 03 | 663 |  | 37 | Member’s New Choice During Annual Enrollment |
| 021  021 | 03  03 | 688  740 |  | 1,073  ## | Auto Enrollment – Other Members in Plan  Member Choice on transfer (PRIME only) |
| 021 | 03 | 899 |  | 4 | Mass Change Assignment |
| 021 | 13 | 651 |  | 3 | Member Choice |
| 024 | 02 |  | 04 | 2 | Member Eligible for Medicare |
| 024 | 02 |  | 30 | 2 | Moved Out of Plan Service Area |
| 024 | 02 |  | 34 | 9 | Lack of Access to Services Covered Under the Contract |
| 024 | 02 |  | 35 | 350 | Doctor Not Part of Network |
| 024 | 02 |  | 36 | 4 | Lack of Access to Providers Experienced With Member's Health Care Needs |
| 024 | 02 |  | 39 | 2 | Not Able To Get The Medicines I Was Able To Get In Regular Medicaid |
| 024 | 02 |  | 41 | 5 | Other |
| 024 | 02 |  | 70 | 4 | Member Placed Out of Home |
| 024 | 02 |  | 74 |  | Disenroll is part of Transfer |
| 024 | 02 |  | 83 | 6 | Want to be Plan with Family Members |
| 024 | 02 |  | 84 | 3 | Member utilizes services from multiple par and non-par providers |
| 024 | 07 |  | 34 | 4 | Lack of Access to Services Covered Under the Contract |
| 024 | 07 |  | 35 | 6 | Doctor Not Part of Network |
| 1  30  30 | 4  31  20 |  |  | ##  ##  ## | Opt Out (PRIME ONLY) |
| Transactions received from MMIS the previous day that were processed by MAXIMUS: | | | | | |
| Maint | RecType | Choice | Disenrl | Count | Description |
| -------- | ------- | --------- | -------- | --------------- |  |
| 001 | 88 |  |  | 817 | Processed Successfully |
| 022 | 88 |  |  | 1,159 | Processed Successfully |
| 024 | 88 |  |  | 2 | Processed Successfully |
| 025 | 88 |  |  | 249 | Processed Successfully |
| 030 | 88 |  |  | 2.496 | Processed Successfully |
| 003 | 99 |  |  | 1 | Failed to Process |
| -------- | ------- | --------- | -------- | ----------- |  |
| Total |  |  |  | 10,548 |  |

===================================================================

This is NOT part of the mockup, but just additional notes.

\*\*\* NOTE: The above transactions reflect the Maint Types sent the prior day that were processed by MAXIMUS. Here is what would have been sent the prior day by MMIS

001 06 817 817

021 01 994 1811

021 17 30 1841

021 21 2 1843

021 22 133 1976

024 21 2 1978

025 17 249 2227

030 17 2466 4693

030 18 20 4713

030 21 11 4724

The totals rolled up by maintenance type; for example, the 030 88 totals above are for the 030 17, 030 18 and 030 21 totals in this sample.

