![Iowa Medicaid - Iowa HHS logo]

MEDICAID POLICY CLARIFICATION #PC000293

834 Enrollment File – Void Records

February 25, 2025

To: Iowa Medicaid Managed Care Plans and Dental Plans

This letter is a formal notification of the state's expectations related to the interpretation and handling of 'voids' on the 834-enrollment file. A 'void' is defined as a record on the 834-enrollment file where the enrollment begin date and the enrollment end date in the 2300 DTP01 loop/segment are the same.

GUIDANCE

Circumstances may arise during a member's enrollment in managed care that result in their enrollment being 'voided' for a given month. This can happen for various reasons, including but not limited to, members becoming incarcerated or historical assignment changes causing a member to move from one plan to another.

In such cases, a record will be sent to the member's outgoing Managed Care Plan (MCP) with a 'void' record for the specific months being removed. The MCP must interpret the 'void' record and remove enrollment in their system only for those specified months. The 'void' should not be interpreted as the member having never been enrolled with the plan.

EXAMPLES

Historical Update
Scenario: The current date is 10/22/24. The member was enrolled with MCO1 from 10/1/23 to the present. Due to an approved ETP, the member is moved to MCO2 effective 7/1/24 onward.

- MCO1 will receive an 834-enrollment file showing a begin date and an enrollment end date in the 2300 DTP01 loop/segment with voids for July 2024 to the current month. MCO1 should remove enrollment in their system only for July 2024 to the current month. Enrollment prior to July 2024 remains valid.

- MCO2 will receive an 834-enrollment file with enrollment information for July 2024 through the current month.

Below is an 834 sample snapshot for this scenario:

```
2300  0001HD   0001021DEN              MCO1                        IND
2300  0001DTP 0001348D8 20240701
2300  0001DTP 0001349D8 20240701
2300  0001HD   0001021DEN              MCO1                        IND
2300  0001DTP 0001348D8 20240801
2300  0001DTP 0001349D8 20240801
2300  0001HD   0001021DEN              MCO1                        IND
2300  0001DTP 0001348D8 20240901
2300  0001DTP 0001349D8 20240901
2300  0001HD   0001021DEN              MCO1                        IND
2300  0001DTP 0001348D8 20241001
2300  0001DTP 0001349D8 20241001
```

Incarceration Update

Scenario: The current date is 9/17/24. The member has been enrolled with MCO1 from 3/1/19 to the present. MMIS receives information indicating the member was incarcerated from 12/12/23 to 4/16/24.

- MCO1 will receive an 834-enrollment file showing a begin date and an enrollment end date in the 2300 DTP01 loop/segment with voids for January 2024 through March 2024. MCO1 should remove enrollment in their system only for January 2024 through March 2024. Enrollment prior to January 2024 and after March 2024 remains valid.

Below is an 834 sample snapshot for this scenario:

```
2300 0001HD 0001021HMO        MCO01                   IND
2300 0001DTP 0001348D8 20240101
2300 0001DTP 0001349D8 20240101
2300 0001HD 0001021HMO        MCO01                   IND
2300 0001DTP 0001348D8 20240201
2300 0001DTP 0001349D8 20240201
2300 0001HD 0001021HMO        MCO01                   IND
2300 0001DTP 0001348D8 20240301
2300 0001DTP 0001349D8 20240301
2300 0001HD 0001021HMO        MCO01                   IND
2300 0001DTP 0001348D8 20240401
2300 0001DTP 0001349D8 99999999
```

Actual incarceration information can be found in the 2750 DTP03 loop and segment.

MCPs should only act on enrollment information stated in the 834 file and should not remove coverage that is not explicitly shown.

Additional Responsibilities:
MCO and Dental Plans must review these types of updates and ensure that providers receive proper payment for the affected periods

Related Policy Clarifications:
N/A

This formal guidance impacts capitation rates in the following manner:
☐ This [is was] an Iowa Medicaid practice prior to April 1, 2016 and was included in the experience used to develop the capitation rates.
☒ This is a new process or policy that does not have a fiscal impact.
☐ This is a new process or policy that will be reflected in revised capitation rates and implemented July1, 2021.

Attestation:

I hereby attest to receipt and understanding of this communication including all requirements and due dates.

Name_____ Date_____.

The department will monitor progress towards implementation and may impose remedies for failure to implement.

Sincerely,

Account Manager

Managed Care Account Manager