



**Instructions Related to 834
Benefit Enrollment and
Maintenance (834) Based on ASC
X12 Implementation Guide**

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Preface

Companion Guides may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions), and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 Implementation Guide (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every companion guide. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the companion guides when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the companion guides when the publishing entity wants to clarify the implementation guide instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASC X12's copyrights and Fair Use statement.

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834 Benefit Enrollment and Maintenance Transaction Instructions

1 Transaction Instructions Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) carries provisions for administrative simplification. This requires the Secretary of the federal Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance.
- Limit fraud and abuse.
- Reduce administrative costs.

1.1.2 Compliance According to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard's implementation specification(s).

1.1.3 Compliance According to ASC X12

The ASC X12 requirements include specific restrictions that prohibit trading partners from modifying any:

- Defining, explanatory, or clarifying content contained in the implementation guide.
- Requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with the ASC X12 Implementation Guide's Fair Use and Copyright statements.

1.3 Companion Guide Audience

Companion guide are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal HIPAA.

1.4 Purpose of Companion Guides

The information contained in this companion guide applies to ForwardHealth, which includes the following programs: BadgerCare Plus, Wisconsin Medicaid, SeniorCare, Wisconsin Chronic Disease Program (WCDP), the Wisconsin Well Woman Program (WWWP), and Medicaid managed care programs. All of these programs use ForwardHealth interChange for processing.

The companion guides are to be used with HIPAA Implementation Guides and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the companion guides is to provide trading partners with a guide to communicate ForwardHealth-specific information required to successfully exchange transactions electronically with ForwardHealth.

ForwardHealth will accept and process any HIPAA-compliant transaction; however, a compliant transaction that does not contain ForwardHealth-specific information, though processed, may be denied for payment. For example, a compliant 837 Health Care Claim (837) created without a ForwardHealth member identification number will be processed by ForwardHealth but will be denied payment. For questions regarding appropriate billing procedures, as well as for policy and billing information, providers should refer to their policy-specific area of the ForwardHealth Online Handbook.

Companion guides highlight the data elements significant for ForwardHealth. For transactions created by ForwardHealth, companion guides explain how certain data elements are processed. Refer to the companion guide first if there is a question about how ForwardHealth processes a HIPAA transaction. For further information, contact the ForwardHealth Electronic Data Interchange (EDI) Department at 866-416-4979.

1.5 National Provider Identifier

As a result of HIPAA, the federal HHS adopted a standard identifier for health care providers. The Final Rule published by the HHS adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI replaces all payer-specific identification numbers (e.g., Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions); therefore, all health care providers are required to obtain an NPI to identify themselves on these transactions. The NPI is the only identification number that will be allowed on these transactions.

ForwardHealth has determined that all providers, except for personal care only providers, specialized medical vehicle providers, and blood banks, are health care providers (per the definitions within the NPI Final Rule) and, therefore, are required to obtain and use an NPI. ForwardHealth requires all health care providers to submit their NPI on electronic transactions.

1.6 Acceptable Characters

All alpha characters used in HIPAA transactions must be in an uppercase format. The HIPAA transactions must not contain any carriage returns nor line feeds; the data must be received in one, continuous stream.

1.7 Acknowledgements

An accepted 999 Implementation Acknowledgement, rejected 999 Implementation Acknowledgement, or rejected TA1 InterChange Acknowledgement will be generated in response to all submitted files. Trading partners are responsible for retrieving acknowledgments from the ForwardHealth Portal to determine the status of their files.

1.8 Examples

See Section 4.1 of this guide for examples.

2 Included ASC X12 Implementation Guide

This table lists the X12N Implementation Guide(s) for which specific transaction instructions apply and which are included in Section 3 of this guide.

Unique ID	Name
005010X220A1	834 Benefit Enrollment and Maintenance

3 Instruction Table for 834 Transaction

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent “segments” in the X12N implementation guide.
NON-SHADED rows represent “data elements” in the X12N implementation guide.