# Chapter 3 – Transactions Sent to Plans

### daily transactions – Maximus to health plans

| **DAILY MAXIMUS TO HEALTH PLANS** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Maint Type Code**  **2000 / INS03** | **Record Type**  **2000 / REF02** | **Event** | **MAXIMUS Condition(s)** | **Enroll Ind**  **2000 / REF02** | **Choice Reason**  **2300 / HD04** | **Disenroll Reason**  **2300 / HD04** | **Expected Actions / Comments**  **(high level – does not include all permutations of possible outcomes)** |
| 1 | 021 – Add | 03 – New Enrollment | Reinstatement | * MAXIMUS identified the 021/01 “Potential New Enrollee” transaction from MMIS as a reinstatement | * Y – standard new enrollments and reinstatements   ‘E’ for reenrollment to prior plan effective 1st of next month (after cutoff for that month) | 654 – MCO Reassignment  661 – Reenrollment |  | * Member status is set to pending-enrolled into previous plan. * Annual Right to Change Date is not to be reset. (same as is was previously)   NOTE: MAXIMUS may receive other reinstatement transactions such as the 025/17. A reinstatement received as a 025/17 does not need to be sent to the MMIS for confirmation (the State knows they are sending MAXIMUS a reinstatement). |
| 2 | 021 – Add | 03 – New Enrollment | New enrollee |  | Y | 650- AutoEnrollment  651- Member Choice  668 – Family Member Plan  669 – Prior Member Plan |  | * Member is pending - enrolled into new plan. * Lockin Begin Date is populated with new date. * Enrollment information is sent to MMIS * Once Confirmation is received, member record is set to ‘Official’ * Appropriate fulfillment is sent once confirmation received. * Annual Right to Change Date is set by MAXIMUS. |
| 3 | 024 – Termination | 02 – Disenroll-ment | Transfer | * Member is disenrolled from one plan and enrolled into another based upon individual circumstances. * The Choice Reason is indicated in the UI and its corresponding Disenrollment Reason (if applicable) is recorded. * The Choice Reason and Disenrollment Reason codes are sent on either the enrollment or the disenrollment transaction. | Y |  | See Valid Codes - If Plan Initiated Transfer, send 98  ‘74’ (PRIME only) | TRANSFER TRANSACTION: each transaction in the ‘transfer set’ is received by Health Plans separately   * Member is disenrolled from plan * Member is enrolled to new plan * Both the disenrollment transaction as well as the enrollment have already been confirmed by the MMIS * Annual Right to Change Date remains the same. |
| 4 | 021 – Add | 03 – Enrollment | Y | See Valid Codes - If Plan Initiated Transfer, send 899  (PRIME only) 740 - Transfer Health Plan |  |
| 5 | 021 - Add | 03 – Enrollment | Auto Assignment | * Member is Managed Care Eligible * Member has not made a choice * Member has not chosen to “opt-out” * Member has never made a choice | Y | See Auto-Assignment Choice Reason Codes in [Chapter 5](#_Chapter_5_–) – “Auto Assign” column = ‘Yes’ | N/A | * Member is checked to see if they are still eligible * Member auto-assigned * Annual Right to Change Date is set. * MMIS sends confirmations / rejections in next day’s daily file. * MMIS processes eligible auto-assigned members for premium payments. |
| 6 | 024 – Termination | 02 – Disenroll-ment | Disenrollment | * Enrolled Member decides to go back into FFS. |  |  | FFS disenrollment reason sent  (PRIME only) If CMS initiated, send  'CM' | Disenrollment Transaction without an Enrollment.  Non-assignable members. |
| 7 | 024 – Termination | 02 – Disenroll-ment | Disenrollment | * Member has lost eligibility |  |  | Loss of eligibility reason codes (See Chapter 5- for example ‘03’) |  |
| 8 | 024 – Termination | 07 – Disregard | Disregard | * Member decides to opt-out before cut-off in initial enrollment period. * Transaction has been sent to MMIS. | Y/N |  | (PRIME only) If CMS initiated, send  'CM' | * Remove the indicated selection that has not yet been approved through monthly processing. |
| 9 | 021 - Add | 13 – Restore | Restore | * Member decides to not to Disenroll, or they want to stay in their current health plan. * Transaction has been sent to MMIS. | * Y between 1st of month and cutoff * E after cutoff | 654 – reassignment to previous MCO  661 – reenrollment to previous MCO (sent with ‘E’ enrollment indicator)  651- reenrollment to previous MMP (PRIME only | (PRIME only) If CMS initiated, send  'CM' | * Restore the original transaction. Will be sent with previous start date. |
| 10 | 030 – Audit or Compare | 31 – Update Lockin Begin Date | Update Lockin Begin Date | * MAXIMUS determines member’s Anniversary Date (in the 834 file the field is called Lockin Begin Date) is updated to the new year, where the month is in the next cut-off period * (only send anniversary dates for non-PRIME members) | Y | N/A | N/A | * Intention is to only send this transaction at the time the member’s Anniversary date is update on a yearly basis. * Only the year is updated. * (only send anniversary dates for non-PRIME members) |
| 11 | 024 – Termination | 06 – Ineligible | Member Merge (MAID Update) | * Current Medicaid ID loses eligibility * MEDS has indicated a Medicaid ID that is eligible * An Alternate Client ID is sent in Loop 2000, REF02 Element (3rd Occurrence) | Y | N/A | N/A |  |
| 12 | 030 – Audit or Compare | 17 – Member Change | Demographic Update | * Any changes where member does not lose eligibility * Member must be Medicaid eligible to send transaction | Y | N/A | N/A | * Update member information: if county changes, update enrollment information as needed. |
| 13 | 030 – Audit or Compare | 18 – Member Change | Demographic Update | * Any changes where member does not lose eligibility * Member must be Medicaid eligible to send transaction | Y | N/A | N/A | * Process the same way as the 030/17 |
| 15 | 021 – Add | 21 – Zap Transaction | Enrollment (ZAP) | * Member was added in the MMIS Online system. * Transactions include the HMO start and end dates to match period affected. | Y/N | Choice Reason Captured by MMIS |  | **“State Initiated Enrollment”**   * MAXIMUS will update new enrollment information.   Auto – Assignment notice sent. |
| 16 | 030 – Audit | 21 – Zap Transaction | Modify (ZAP) | * Member enrollment was modified, there is still at least one line in the MMIS system. * See Comments for some possible scenarios. | Y | Choice Reason Captured by MMIS | Disenroll Reason Captured by MMIS | **“State Initiated Transfer”**   * MAXIMUS will update all enrollments for that time period to match what is sent by MMIS.   Scenarios: Possible scenarios include: adding a termination date to an enrollment, changing a termination date to an older date, removing an enrollment line completely, or reopening a previous terminated enrollment again.  Note: Could be more than one transaction for one person. A line could have been removed from the MMIS system. |

### daily transactions – Maximus to health plans – control file email mockup

South Carolina Healthy Connections Choices

{insert Health Plan Name}

MAXIMUS 834 Outbound Statistics Report

February 16, 2012

High Level Statistics

Current daily transaction activity confirmed by SC DHHS:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Maint | RecType | Choice | Disenrl | Count | Description |
| -------- | ------- | --------- | -------- | --------------- |  |
| 021 | 03 | 650 |  | 3,398 | Auto Enrollment |
| 021 | 03 | 651 |  | 729 | Member Choice |
| 021 | 03 | 652 |  | 131 | Member Choice Change |
| 021 | 03 | 661 |  | 52 | Health Plan Historic Enrollment |
| 021 | 03 | 663 |  | 37 | Member’s New Choice During Annual Enrollment |
| 021 | 03 | 688 |  | 1,073 | Auto Enrollment – Other Members in Plan |
| 021 | 03 | 899 |  | 4 | Mass Change Assignment |
| 021 | 13 | 651 |  | 3 | Member Choice |
| 024 | 02 |  | 04 | 2 | Member Eligible for Medicare |
| 024 | 02 |  | 30 | 2 | Moved Out of Plan Service Area |
| 024 | 02 |  | 34 | 9 | Lack of Access to Services Covered Under the Contract |
| 024 | 02 |  | 35 | 350 | Doctor Not Part of Network |
| 024 | 02 |  | 36 | 4 | Lack of Access to Providers Experienced With Member's Health Care Needs |
| 024 | 02 |  | 39 | 2 | Not Able To Get The Medicines I Was Able To Get In Regular Medicaid |
| 024 | 02 |  | 41 | 5 | Other |
| 024 | 02 |  | 70 | 4 | Member Placed Out of Home |
| 024 | 02 |  | 74 |  | Disenroll is part of Transfer |
| 024 | 02 |  | 83 | 6 | Want to be Plan with Family Members |
| 024 | 02 |  | 84 | 3 | Member utilizes services from multiple par and non-par providers |
| 024 | 07 |  | 34 | 4 | Lack of Access to Services Covered Under the Contract |
| 024 | 07 |  | 35 | 6 | Doctor Not Part of Network |
| -------- | ------- | --------- | -------- | ---------- |  |
| Total |  |  |  | 5,824 |  |

### monthly roster / cut-off file from Maximus to health plans

This set of transactions that occur between MAXIMUS and the Plans once a month. These transactions are sent after benefit issuance has been processed by MMIS. Whenever Eligibility is stated here, it is assumed Managed Care Eligibility unless stated otherwise.

