



**ForwardHealth interChange HIPAA  
Companion Document to HIPAA  
Implementation Guide: X12 834  
Benefit Enrollment and Maintenance**

**ForwardHealth interChange**  
HIPAA Companion Document  
X12 834 Health Care Claim Benefit Enrollment and Maintenance

**Companion Document Audience**

Companion documents are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**Purpose of Companion Documents**

The information contained in this companion document applies to ForwardHealth, which includes the following programs: BadgerCare Plus and Wisconsin Medicaid. All of these programs use the ForwardHealth interChange.

The companion documents are designed to be used with HIPAA Implementation Guides. This companion guide supplements, but does not contradict, any requirements in the X12N implementation guide. Companion documents provide ForwardHealth interChange-specific information that details the way to create HIPAA transactions for ForwardHealth and explains how ForwardHealth interChange creates HIPAA transactions. The purpose of companion documents is to provide trading partners with a guide to communicate the required information to successfully exchange transactions electronically with ForwardHealth interChange.

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

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**VERSION 5 REVISION LOG**

**Companion Document:** 834 Benefit Enrollment and Maintenance

**Approved:** 3/2011

**Modified by:** WJ2

| <b>Loop/Segment Revised</b> | <b>Page(s) Revised</b> | <b>Text Revised</b>  |
|-----------------------------|------------------------|--|
| INS06                       | 10                     | Add Medicare Part A & B coverage indicator   |
| N3                          | 16                     | Modified instruction and note added.   |
| N4                          | 16                     | Modified instruction and note added.   |
| LUI01                       | 17                     | This element will contain a value of "LE", which indicates ISO 639 Language Codes in the next element. |
| LUI02                       | 17                     | This element will contain the ISO 639 Language Code indicating this member's language.                 |
| Loop 2100C                  | 18                     | Member's mailing address loop added.   |

**VERSION 4 REVISION LOG**

**Approved:** 08/2010

**Modified by:** WJ2

| <b>Loop/Segment Revised</b> | <b>Page(s) Revised</b> | <b>Text Revised</b>   |
|-----------------------------|------------------------|---|
| INS03                       | 10                     | Rearrange the maintenance reason codes that will be used with a maintenance type code of "001" to accurately reflect how the system will work |

**VERSION 3 REVISION LOG**

**Approved:** 05/2008

**Modified by:** DLR

| <b>Loop/Segment Revised</b> | <b>Page(s) Revised</b> | <b>Text Revised</b>  |
|-----------------------------|------------------------|--|
| ISA08                       | 4                      | This element is the nine-digit numeric vendor number assigned by ForwardHealth interChange.  |
| GS03                        | 4                      | This element is the nine-digit numeric vendor number assigned by the ForwardHealth interChange.  |
| BGN01                       | 4                      | This element will contain one of the following codes: <ul style="list-style-type: none"> <li>• "00" – Original.</li> <li>• "15" – Resubmission.</li> <li>• "22" – Information Copy.</li> </ul> |

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|               |     |  |
|---------------|-----|--|
| 2000 / REF01  | 11  | This element will contain a value of "1L", which indicates Group or Policy Number.   |
| 2000 / REF02  | 11  | This element will contain the ForwardHealth identification number of the member's assigned provider.   |
| 2100A / DMG   | 14  | The member demographic information segment will be created for each INS segment created. Only elements DMG01, DMG02, DMG03, and DMG05 will be populated.<br>Note: DMG05 will only be populated when race information is available. |
| 2100B / NM108 | 15  | This element will contain value "34" to indicate Social Security number (SSN).   |
| 2100B / NM109 | 15  | This element will contain the member's prior SSN.  |
| 2300 / HD01   | 17  | Added an additional value to be sent when the value of BGN08 is equal to "2":<br>"001" — Change.   |
| 2300 / HD04   | 18  | 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.  |
| 2310 / LX     | N/A | This loop will not be returned.  |
| 2320 / COB01  | 20  | This element will contain "U" to indicate unknown.   |
| 2320 / COB02  | 20  | This element will contain the third-party liability (TPL) policy number.   |
| 2320 / COB03  | 20  | This element will contain value "1" to indicate coordination of benefits.  |
| 2320 / REF01  | 20  | This element will contain either "6P" or "SY".   |
| 2320 / REF02  | 20  | This element will contain either the group number or an SSN.   |
| 2320 / N101   | 20  | This element will contain "IN" to indicate the insurer.  |
| 2320 / N102   | 20  | This element will contain the insurance company's name.  |
| 2320 / N103   | 20  | This element will contain the value "NI" to indicate the National Association of Insurance Commissioners.  |
| 2320 / N104   | 20  | This element will contain the third-party liability (TPL) Carrier ID.  |
| 2320 / DTP01  | 20  | This element will contain the values "344" (begin) and "345" (end).  |
| 2320 / DTP03  | 20  | This element will contain date time information.   |