3.1 005010X222A1 — 834 Benefit Enrollment and Maintenance

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements. <i>Note:</i> Deviating from the standard ISA element sizes will cause the interchange to be rejected.
	ISA06	Interchange Sender ID	WISC_DHCF	
	ISA08	Interchange Receiver ID		This element is the nine-digit numeric Trading Partner identification number assigned by ForwardHealth interChange.
	ISA11	Repetition Separator	^	The repetition separator is a delimiter separating repeated occurrences of a data element or composite data; it is not a data element. This field will contain a caret.
	GS	Functional Group Header		
	GS02	Application Sender's Code	WISC_TXIX	
	GS03	Application Receiver's Code		This element is the nine-digit numeric Trading Partner identification number assigned by ForwardHealth interChange.
	ST	Transaction Set Header		
	ST02	Transaction Set Control Number		This element will contain a unique transaction set control number assigned by ForwardHealth interChange.
	BGN	Beginning Segment		
	BGN01	Transaction Set Purpose Code	00 15 22	This element will contain one of the following codes: <ul style="list-style-type: none"> • “00” — Original. • “15” — Resubmission. • “22” — Information Copy.
	BGN02	Transaction Set Reference Number		This element will contain the following information: <ul style="list-style-type: none"> • Positions 1-7, Report ID, valid values are “INITIAL” or “FINAL”.

Loop ID	Reference	Name	Codes	Notes/Comments
				<ul style="list-style-type: none"> • Positions 8–8, Space. • Positions 9–14, Enrollment month in a CCYYMM format. • Positions 15–15, Space. • Positions 16–19, Sequence number of the transaction set indicating the order that the transaction sets are created and the order in which the transaction sets are to be processed. <p><i>Note:</i> Positions 1–7 will contain a value of “INITIAL” when the transaction sets are created mid-month for the initial enrollment cycle. Two or more transaction sets will be created during the initial cycle. The first transaction set(s) will contain only members who have changes in their enrollment status such as new and terminated members or members with changes in other information.</p> <p>The value of BGN08 will be “2” to indicate that this transaction set contains only members with changes. The transaction set(s) with changes will be followed by one or more transaction sets where the value in BGN08 will be “4” to indicate that this is a full file audit/compare.</p> <p>The full file audit/compare transaction set(s) will contain all new members and all members in a continuing or pending status effective for the current enrollment month.</p> <p>Positions 1–7 will contain a value of “FINAL” when the transaction set(s) is created at the end of the month for the final enrollment cycle. The value in BGN08 will be “2” to indicate that this transaction set contains only members who have changes to their enrollment status or other information.</p>
	BGN08	Action Code	2 4 RX	<p>This element will contain the following values:</p> <ul style="list-style-type: none"> • “2” — Change (update). Used to indicate that this transaction set contains only members who have changes in their enrollment status or other information. • “4” — Verify. Used when the transaction set is created mid-month (initial enrollment cycle). The transaction set(s) will contain all new members and all members in a continuing or pending status effective for the current enrollment month. • “RX” — Replace. The transaction will overlay the complete provider database.

Loop ID	Reference	Name	Codes	Notes/Comments
	REF	Transaction Set Policy Number		This segment will be created for every transaction set, and the following elements will be populated.
	REF01	Reference Identification Qualifier	38	This element will contain a value of "38", which is the master policy number.
	REF02	Master Policy Number		This element will contain the eight-character ForwardHealth payee provider number.
	DTP	File Effective Date		This segment will be created during the initial enrollment cycle when the value in BGN08 is "4" to indicate that this is a full file audit/compare.
	DTP01	Date Time Qualifier	007	This element will contain a value of "007" to indicate that the date that follows applies to all members in the file.
	DTP03	Date Time Period		This element will contain a file effective date indicating the first day of the current enrollment month (Information Effective Date).
	QTY	Transaction Set Control Totals		This segment is used to record the total number of subscribers in the transaction set.
	QTY01	Quantity Qualifier	TO	This element will contain a value of "TO" to indicate that the number that follows is the total number of subscribers in the file.
	QTY02	Records Total		This element will contain the total number of subscribers in the file.
1000A	N1	Sponsor Name		This segment will be created for every transaction set, and the following elements will be populated.
1000A	N101	Entity Identifier Code	P5	This element will contain a value of "P5", which is the plan sponsor.
1000A	N103	Identification Code Qualifier	FI	This element will have a value of "FI", which is the federal taxpayer's identification number (TIN).
1000A	N104	Sponsor Identifier		This element will contain the ForwardHealth federal TIN.
1000B	N1	Payer		This segment will be created for every transaction set, and the following elements will be populated.
1000B	N101	Entity Identifier Code	IN	This element will contain a value of "IN", which is the insurer.
1000B	N103	Identification Code Qualifier	FI	This element will have a value of "FI", which is the federal TIN.
1000B	N104	Insurer Identification Code		This element will contain the ForwardHealth pay-to provider number.
2000	INS	Member Level Detail		This segment is required for each ForwardHealth member being reported.
2000	INS01	Member Indicator	Y	This element will have a value of "Y", which indicates that the insured is a subscriber.
2000	INS02	Individual Relationship Code	18	This element will have a value of "18", which indicates self.