This set of transactions are specifically found within the Monthly Roster from the MMIS. These transactions are sent after benefit issuance has been processed by MMIS . The Monthly Roster is sent the third week of each month and represents the most current state of enrollments for the next assignment period. For Cut-Off scheduling, see [Appendix E](#_APPENDIX_E_–).

| **MONTHLY ROSTER / CUT-OFF FROM MAXIMUS TO HEALTH PLANS** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Maint Type Code**  **2000 / INS03** | **Record Type**  **2000 / REF02** | **Event** | **MMIS Condition(s)** | **Enroll Ind**  **2000 / REF02** | **Choice Reason**  **2300 / HD04** | **Disenroll Reason**  **2300 / HD04** | **Expected Actions / Comments**  **(high level – does not include all permutations of possible outcomes)** |
| 1 | 021 – Add | 09 - New Members on Roster | Enrollment Confirmation  OR  Change in Retroactive Enrollment Newborn | * Member is new on this month’s roster. * Premium will be paid, member has benefits for next month   **OR**   * Member is new on the roster and is a Newborn (less than 12 months old), needs to have enrollment retro-active * Member is enrolled for the benefit month/year of the transaction * There will be one transaction for each benefit month/year | X | Choice Reason will match what was sent to MMIS |  |  |
| 2 | 025 – Reinstate-ment | 09 - New Members on Roster | Reinstatement | * Member is new on the roster, was sent to this plan before * Premium will be paid, member has benefits for next month/year | X | Choice Reason will match what was sent to MMIS |  |  |
| 3 | 030 – Audit or Compare | 10 - Current Members | Continuous Enrollment – Member and Newborn | * Member was on the roster last month, was enrolled to this plan * Premium will be paid, member has benefits for next month/year | X | Choice Reason will match what was sent to MMIS – except if MMIS initiates PCP Transfer (code 899) |  | Scenario: Member appears on the monthly roster with the same plan enrollment as the previous month.   * If the Choice Reason Code is 899, this transaction represents a PCP transfer. In that case, update the member’s MCO/MHN as well as the PCP where applicable. |
| 4 | 021 – Add | 12 – Retro Enrollment | Retroactive Enrollment Newborn – Newborn remains in same Health Plan | * Member is new on the roster and is a Newborn (less than 12 months old), needs to have enrollment retro-active * Member is enrolled for the benefit month/year of the transaction * There will be one transaction for each benefit month/year | X | Choice Reason will match what was sent to MMIS |  | Scenario: Newborn received on monthly file with retro months of enrollment.   * Up to 4 transactions with 021/12 could be sent in monthly. |
| 5 | 024 – Termination | 11 – Terminated | Transfer Confirmation | * Member is changing from one plan to another * Member has never been enrolled to new plan | X |  | Disenroll Reason to Match that Sent to MMIS |  |
| 6 | 021 – Add | 09 - New Members on Roster |  | Choice Reason will match what was sent to MMIS |  |
| 7 | 024 – Termination | 11 – Terminated | Transfer Confirmation | * Member is changing from one plan to another * Member has been enrolled in this plan before | X |  | Disenroll Reason to Match that Sent to MMIS |  |
| 8 | 025 – Reinstate-ment | 09 - New Members on Roster | X | Choice Reason will match what was sent to MMIS |  |
| 9 | 024 – Termination | 11 – Terminated | Disenrollment Confirmation | * Member has requested disenrollment, no longer wishes to participate | X |  | Disenroll Reason to Match that Sent to MMIS |  |
| 10 | 024 – Termination | 11 – Terminated  Potentially new record type to be assigned | Disenrollment -  Auto-Close | * Member record is no longer active. | X |  | 03,05,06 Auto Close Disenroll reasons | MAXIMUS processes these disenrollments with specific reason codes because the MMIS has auto-closed:   * Disenrollment Notice Sent * After 60 days, remove Anniversary Date and Continuous Enrollment Period |

### monthly re-enrollments – “gap” file transactions to health plans

This set of transactions that occur between MAXIMUS and MMIS once a month. These transactions are specifically found within the “GAP” file and are sent at the end of the month by MMIS to cover activity which has occurred between benefit issuance and the end of the month. These transactions are re-enrollments, or reinstating members whose eligibility lapsed between the first of the month and benefit issuance, but has been renewed between benefit issuance and the end of the month. Whenever Eligibility is stated here, it is assumed Managed Care Eligibility unless stated otherwise.

| **MONTHLY GAP TRANSACTIONS MAXIMUS TO HEALTH PLANS** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Maint Type Code**  **2000 / INS03** | **Record Type**  **2000 / REF02** | **Event** | **MMIS Condition(s)** | **Enroll Ind**  **2000 / REF02** | **Choice Reason**  **2300 / HD04** | **Disenroll Reason**  **2300 / HD04** | **Expected Actions / Comments**  **(high level – does not include all permutations of possible outcomes)** |
| 1 | 021 – Add | 09 - New Members on Roster | Enrollment Confirmation -Reinstatement | * Member is new on the roster, was not sent to this plan before * Premium will be paid, member has benefits for next month | Y |  |  | * Enrollment marked as Approved * Auto-Assignment or Confirmation Notice Sent * Do not reset Anniversary Date and Continuous Enrollment Period   Scenario: Member was auto-closed within the last 60 days but regained eligibility. This applies to a member who was about to become enrolled into a particular health plan for the first time. Enrollment is effective for the immediate enrollment period. Member has not been enrolled into this plan yet – there was no break in coverage because the member was not enrolled yet. |
| 2 | 025 – Reinstate-ment | 09 - New Members on Roster | Enrollment Confirmation -Reinstatement | * Member is new on the roster, was sent to this plan before * Premium will be paid, member has benefits for next month | Y |  |  | * Enrollment marked as Approved * Reset Eligibility for member * Do not reset Anniversary Date and Continuous Enrollment Period   Scenario: Member was auto-closed within the last monthly roster but regained eligibility. This applies to a member who was about to become re-enrolled into the last enrolled health plan. Enrollment is effective for the immediate enrollment period. There **was** a break in coverage. |
| 3 | 030 – Audit or Compare | 10 - Current Members | Continuous Enrollment | * Member was on the roster last month, was enrolled to this plan * Premium will be paid, member has benefits for next month | Y |  |  | * Continuous Enrollment. No Gap in coverage. * Member was just enrolled prior to the last cut-off, and regained eligibility with this transaction in the Gap.   Scenario: Member was auto-closed within the last monthly roster but regained eligibility. This applies to a member who was enrolled into the same health plan just prior to cut-off. Enrollment is effective for the immediate enrollment period. This scenario represents continuous enrollment – there was **no** break in coverage. |

# Chapter 4 - Other Transactions

This section of transactions includes those which are not normally included into the daily or monthly file processing.