Loop ID	Reference	Name	Codes	Notes/Comments
2000	INS03	Maintenance Type Code	001 021 024 025 030	<p>The value of this element used in conjunction with maintenance reason code (INS04) and employment status code (INS08) will indicate the member's enrollment status. See Attachment 1 of this guide for a cross-reference between the ForwardHealth interChange enrollment status and the INS03, INS04, and INS08.</p> <p>The following values will be sent in the initial and final enrollment cycle transaction set(s) when the value of BGN08 is equal to "2":</p> <ul style="list-style-type: none"> • "001" — Change. During the initial enrollment cycle, this value indicates an enrollment status of "CONTINUE" or "PENDING" when there is a change in member information to report. During the final enrollment cycle, this value will identify members previously reported as "PENDING" who have changed their enrollment status to "CONTINUE", as well as members with a change in member information with no change in enrollment status. During either the initial or final enrollment cycle, this value will be used when a second 2300 HD loop is present. • "021" — Addition. Indicates an enrollment status of "ADD/NEW". • "024" — Cancellation or termination. Indicates an enrollment status of "DISENROLL". • "025" — Reinstatement. Indicates an enrollment status of "ADD/RS". <p>When the value of BGN08 is equal to "4", the value "030" (audit or compare) will be sent in the initial enrollment cycle full file audit transaction set. This value will only be used with the initial enrollment cycle full file audit transaction set(s). All members in a "PENDING", "CONTINUE" or "ADD" enrollment status effective for the current enrollment month will be reported.</p>
2000	INS04	Maintenance Reason Code	07 27 28 41 43 33 25 AI XN	<p>This element further describes the member's enrollment status.</p> <p>The following values will be sent in the initial and final enrollment cycle change transaction set(s) when the value of BGN08 is equal to "2":</p> <ul style="list-style-type: none"> • "07" — Termination of benefits. When used with a maintenance type code (INS03) with a value of "024", this indicates that the member is being terminated from the managed care organization (MCO). • "27" — Pre-enrollment.

Loop ID	Reference	Name	Codes	Notes/Comments
				<p>When used with a maintenance type code (INS03) with a value of "021", this indicates that the member is a newborn.</p> <ul style="list-style-type: none"> • "28" — Initial enrollment. When used with a maintenance type code (INS03) with a value of "021", this indicates that the member is a new enrollee but not a newborn. • "41" — Re-enrollment. When used with a maintenance type code (INS03) with a value of "025", this indicates that the member is being reinstated in the MCO. <p>The following maintenance reason codes will be used with a maintenance type code (INS03) with a value of "001":</p> <ul style="list-style-type: none"> • "43" — Change of location. Indicates the member's address information has changed. • "33" — Personal data. Indicates a change in member information such as medical status code. • "25" — Change in identifying data elements. Indicates the member's name, date of birth or gender code has changed. • "A1" — No reason given. During either the initial or final enrollment cycle, this value will be used when a second 2300 HD loop is present. When used during the initial enrollment cycle, "A1" indicates that member information that does not fit into the other reason codes has changed. <p>When used during the final enrollment cycle, "A1" indicates that the member's enrollment status has changed from "PENDING" to "CONTINUE", or member information that does not fit into the other reason codes has changed.</p> <p><i>Note:</i> The value of the maintenance reason code will be established in the order listed above; however, the transaction may include more than one type of change. For example, the member could have a maintenance reason code of "43" to indicate a change in the address information but could also include a change to the date of birth.</p> <p>The value "XN", which indicates notification only, will be sent in the initial enrollment cycle full file audit transactions set(s) when the value of BGN08 is equal to "4".</p> <p>"XN" is used with a maintenance type code (INS03) with a value of "030" to indicate that the</p>