## Migration Transactions

This set of transactions will be sent to MAXIMUS from MMIS when we roll out new regions for Managed Care Enrollment by MAXIMUS The purpose of these files is to inform MAXIMUS of members who are currently in the MMIS system which MAXIMUS does not need to Outreach. We anticipate each of these situations to occur in different files.

These files will be sent in addition to and outside of the daily 834s for which normal Outreach will occur. These are not expected to occur very frequently.

MMIS will send the three files according to the descriptions below.

### Already Enrolled – mmis to Maximus

These members currently receive Medicaid benefits and are enrolled in a plan.

| **No.** | **Maint Type Code**  **2000 / INS03** | **Record Type**  **2000 / REF02** | **MMIS Condition(s)** | **Enroll Ind**  **2000 / REF02** | **Choice Reason**  **2300 / HD04** | **Disenroll Reason**  **2300 / HD04** | **Expected Actions / Comments**  **(high level – does not include all permutations of possible outcomes)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 021 – Add | 03 – Enrollment | * Member is eligible for managed care benefits. * Member has selected an MCO or MHN * Member Benefit Begin date has passed, the Plan or MHN has received notification of participation | Y | 651 – Member Choice |  | * Member will be added to the MAXIMUS database * Member’s selection will be recorded and marked as Approved |
| 2 | 021 – Add | 03 – Enrollment | * Member is eligible for managed care benefits. * Member was assigned to an MCO or MHN * Member Benefit Begin date has passed, the Plan or MHN has received notification of participation | Y | 650 – Auto Assignment (informational only)  Default to 651 if unknown |  | * Member will be added to the MAXIMUS database * Member’s selection will be recorded and marked as Approved |

### Pending Enrollment – mmis to Maximus

These members have been identified as Potential Enrollable for Managed Care. They have been assigned to a plan or have chosen a plan. Their Benefit Begin date is in the future.

| **No.** | **Maint Type Code**  **2000 / INS03** | **Record Type**  **2000 / REF02** | **MMIS Condition(s)** | **Enroll Ind**  **2000 / REF02** | **Choice Reason**  **2300 / HD04** | **Disenroll Reason**  **2300 / HD04** | **Expected Actions / Comments**  **(high level – does not include all permutations of possible outcomes)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 021 – Add | 03 – Enrollment | * Member is eligible for managed care benefits. * Member has selected an MCO or MHN * Member Benefit Begin date has passed, the Plan or MHN has received notification of participation | Y | 651 – Member Choice |  | * Member will be added to the MAXIMUS database * Member’s selection will be recorded and marked as “MMIS” |
| 2 | 021 – Add | 03 – Enrollment | * Member is eligible for managed care benefits. * Member was assigned to an MCO or MHN * Member Benefit Begin date is in the future * The Plan or MHN has NOT received notification of participation | Y | 650 – Auto Assignment |  | * Member will be added to the MAXIMUS database * Member’s selection will be recorded and marked as “Suggested” |

### Potential to Enroll – mmis to Maximus

These members currently receive Medicaid benefits and are NOT enrolled in a plan.

| **No.** | **Maint Type Code**  **2000 / INS03** | **Record Type**  **2000 / REF02** | **MMIS Condition(s)** | **Enroll Ind**  **2000 / REF02** | **Choice Reason**  **2300 / HD04** | **Disenroll Reason**  **2300 / HD04** | **Expected Actions / Comments**  **(high level – does not include all permutations of possible outcomes)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 021 – Add | 03 – Enrollment | * Member is eligible for managed care benefits. * Member is not enrolled in an MCO or MHN | Y |  |  | * Member will be added to the MAXIMUS database * An exemption will be added to keep auto-assignment from happening. The exemption will be end-dated one year from eligibility begin date. |

# Chapter 5 – Choice/Disenrollment Reason Matching Table

This table shows how the Choice Reasons match with the Disenrollment Reasons and who would be the originator of the different codes.