Loop ID	Reference	Name	Codes	Notes/Comments
				member's enrollment status for the current enrollment month is "ADD", "CONTINUE", or "PENDING."
2000	INS05	Benefit Status Code	A	This element will have a value of "A", which indicates active.
2000	INS06-1	Medicare Plan Code	A B C E	A = Medicare Part A. B = Medicare Part B. C = Medicare Part A and B. E = No Medicare.
2000	INS08	Employment Status Code	AC TE	This element further describes the member's enrollment status. The following values will be sent: <ul style="list-style-type: none"> • "AC"— Active. Indicates that the member is in a "CONTINUE" or "ADD" enrollment status. The maintenance type code (INS03) and maintenance reason code (INS04) should be interrogated to determine if the member is in a "CONTINUE" or "ADD" enrollment status. • "TE" — Terminated. When used with the maintenance type code (INS03) with a value of "001" or "030", the member is in a "PENDING" enrollment status. When used with the maintenance type code (INS03) with a value of "024", the member is in a "DISENROLL" enrollment status.
2000	INS12	Member Individual Death Date		The member's date of death will be reported in this element when available.
2000	REF	Subscriber Identifier		The Subscriber Identifier Segment is required and will identify the ForwardHealth member.
2000	REF01	Reference Identification Qualifier	0F	This element will contain a value of "0F", which indicates the subscriber number.
2000	REF02	Subscriber Identifier		This element will contain the 10 character ForwardHealth member ID.
2000	REF	Member Policy Number		The member policy number segment will be created for each ForwardHealth member being reported.
2000	REF01	Reference Identification Qualifier	1L	This element will contain a value of "1L", which indicates the group or policy number.
2000	REF02	Member Group or Policy Number		Required when the policy or group number applies to all coverage data (all 2300 loops for this member).
2000	REF	Member Supplemental Identifier		The following member identification number segment will be created for each ForwardHealth member being reported.

Loop ID	Reference	Name	Codes	Notes/Comments
2000	REF01	Reference Identification Qualifier	17 3H Q4	This element will contain a value of: <ul style="list-style-type: none"> “17” — client reporting category. “3H” — case number. “Q4” — prior case number.
2000	DTP	Member Level Dates		When the value of BGN08 is “2”, the member level dates segment will be created for each INS segment in this transaction set. This segment will not be present when the value of BGN08 is “4”.
2000	DTP01	Date Time Qualifier	303 356 357	This element will contain the following values: <ul style="list-style-type: none"> “303” — Maintenance effective. The date that follows applies to members currently reported as a “CONTINUE”, “PENDING”, or demographic change-only enrollment status. This value is also used when there is an assigned provider change reported in the 2300 HD loop. “356” — Eligibility begin. The date that follows applies to members currently reported as an “ADD” enrollment status. “357” — Eligibility end. The date that follows applies to members currently reported as a “DISENROLL”. The date reported in DTP03 will reflect the true eligibility end effective date.
2000	DTP03	Status Information Effective Date		This element will contain the status information effective date associated with the previous DTP01 value (Status Information Effective Date).
2100A	NM1	Member Name		The member name segment will be created for each INS segment created, and the following elements will be populated.
2100A	NM101	Entity Identifier Code	74 IL	This element will contain the following values: <ul style="list-style-type: none"> “74” — Corrected insured. Indicates that the values in NM103, NM104, or NM105 have changed since last reported. “IL” — Insured or subscriber. Indicates that the values in NM103, NM104, or NM105 have not changed since last reported.
2100A	NM102	Entity Type Qualifier	1	This element will contain a value of “1”, which indicates a person.
2100A	NM103	Member Last Name		This element will contain the last name of the ForwardHealth member.
2100A	NM104	Member First Name		This element will contain the first name of the ForwardHealth member.
2100A	NM105	Member Middle Name		This element will contain the middle initial (if present) of the ForwardHealth member.
2100A	NM107	Member Name Suffix		This element will contain the suffix (if present) of the ForwardHealth member.