| **Choice Code** | **Choice Reason Descriptions (updated Feb 2012)** | **Disenroll Code** | **Disenroll Reason** | **Auto Assign** | **Transfer Yes/No** | **Condition** | **Expected Workflow** | **Origin** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 650 | Auto Enrollment- **Non Newborn** | N/A | N/A | Yes | No | MCO: The member did not make a selection within the 30 day open enrollment period. The member had no previous plan association where the member had not requested a change, or no other members on their case were in a plan.  PRIME: Member auto-assigned to a PRIME Plan |  | MAXIMUS - Monthly auto-assignment process |
| 651 | Enrollment Choice - Member - **Initial, Annual Right to Change or 90 Day Choice** | N/A | N/A | No | No | Indicates the member chose this plan  Or  reenrollment to previous MMP (PRIME only) |  | MAXIMUS – Daily Member selections applied monthly |
| 652 | initiated from health plan initiated disenrollment (member dissatisfaction with plan other than for cause) | 66 | Member Fails to Follow the Rules of the Plan | No | Yes | initiated from health plan initiated disenrollment (member dissatisfaction with plan other than for cause) | Regular Workflow | MAXIMUS/ MMIS |
| 652 | initiated from health plan initiated disenrollment (member dissatisfaction with plan other than for cause) | 67 | Member's Behavior is Disruptive, Unruly, Abusive or Uncooperative | No | Yes | initiated from health plan initiated disenrollment (member dissatisfaction with plan other than for cause)  Non Prime only | Regular Workflow | MAXIMUS/ MMIS |
| 654 | Health Plan Re-enrollment | N/A | N/A | Yes | No | Auto Enrollment Into Previous Plan |  | MAXIMUS/ MMIS |
| 656 | Auto Enrollment - **Newborn** | N/A | N/A | Yes | No | Auto Assignment to MCO of Mother on infant’s Date of Birth |  | MAXIMUS – automatically enroll newborns that can be linked to mother and send 834 to MCO to notify of the enrollment |
| 657 | Member Change for Cause | 34 | Lack Of Access To Services Covered Under The Contract | No | Yes | The member requested a change to this plan, after 90 day choice period. | Regular Workflow | MAXIMUS/ MMIS |
| 657 | Member Change for Cause | 35 | Doctor Or Pharmacy Not Part Of Network | No | Yes | The member requested a change to this plan, after 90 day choice period. | Regular Workflow | MAXIMUS/ MMIS |
| 657 | Member Change for Cause | 36 | Lack Of Access To Providers Experienced With Member's Health Care Needs | No | Yes | The member requested a change to this plan, after 90 day choice period. | Regular Workflow | MAXIMUS/ MMIS |
| 657 | Member Change for Cause | 39 | Not Able To Get The Medicines I Was Able To Get In Regular Medicaid | N/A | Yes | Not Able To Get The Medicines I Was Able To Get In Regular Medicaid | Regular Workflow | MAXIMUS/ MMIS |
| 657 | Member Change for Cause | 40 | Entering Nursing Home | N/A | Yes |  | Disenroll; Send Disenroll Confimation Notice; No Further Enrollment/Outreach Package Sent | MAXIMUS/ MMIS |
| 657 | Member Change for Cause | 41 | Other (Requires Additional Note on Exact Reason) | No | Yes | The member requested a change to this plan, after 90 day choice period. | Depends | MAXIMUS/ MMIS |
| 657 | Member Change for Cause | 53 | Didn’t Realize what I was Signing Up For | No | Yes | The member requested a change to this plan, in 90 day choice period | Regular Workflow | MAXIMUS/ MMIS |
| 657 | Member Change for Cause | 70 | Member Placed Out of Home | N/A | Yes | Member Placed Out of Home | Regular Workflow | MAXIMUS/ MMIS |
| 657 | Member Change for Cause | 75 | Pharmacy Not Part of Network | N/A | Yes | Pharmacy Not Part of Network | Regular Workflow | MAXIMUS/ MMIS |
| 657 | Member Change for Cause | 83 | Want to be in Plan with Family Members | N/A | Yes | Want to be in Plan with Family Members | Regular Workflow | MAXIMUS/ MMIS |
| 657 | Member Change for Cause | 84 | Plan Doesn't Offer Coordinated Services Member Needs | N/A | Yes | Plan Doesn't Offer Coordinated Services Member Needs | Regular Workflow | MAXIMUS/ MMIS |
| 657 | Member Change for Cause | 85 | Health Plan Referral Policy is unfavorable to Member | N/A | Yes | Health Plan Referral Policy is unfavorable to Member | Regular Workflow | MAXIMUS/ MMIS |
| 660 | Enrollment Change - Poor Quality of Care | 31 | Got Poor Quality Care | No | Yes | The member requested a change to this plan, after 90 day choice period. | No workflow | MAXIMUS/ MMIS |
| 661 |  |  | Retro Re-enrollment |  |  |  |  | MAXIMUS |
| 668 |  |  | Family Member Plan | Yes | No | MCO: The member did not make a selection within the 30 day open enrollment period. The member had other members on their case in a plan.  PRIME: Not applicable. |  | MAXIMUS - Monthly auto-assignment process |
| 669 |  |  | Prior Member Plan | Yes | No | MCO: The member did not make a selection within the 30 day open enrollment period. The member had a previous plan association  PRIME: Not applicable |  | MAXIMUS - Monthly auto-assignment process |
| 740 | (PRIME only) Enrollment in Transfer |  | Enrollment as part of Transfer |  |  | The member is enrolling in PRIME plan as part of a transfer from one PRME plan to another PRIME plan. |  | MAXIMUS |
| 891 | Conversion Member transferred to new plan | 91 | Conversion member disenrolled | No | Yes | Maximus has triggered an automatic transfer from an expiring health plan to its ongoing counterpart | No workflow | Maximus |
| 892 | Conversion member assigned to new plan | 91 | Conversion member disenrolled | No | Yes | Maximus has triggered an automatic transfer from an expiring health plan to an entirely different plan because the new plan is not active in the member’s county | No workflow | Maximus |
| 899 | Plan or Provider Transfers | 98 | Mass Transfer | No | Yes | MMIS/DHHS Transfers members from one plan and/or provider to another | Regular Workflow | MMIS |
| OPT | Opt Out | NA | Max-initiated Opt Out | N/A |  | Max-initiated Opt Out |  | MAXIMUS |
| N/A | N/A | 3 | Member Ineligible for Medicaid | N/A | No | Member Ineligible for Medicaid - Autoclose | Disenroll; Send Disenroll Confimation Notice; No Further Enrollment/Outreach Package Sent | MMIS |
| N/A | N/A | 4 | Member Eligible for Medicare | N/A | No | Member Eligible for Medicare - | Disenroll if in MCO; Send Disenroll Confirmation Notice;Outreach Letter if not already in MHN. | MMIS |
| N/A | N/A | 5 | Member Pay Cat Inconsistent With Managed Care | N/A | No | Member Pay Cat Inconsistent With Managed Care - Autoclose | Disenroll; Send Disenroll Confimation Notice; No Further Enrollment/Outreach Package Sent | MMIS |
| N/A | N/A | 6 | Managed Care Provider Terminated | N/A | No | Managed Care Provider Terminated- Autoclose | No workflow | MMIS |
| N/A | N/A | 8 | Member Has Private HMO Coverage | N/A | No | Member Has Private HMO Coverage | Disenroll; Send Disenroll Confimation Notice; No Further Enrollment/Outreach Package Sent. | MAXIMUS |
|  |  | 10 | Provider No Longer Participates In PCCM |  |  | Non Prime only |  |  |
| N/A | N/A | 11 | MHN Board Provider Terminated |  |  | Non Prime only | No workflow |  |
| N/A | N/A | 30 | Moved Out Of Service Area | N/A | No | Moved Out Of Service Area | Regular Workflow; **if moved OUT OF STATE:** Disenroll; Send Disenroll Confimation Notice; No Further Enrollment/Outreach Package Sent. | MAXIMUS/ MMIS |
|  |  | 31 | Got Poor Quality Care |  |  |  |  |  |
|  |  | 34 | |  | | --- | | Lack of Access to Services Covered Under the Contract | |  | |  | |  |  |  |  |  |
|  |  | 35 | |  | | --- | | Doctor Not Part of Network | |  | |  |  |  |  |  |
|  |  | 36 | Lack of Access to Providers Experienced With Member's Health Care Needs |  |  |  |  |  |
| N/A | N/A | 37 | Entering A Waiver Program or enters MFCP | N/A | No | Entering A Waiver Program or enters MFCP | Disenroll if in MCO; Send Disenroll Confirmation Notice;Outreach Letter if not already in MHN. | MAXIMUS/ MMIS |
| N/A | N/A | 38 | Entering Hospice Or Nursing Home | N/A | No | Entering Hospice Or Nursing Home | Disenroll if in MCO; Send Disenroll Confirmation Notice;Outreach Letter if not already in MHN. | MAXIMUS/ MMIS |
|  |  | 39 | |  | | --- | | Not Able To Get The Medicines I Was Able To Get In Regular Medicaid | |  | |  | |  |  |  |  |  |
|  |  | 40 | |  | | --- | | Entering Nursing Home | |  | |  |  |  |  |  |
|  |  | 41 | Other (Requires Additional Note on Exact Reason) |  |  |  |  |  |
| N/A | N/A | 60 | Member Died | N/A | No | Member has died | Disenroll; Send Disenroll Confimation Notice; No Further Enrollment/Outreach Package Sent. | MAXIMUS/ MMIS |
| N/A | N/A | 61 | Member Is Incarcerated | N/A | No | Member reported incarcerated | Disenroll; Send Disenroll Confimation Notice; No Further Enrollment/Outreach Package Sent. | MAXIMUS/ MMIS |
| N/A | N/A | 64 | Plan does not cover certain services because of moral or religious reasons | N/A | No | Member Elects CLTC Waiver Program or Enters Medically Fragile Children’s Program  Non Prime only | Regular Workflow | MAXIMUS/ MMIS |
| N/A | N/A | 65 | Member No Longer Meets Criteria to Participate In Managed Care Program | N/A | No | Member No Longer Meets Criteria To Participate In Managed Care Program | Disenroll; Send Disenroll Confimation Notice; No Further Enrollment/Outreach Package Sent. | MAXIMUS/ MMIS |
|  |  | 66 | |  | | --- | | Member Fails to Follow the Rules of the Plan | |  | |  | |  |  |  |  |  |
|  |  | 70 | |  | | --- | | Member Placed Out of Home | |  | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | 75 | |  | | --- | | Pharmacy Not Part of Network | |  | |  | |  | |  |  |  |  |  |
|  |  | 83 | |  | | --- | | Want to be in Plan with Family Members | |  | |  | |  |  |  |  |  |
|  |  | 84 | |  | | --- | | Plan Doesn't Offer Coordinated Services Member Needs | |  | |  |  |  |  |  |
|  |  | 85 | Health Plan Referral Policy is unfavorable to Member |  |  |  |  |  |
| N/A | N/A | 91 | Conversion member disenrolled | N/A | No | Member does not reside is in a county available in the new health plan entity | No workflow | Maximus |
| N/A | N/A | 92 | Dual / Waiver member disenrolled | N/A | No | Member is not applicable for  managed care enrollment after the MHN payment model is no longer available  Non Prime only | No workflow | MMIS |
|  |  | 98 | Mass Transfer |  |  |  |  |  |
|  |  | 99 | Retroactive ZAP Transaction |  |  |  |  |  |
| N/A | N/A | CM | CMS Initiated request  (used by MMIS to suppress relaying back to CMS) | N/A | N/A | Request originated at CMS  Prime only | No workflow | MMIS |
|  |  | CN | Cancellation |  |  |  |  |  |
| N/A | N/A | 74 | Maximus Initiated disenroll which is part of a transfer | N/A | N/A | Maximus Initiated disenroll which is part of a transfer | Like disenroll | Maximus |