Loop ID	Reference	Name	Codes	Notes/Comments
2100A	PER	Member Communication Numbers		The member communication numbers segment will be created when the member's telephone number is available.
2100A	PER01	Contact Function Code	IP	This element will contain a value of "IP", which indicates the insured party.
2100A	PER03	Communication Number Qualifier	TE	This element will contain a value of "TE", which indicates telephone number.
2100A	PER04	Communication Number		This element will contain the ForwardHealth member's telephone number.
2100A	N3	Member Residence Street Address		The member residence street address segment will be created for each INS segment created. If no residence address is on file, the mailing address will be sent in Loop 2100A and Loop 2100C will not be sent. Also, if both addresses are the same, only the 2100A will be sent.
2100A	N4	Member City, State, ZIP Code		The member residence city, state, and ZIP code segment will be created for each INS segment created.
2100A	N405	Location Qualifier	CY	This element will contain a value of "CY", which indicates county/parish.
2100A	N406	Location Identifier		This element will contain the ForwardHealth member's residence two-character county code.
2100A	LUI	Member Language		The member language segment will be created for each INS segment created where the language is not English.
2100A	LUI01	Identification Code Qualifier	LE	This element will contain a value of "LE", which indicates ISO 639 Language Codes in the next element.
2100A	LUI02	Language Code		This element will contain the ISO 639 Language Code indicating the member's language.
2100B	NM1	Incorrect Member Name		The incorrect member name segment only will be created when there is a change to the member's previously supplied name, social security number, date of birth, or gender code. Only the incorrect elements will be populated.
2100B	NM101	Entity Identifier Code	70	This element will contain a value of "70", which indicates prior incorrect insured.
2100B	NM102	Entity Type Qualifier	1	This element will contain a value of "1", which indicates a person.
2100B	NM103	Prior Incorrect Member Last Name		If NM101 in Loop 2100A contains a value of "74", this element will contain the prior last name of the ForwardHealth member.
2100B	NM104	Prior Incorrect Member First Name		If NM101 in Loop 2100A contains a value of "74", this element will contain the prior first name of the ForwardHealth member.
2100B	NM105	Prior Incorrect Member Middle Name		If NM101 in Loop 2100A contains a value of "74", this element will contain the prior middle initial (if present) of the ForwardHealth member.

Loop ID	Reference	Name	Codes	Notes/Comments
2100B	NM107	Prior Incorrect Member Name Suffix		If NM101 in Loop 2100A contains a value of "74", this element will contain the suffix (if present) of the ForwardHealth member.
2100B	NM108	Identification Code Qualifier	34	This element will only be created when there is a change to the member's Social Security number (SSN) and will contain value "34".
2100B	NM109	Identification Code		This element will only be created when there is a change to the member's prior SSN.
2100B	DMG	Incorrect Member Demographics		This segment will only be created when there is a change to the member's previously supplied date of birth or gender code.
2100B	DMG02	Prior Incorrect Insured Birth Date		If there is a change to the member's previously supplied date of birth, this element will contain the previously supplied date of birth.
2100B	DMG03	Prior Incorrect Insured Gender Code		If there is a change to the member's previously supplied gender, this element will contain the previously supplied gender.
2100C	NM1	Member Mailing Address		This loop will only be provided if the information is on file — if only one address is on file it will be reported as residence and no mailing loop will be present.
2100G	NM1	Responsible Person		This segment will supply the full name of an individual or organizational entity
2100G	NM101	Entity Identifier Code	QD	This element will contain a value of "QD", which indicates responsible party.
2100G	NM102	Entity Type Qualifier	1	This element will contain a value of "1", which indicates person.
2100G	NM103	Responsible Party Last or Organization Name		This element will contain the last name of the responsible person.
2100G	NM104	Responsible Party First Name		This element will contain the first name of the responsible person.
2100G	NM105	Responsible Party Middle Name		This element will contain the middle initial (if present) of the responsible person.
2100G	NM107	Responsible Party Name Suffix		This element will contain the suffix (if present) of the responsible person.
2300D	HD	Health Coverage		One 2300 health coverage loop will be created for each INS segment where the maintenance type code (INS03) does not equal "024" — termination of benefits (currently reported as a "DISENROLL"). <i>Note:</i> Some special managed care programs, such as Family Care and Program for All Inclusive Care for the Elderly (PACE) Partnership, may receive a second 2300 health coverage loop to reflect changes in level of care or mid-month changes to dates of enrollment or disenrollment.
2300	HD01	Maintenance Type Code	001 021	The following values will be sent in the initial and final enrollment cycle change transaction

Loop ID	Reference	Name	Codes	Notes/Comments
			024 025 030	<p>set(s) when the value of BGN08 is equal to "2":</p> <ul style="list-style-type: none"> • "001" — Change. • "021" — Addition. <p>Indicates that the information that follows applies to a member who is in an enrollment status that is currently reported as an "ADD/NEW" enrollment status.</p> <ul style="list-style-type: none"> • "024" — Cancellation or termination. <p>The information that follows reports the disenrollment from an assigned provider. This also applies to special managed care programs, such as Family Care and PACE Partnership, to reflect changes in level of care or mid-month changes to dates of enrollment or disenrollment.</p> <ul style="list-style-type: none"> • "025" — Reinstatement. <p>Indicates that the information that follows applies to a member who is in an enrollment status that is currently reported as an "ADD/RS" enrollment status.</p> <p>The value "30", which indicates audit/compare, will be sent in the initial enrollment cycle full file audit transaction set(s) when the value of BGN08 is equal to "4":</p> <p>Used with a maintenance type code (INS03) with a value of "030" to indicate that the member's enrollment status for the current enrollment month is an "ADD", "CONTINUE" or "PENDING".</p>
2300	HD03	Insurance Line Code	HMO	This element will contain a value of "HMO", which indicates HMO or managed care program.
2300	HD04	Plan Coverage Description	L01 L02 L03 L04 L05 L06 SNF ICF ISN SN1 IC1 IS1	<p>This element will be used to report the member's special conditions that reflect level of care. This only applies to Family Care and PACE/Partnership programs. This element may contain one of the following values for Family Care:</p> <ul style="list-style-type: none"> • "L01" — Grandfathered (Non-MA). • "L02" — Grandfathered (MA). • "L03" — Intermediate (Non-MA). • "L04" — Intermediate (MA). • "L05" — Comprehensive (Non-MA). • "L06" — Comprehensive (MA). <p>This element may contain one of the following values for PACE/Partnership:</p> <ul style="list-style-type: none"> • "SNF" — CCE/CLA/ECO Skilled Nursing Facility. • "ICF" — CCE/CLA/ECO Intermediate Care Facility. • "ISN" — CCE/CLA/ECO Intensive Skilled Nursing. • "SN1" — CHP Skilled Nursing Facility.

Loop ID	Reference	Name	Codes	Notes/Comments
				<ul style="list-style-type: none"> “IC1” — CHP Intermediate Care Facility. “IS1” — CHP Intensive Skilled Nursing.
2300	HD05	Coverage Level Code	IND	This element will contain a value of “IND”, which indicates individual.
2300	DTP	Health Coverage Dates		One health coverage dates segment will be created for each 2300 HD segment created.
2300	DTP01	Date Time Qualifier	303 348 349	<p>This element will contain the following values:</p> <ul style="list-style-type: none"> “303” — Maintenance effective. The date that follows applies to members currently reported as a “CONTINUE”, “PENDING”, or demographic change-only enrollment status. “348” — Benefit begin. The date that follows applies to members currently reported as an “ADD” enrollment status. “349” — Benefit end. The date that follows reflects the effective end date of the previously reported assigned provider when there is an assigned provider change. This also applies to special managed care programs, such as Family Care and PACE Partnership, to reflect changes in level of care or mid-month changes to dates of enrollment or disenrollment. <p><i>Note:</i> Multiple disenrollment effective dates will not be sent to reflect each possible month of retroactive disenrollment as currently reported.</p>
2300	DTP03	Coverage Period		This element will contain the coverage period effective date associated with the previous DTP01 value.
2320	COB	Coordination of Benefits		
2320	COB01	Payer Responsibility Sequence Number Code	U	This element will contain the value “U”, indicate unknown.
2320	COB02	Member Group or Policy Number		This element will contain the third-party liability (TPL) policy number.
2320	COB03	Coordination of Benefits Code	1	This element will contain the value “1”, to indicate coordination of benefits.
2320	COB04	Service Type Code	1 35 48 50 54 89 90 A4 AG AL	<p>Mapping of ForwardHealth coverage codes to 5010 service types.</p> <p>1 Medical Care:</p> <ul style="list-style-type: none"> Physician (02). DME Rental (08). DME Purchase (09). Home Health (10). Medicare Supplemental Physician (12). Medicare Supplemental DME Rental (18).