# Appendix A – Record Type Codes

This section contains the valid record type codes.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **MMIS to MAXIMUS Daily** | |  | **MMIS to MAXIMUS Monthly & MAXIMUS to Health Plans Monthly** | |  | **MAXIMUS to MMIS Daily** | |
| **Code** | **Description** |  | **Code** | **Description** |  | **Code** | **Description** |
| 01 | Potential Eligible |  | 09 | New Member on Roster |  | 02 | Disenrollment |
| 06 | Ineligible |  | 10 | Current Member on Roster |  | 03 | Enrollment |
| 17 | Demographic Change |  | 11 | Terminated Member |  | 04 | Address Change |
| 21 | Zap Transaction |  | 12 | Retroactive Member |  | ~~05~~ | ~~Special Disenrollment~~ |
| 88 | Processing Successful |  |  |  |  | 07 | Disregard |
|  |  |  |  |  |  | 20  31 | Opt Out of auto/passive assignments  Enrollment Anniversary |
| 99 | Processing Error |  |  |  |  | 13 | Restore |
| 22  19  02  07  13  18 | Newborn  Opt Out from CMS (PRIME)  Disenroll from CMS (PRIME)  Disregard (cancel enroll) from CMS (PRIME)  Restore (cancel disenroll) from CMS (PRIME)  Program Change (includes NonAssign response) |  |  |  |  | 88 | Processing Successful |
|  |  |  |  |  |  | ~~98~~ | ~~Monthly Processing Error~~ |
|  |  |  |  |  |  | 99 | Daily Processing Error |

|  |  |
| --- | --- |
| **MAXIMUS Daily to HEALTH PLANS** | |
| **Code** | **Description** |
| 02 | Disenrollment |
| 03 | Enrollment |
| 04 | Address Change (Future) |
| 07 | Disregard |
| 13 | Restore |
| 31 | Enrollment Anniversary |

# Appendix B – Auto Enrollment rules

TBD

# Appendix C – Auto Enrollment Scheduling Rules

TBD. (To be obtained from Chad)