Loop ID	Reference	Name	Codes	Notes/Comments
			BB	<ul style="list-style-type: none"> Medicare Supplemental DME Purchase (19). Medicare Supplemental Home Health (20). <p>35 Dental Care:</p> <ul style="list-style-type: none"> Dental (03). Medicare Supplemental Dental (13). Dental Only (23). <p>48 Hospital — Inpatient:</p> <ul style="list-style-type: none"> Inpatient Hospital (04). Medicare Supplemental Inpatient Hospital (14). <p>50 Hospital — Outpatient:</p> <ul style="list-style-type: none"> Outpatient Hospital (05). Medicare Supplemental Outpatient Hospital (15). <p>54 Long Term Care:</p> <ul style="list-style-type: none"> Skilled Nursing Home (06). Medicare Supplemental Skilled Nursing Home (16). <p>89 Free Standing Prescription Drug:</p> <ul style="list-style-type: none"> Drugs (01). Medicare Supplemental Drugs (11). <p>90 Mail Order Prescription Drug:</p> <ul style="list-style-type: none"> Drugs (01). Medicare Supplemental Drugs (11). <p>AG Skilled Nursing Care — Medicare Supplemental Skilled Nursing Home (16).</p> <p>AL Vision (Optometry):</p> <ul style="list-style-type: none"> Vision (07). Medicare Supplemental Vision (17). <p>A4 Psychiatric — No mapping options found.</p> <ul style="list-style-type: none"> BB Partial Hospitalization (Psychiatric) — No Mapping options found.
2320	REF	Additional Coordination of Benefits Identifiers		
2320	REF01	Reference Identification Qualifier	6P SY	This element will contain either value “6P” (group number) or “SY” (SSN).
2320	REF02	Member Group or Policy Number		This element will contain either the group number or an SSN.
2320	DTP	Coordination of Benefits Eligibility Dates		If both dates exist, this segment will be repeated — once for the beginning date and again for the ending date.

Loop ID	Reference	Name	Codes	Notes/Comments
2320	DTP01	Date Time Qualifier	344 345	This element will contain the values "344" (begin) and "345" (end).
2320	DTP03	Coordination of Benefits Date		This element will contain Date Time Information.
2330	NM1	Coordination of Benefits Related Entity		
2330	NM101	Entity Identifier Code	IN GW	Loop 2330 allows up to three repetitions; once for each valid value. Wisconsin uses only two of the valid values: <ul style="list-style-type: none"> "IN" — Insurer. Values included will refer to the billing contact information for the insurer. "GW" — Group. Values included will refer to the correspondence contact information for the insurer.
2330	NM102	Entity Type Qualifier	2	This element will contain the value "2" to indicate non-person entity.
2330	NM103	Coordination of Benefits Insurer Name		This element will contain the insurance company's name when the National Association of Insurance Commissioners Carrier ID is not available.
2330	NM108	Identification Code Qualifier	NI	If the National Association of Insurance Commissioners Carrier ID is available, this element will contain the value "NI".
2330	NM109	Coordination of Benefits Insurer Identification Code		If available, this element will contain the TPL National Association of Insurance Commissioners Carrier ID.
2330	N3	Coordination of Benefits Related Entity Address		This segment will contain the TPL address.
2330	N4	Coordination of Benefits Other Insurance Company City, State, ZIP Code		This segment will contain the TPL city, state, ZIP.
2330	PER	Administrative Communication Contact		This segment will be returned when 2330 NM101=IN (billing contact information). It will not be repeated when 2330NM101=GW (correspondence contact information).
2330	PER01	Contact Function Code	CN	This element will contain the value "CN", to indicate general contact number.
2330	PER03	Communication Number Qualifier	TE	This element will contain the value "TE" to indicate telephone number.
2330	PER04	Communication Number		This element will contain the contact telephone number.
2700	LS	Additional Reporting Categories		The following loops will contain the member's tribal indicator.
2710	LX	Member Reporting Categories		This segment is used to reference a line number.