# Appendix D – Errors Codes and Descriptions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| These errors are sent when a 030/99 transaction is sent in the Daily File from the MMIS to MAXIMUS. One of these codes will be present in the 2300 / HD04 segment. error codes and descriptions | | | | | |
| **Code & Description** | **Ignore?** | **Action** | **New 834 Requested?** | **Taken by** |
| 001 - No Medicaid Eligibility | N | End Eligibility, Resend when eligible | NO | Automatic |
| 002 - Payment Category Excluded | N | End Eligibility, Resend when eligible | NO | Automatic |
| 003 - No Managed Care Eligibility | N | End Eligibility, Resend when eligible | NO | Automatic |
| 004 - Not MCO Eligibility | N | End Eligibility, Resend when eligible | NO | Automatic |
| 201 - Unknown Maint Type Received | N | Research | YES | System Support |
| 300 - Invalid Member Id | N | Research | YES | System Support |
| 309 - Recipient Date Of Death > Zero | N | Research | YES | System Support |
| 312 - Mbr To Disenroll Not Enrolled | N | Research | YES – Process new name from error record | System Support |
| 312 - Mbr To Disenroll Not Enrolled | N | Research |  | System Support |
| 317 - Disregard For Date In Past | N | Research | YES | System Support |
| 318 - Retro Terminations Not Allowed | N | Research | YES | System Support |
| 320 - Incorrect Current Provider/Elig Date | N | Research |  | System Support |
| 322 - MCO Not Valid Provider Type | N | Research |  | System Support |
| 323 - Unknown MCO Or PCP Provider | N | Research | For rollout only | System Support |
| 324 - MHN Not Valid or Not Active | N | Research |  | System Support |
| 325 - Unknown MHN Provider | N | Research | YES | System Support |
| 326 - MCO Or PCP Not Active Medicaid Provider | N | Research, Change Selection | YES | Operations |
| 327 - PCP Not Valid Provider Type | N | Send Email to Health Plan | YES | Automatic |
| 328 - PCP Not Valid Managed Care Provider | N | Send Email to Health Plan | YES | Automatic |
| 329 - Retro Enrollments Not Allowed | N | Research | NO | System Support |
| 331 - Received Back-To-Back Date Range | N | Reset Selection, Resend as Restore | YES | Automatic |
| 332 - Recipient Already Enrolled In Managed Care | N | Research | NO | System Support |
| 400 – Missing Case Number | N | Research | ? | ? |
| 411 - PRIME: Pending research of CMS response  OR  B2B rejection for missing information (applied to any of Medicare ID,  Disenrollment Reason Code,  Choice Reason Code,  RSP-Elig-Date,  RSP-Inelig-Date) | N  OR  N | Await results of SCDHHS research  OR  Research missing data, add data, and resend | Pending SCDHHS direction  OR  Yes | System Support |
| 412 - PRIME - data out of sync with MMIS (it wasn’t found on the pending file) | N | Verify the health plan and the effective enrollment start and end dates. | Resend if necessary. | System Support |
| 413 - PRIME - additional pending transaction sent before response received (duplicate transaction received for transaction still on the pending file) | N | Review and resend if necessary after confirmation or rejection is received on the prior transaction sent. | Resend if necessary. | System Support |
|  |  |  |  |  |
| 500 - PRIME: Final/End transaction | N | End/terminate transaction; transaction rejected | NO |  |