Loop ID	Reference	Name	Codes	Notes/Comments
2750	N1	Reporting Category		This segment is required to provide the name of the reporting category.
2750	N101	Entity Identifier Code	75	This element will contain the value "75" to indicate participant.
2750	N102	Member Reporting Category Name	TRIBAL MEMBER	This element identifies which reporting category is being reported.
2750	REF	Reporting Category Reference		
2750	REF01	Reference Identification Qualifier	ZZ	This element will contain the value "ZZ", which is being used as the qualifier for the tribal indicator.
2750	REF02	Member Reporting Category Reference ID	YES NO	This element will identify whether or not the member belongs to a tribe.
2700	LE	Additional Reporting Categories Loop Termination		This segment identifies the end of the 2700 loop.

4 Transaction Instructions Additional Information

4.1 Business Scenarios

4.1.1 Summary of MMIS Enrollment Reporting to 834 Values

Current MMIS Enrollment File Values					834 Member-Level Detail Values			
Enrollment Status Description 1	Enrollment Status Description 2	Demographic Changes Included	Cycle	Newborn?	BGN08	INS03	INS04	INS08
Initial and final cycle change transaction set will represent members in the following enrollment statuses for the current or previous enrollment month(s).								
CONTINUE <spaces>	<spaces> <spaces>	Yes Yes	Both Final		2	001	25 33 43 AI	FT
PENDING	<spaces>	Yes	Initial		2	001	25 33 43 AI	TE
DISENROLL	<spaces>	Yes	Both		2	024	07	TE
ADD	NEW	N/A	Both	Yes	2	021	27	FT
ADD	NEW	N/A	Both	No	2	021	28	FT
ADD	RS	N/A	Both		2	025	41	FT
Initial cycle verify transaction set will represent members in the following enrollment statuses for the current enrollment month.								
CONTINUE	<spaces>	No	Initial		4	030	XN	FT
PENDING	<spaces>	No	Initial		4	030	XN	TE
ADD	NEW	No	Initial		4	030	XN	FT
ADD	RS	No	Initial		4	030	XN	FT

4.2 Payer-Specific Business Rules and Limitations

4.2.1 Scheduled Maintenance

ForwardHealth recycles the real-time servers every night between 00:00 a.m. to 01:00 a.m. Central Standard Time (CST). Real-time processing is not available during this period.

ForwardHealth schedules regular maintenance every Sunday from 00:00 a.m. to 04:00 a.m. CST. Real-time processing is not available during this period.

4.3 Frequently Asked Questions

None.

4.4 Other Resources

Washington Publishing Company (WPC) at www.wpc-edi.com/.

ASC X12 at www.x12.org/.

For further information about how ForwardHealth interChange processes a HIPAA transaction, contact the ForwardHealth EDI Department at 866-416-4979.

5 Transaction Instructions Change Summary

Version 1.5 Revision Log

Companion Document: 834 Benefit Enrollment and Maintenance

Approved 08/2016

Modified by: WJ2

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
	Title Page				Change version number and the implementation date.
	4				Table of Contents Remove subsection 4.2.1 Loop 2310 (Provider Information) — Selection Tool from the Transaction Instructions Additional Information appendix.
2310	19, 20				Remove entire loop.
	24				Remove subsection 4.2.1 Loop 2310 (Provider Information) — Selection Tool from the Transaction Instructions Additional Information appendix.

Version 1.4 Revision Log

Companion Document: 834 Benefit Enrollment and Maintenance

Approved 06/2016

Modified by: WJ2

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
	15, 17	NM107	Name Suffix		This element will contain the suffix (if present) of the member or responsible person.

Version 1.3 Revision Log

Companion Document: 834 Benefit Enrollment and Maintenance

Approved 08/2015

Modified by: WJ2

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
2100A	17	LUI	Member Language		The member language segment will be created for each INS segment created where the language is not English.

Version 1.2 Revision Log

Companion Document: 834 Benefit Enrollment and Maintenance

Approved 09/2012

Modified by: WJ2

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
2700	25 to 26	LS, LX, N1, REF, LE	Additional Reporting Categories	YES NO	The member's Tribal Indicator

Version 1.1 Revision Log

Companion Document: 834 Benefit Enrollment and Maintenance

Approved 10/2011

Modified by: DJC

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
	9	ISA06	Interchange Sender ID	WISC_DHCF	Code value updated