# Appendix E – Key Dates For MANAGED CARE Assignment 2017

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Month** | **MEDS Cutoff Date for HCK**  **(on this evening we run AA so prepared to send tomorrow)** | **MAXIMUS**  **Assignment Date**  **(AA happened yesterday; actually just send happens)** | **MMIS RSP Cutoff Date** | **MGC Process Date (on this evening we receive cutoff and process it)** | **10 Day Notice Date (date of seed/create – export to vendor +1 day)** | **Assignment Effective Date** |
| 2020 |  |  |  |  |  |  |
| November | 11/18/2020 | 11/19/2020 | 11/20/2020 | 11/21/2020 | 11/21/2020 | 12/1/2020 |
| December | 12/16/2020 | 12/17/2020 | 12/18/2020 | 12/19/2020 | 12/22/2020 | 1/1/2021 |
| 2021 |  |  |  |  |  |  |
| January | 1/20/2021 | 1/21/2021 | 1/22/2021 | 1/23/2021 | 1/22/2020 | 2/1/2020 |
| February | 2/17/2021 | 2/18/2021 | 2/19/2021 | 2/20/2021 | 2/20/2020 | 3/1/2020 |
| March | 3/17/2021 | 3/18/2021 | 3/19/2021 | 3/20/2021 | 3/22/2020 | 4/1/2020 |
| April | 4/21/2021 | 4/22/2021 | 4/23/2021 | 4/24/2021 | 4/21/2020 | 5/1/2020 |
| May | 5/19/2021 | 5/20/2021 | 5/21/2021 | 5/22/2021 | 5/22/2020 | 6/1/2020 |
| June | 6/16/2021 | 6/17/2021 | 6/18/2021 | 6/19/2021 | 6/21/2020 | 7/1/2020 |
| July | 7/21/2021 | 7/22/2021 | 7/23/2021 | 7/24/2021 | 7/22/2020 | 8/1/2020 |
| August | 8/18/2021 | 8/19/2021 | 8/20/2021 | 8/21/2021 | 8/22/2020 | 9/1/2020 |
| September | 9/15/2021 | 9/16/2021 | 9/17/2021 | 9/18/2021 | 9/21/2020 | 10/1/2020 |
| October | 10/20/2021 | 10/21/2021 | 10/22/2021 | 10/23/2021 | 10/22/2020 | 11/1/2020 |
| November | 11/17/2021 | 11/18/2021 | 11/19/2021 | 11/20/2021 | 11/21/2020 | 12/1/2020 |
| December | 12/22/2021 | 12/23/2021 | 12/24/2021 | 12/25/2021 | 12/22/2020 | 1/1/2021 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PRIME August | 8/10/2020 | 8/13/2020 | 8/13/2020 | 8/19/2020 | 9/25/2020 | 11/1/2020 |
| September | 9/14/2020 | 9/17/2020 | 9/17/2020 | 9/23/2020 | 10/23/2020 | 12/1/2020 |
| LIS Assignment | TBD | TBD | TBD | TBD | 11/25/2020 | 1/1/2021 |
| October | 10/12/2020 | 10/15/2020 | 10/15/2020 | 10/21/2020 | 11/19/2020 | 1/1/2021 |
| November | 11/9/2020 | 11/12/2020 | 11/12/2020 | 11/18/2020 | 12/22/2020; Christmas Eve | 2/1/2021 |
| December | 12/14/2020 | 12/17/2020 | 12/17/2020 | 12/23/2020 | 1/25/2021 | 3/1/2021 |
| Month | PRIME RFA Outbound date | PRIME RFA Inbound | PRIME MMS Assignment Date | Trigger 60-day (approx- confirm. + 1 day) | 30-day fulfillment trigger | Assignment Effective Date |
| 2021 |  |  |  |  |  |  |
| January | 1/11/2021 | 1/14/2021 | 1/14/2021 | 1/20/2021 | 2/23/2021 | 4/1/2021 |
| February | 2/8/2021 | 2/11/2021 | 2/11/2021 | 2/17/2021 | 3/26/2021 | 5/1/2021 |
| March | 3/8/2021 | 3/11/2021 | 3/11/2021 | 3/17/2021 | 4/23/2021 | 6/1/2021 |
| April | 4/12/2021 | 4/15/2021 | 4/15/2021 | 4/21/2021 | 5/26/2021 | 7/1/2021 |
| May | 5/10/2021 | 5/13/2021 | 5/13/2021 | 5/19/2021 | 6/25/2021 | 8/1/2021 |
| June | 6/14/2021 | 6/17/2021 | 6/17/2021 | 6/23/2021 | 7/26/2021 | 9/1/2021 |
| July | 7/12/2021 | 7/15/2021 | 7/15/2021 | 7/21/2021 | 8/26/2021 | 10/1/2021 |
| August | 8/9/2021 | 8/12/2021 | 8/12/2021 | 8/18/2021 | 9/24/2021 | 11/1/2021 |
| September | 9/13/2021 | 9/16/2021 | 9/16/2021 | 9/22/2021 | 10/26/2021 | 12/1/2021 |
| \*\*\*LIS Assignment | TBD | TBD | TBD | TBD | TBD | 1/1/2022 |
| October | 10/11/2021 | 10/14/2021 | 10/14/2021 | 10/20/2021 | 11/22/2021 | 1/1/2022 |
| November | 11/8/2021 | 11/11/2021 | 11/11/2021 | 11/17/2021 | 12/22/2021 | 2/1/2022 |
| December | 12/13/2021 | 12/16/2021 | 12/16/2021 | 12/22/2021 | 1/26/2022 | 3/1/2022 |
| 2022 |  |  |  |  |  |  |
| January | 1/10/2022 | 1/13/2022 | 1/13/2022 | 1/19/2022 | 2/23/2022 | 4/1/2022 |
| February | 2/14/2022 | 2/17/2022 | 2/17/2022 | 2/23/2022 | 3/25/2022 | 5/1/2022 |
| March | 3/14/2022 | 3/17/2022 | 3/17/2022 | 3/23/2022 | 4/25/2022 | 6/1/2022 |
| April | 4/11/2022 | 4/14/2022 | 4/14/2022 | 4/20/2022 | 5/26/2022 | 7/1/2022 |
| May | 5/9/2022 | 5/12/2022 | 5/12/2022 | 5/18/2022 | 6/24/2022 | 8/1/2022 |
| June | 6/13/2022 | 6/16/2022 | 6/16/2022 | 6/22/2022 | 7/26/2022 | 9/1/2022 |
| July | 7/11/2022 | 7/14/2022 | 7/14/2022 | 7/20/2022 | 8/26/2022 | 10/1/2022 |
| August | 8/8/2022 | 8/11/2022 | 8/11/2022 | 8/17/2022 | 9/23/2022 | 11/1/2022 |
| September | 9/12/2022 | 9/15/2022 | 9/15/2022 | 9/21/2022 | 10/26/2022 | 12/1/2022 |
| \*\*\*LIS Assignment | TBD | TBD | TBD | TBD | TBD | 1/1/2023 |
| October | 10/10/2022 | 10/13/2022 | 10/13/2022 | 10/19/2022 | 11/25/2022 | 1/1/2023 |
| November | 11/14/2022 | 11/17/2022 | 11/17/2022 | 11/23/2022 | 12/26/2022 | 2/1/2023 |
| December | 12/12/2022 | 12/15/2022 | 12/15/2022 | 12/21/2022 | 1/26/2023 | 3/1/2023 |

### Column Notes:

* PRIME RFA Outbound Date: The evening of RFA outbound request.
* PRIME RFA Inbound Date: This is the evening of latest the day on which RFA must return results..
* PRIME MMS Assignment Date: This is the evening of the day on which PRIME-AA runs, which is exactly 2 business days afer the RFA outbound request is sent (thus providing 2 business days for RFA to return results).
* 30-day fulfillment trigger: Send to vendor morning of 25th, unless that is a weekend/holiday, then send on the nearest business day (forward or backward).
* MAXIMUS Assignment Date: MAXIMUS assigns non-Newborns on this date monthly, typically a Thursday. This date is two days prior to the MGC Process Date when enrollments are considered final. Assignments for non-Newborns will only be done once monthly and then sent to MCOs once monthly. NOTE: Newborn assignments are sent to the MCOs daily.
* MMIS RSP Cut-Off Date: There is usually one day to fix the file (between assignment and cut-off) without the MMIS sending a ZAP transaction to MAXIMUS before MAXIMUS resends the corrected auto-assignment record. The window to correct records between MAXIMUS’s monthly auto-assignment and the MMIS cut-off is usually tighter in Nov and Dec due to Holiday processing.
  + The Monthly Cut-off file from MMIS to MAXIMUS is sent the Saturday immediately following Friday’s cut-off.
* MGC Process Date: SDHHS is referring to column D when mentioning performing “cut off” - after the Nov 24th, they send the master roster, monthly confirmation where everyone is on that Saturday.
  + If the member has lost eligibility, then they are no longer in the file, or they will show as FFS.
  + MAXIMUS will need to sync our processes/data with this monthly roster from MMIS (Monthly Cut-Off File).
* Assignment Effective Date: when column E runs, that is the date the effect for eligibility. (For PRIME GEF currently doesn't use the cutoff table to set the effective enrollment date... it calculates it as the first of the month that is 3 months out)