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| Loop | Element | Name                           | Instructions   |
|------|---------|--------------------------------|--|
|      | ISA06   | Interchange Sender ID          | This element is populated with "WISC_DHCF".  |
|      | ISA08   | Interchange Receiver ID        | This element is the nine-digit numeric vendor number assigned by ForwardHealth interChange.  |
|      | GS02    | Application Sender's Code      | This element is populated with "WISC_TXIX".  |
|      | GS03    | Application Receiver's Code    | This element is the nine-digit numeric vendor number assigned by the ForwardHealth interChange.  |
|      | ST02    | Transaction Set Control Number | This element will contain a unique transaction set control number assigned by ForwardHealth interChange.   |
|      | BGN01   | Transaction Set Purpose Code   | This element will contain one of the following codes: <ul style="list-style-type: none"> <li>• "00" – Original.</li> <li>• "15" – Resubmission.</li> <li>• "22" – Information Copy.</li> </ul>   |
|      | BGN02   | Reference Identification       | This element will contain the following information: <ul style="list-style-type: none"> <li>• Positions 1-7, Report ID, valid values are "INITIAL" or "FINAL".</li> <li>• Positions 8-8, Space.</li> <li>• Positions 9-14, Enrollment month in a CCYYMM format.</li> <li>• Positions 15-15, Space.</li> <li>• 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.</li> </ul> <p><i>Note:</i> Positions 1-7 will contain a value of "INITIAL" when the transaction sets are created mid-month for the initial</p> |

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| Loop | Element | Name        | Instructions  |
|------|---------|-------------|---|
|      |         |             | <p>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 | <p>This element will contain the following values:</p> <ul style="list-style-type: none"> <li>• 2 — Change (update).<br/>Used to indicate that this transaction set contains only members who have changes in their enrollment status or other information.</li> <li>• 4 — Verify.</li> </ul>   |

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| Loop  | Element | Name   | Instructions   |
|-------|---------|--|--|
|       |         |  | 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. |
|       | REF     | Header — Transaction Set Policy Number             | This segment will be created for every transaction set, and the following elements will be populated.  |
|       | REF01   | Reference Identification Qualifier                 | This element will contain a value of "38", which is the master policy number.  |
|       | REF02   | Reference Identification                           | 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                                | 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 Status Information Effective Date | This element will contain a file effective date indicating the first day of the current enrollment month.  |
| 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                             | This element will contain a value of "P5", which is the plan sponsor.  |
| 1000A | N103    | Identification Code Qualifier                      | This element will have a value of "F1", which is the federal taxpayer's identification number.   |
| 1000A | N104    | Identification Code Sponsor Identifier             | This element will contain the ForwardHealth federal tax ID.  |

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| Loop  | Element | Name  | Instructions  |
|-------|---------|---|---|
| 1000B | N1      | Payer Name                                      | This segment will be created for every transaction set, and the following elements will be populated.   |
| 1000B | N101    | Entity Identifier Code                          | This element will contain a value of "IN", which is the insurer.  |
| 1000B | N103    | Identification Code Qualifier                   | This element will have a value of "FI", which is the federal tax ID.  |
| 1000B | N104    | Identification Code Insurer Identification Code | This element will contain the federal tax ID associated with the eight-character ForwardHealth payee provider number identified in the transaction set policy number REF02.   |
| 2000  | INS     | Member Level Detail                             | This segment is required for each ForwardHealth member being reported.  |
| 2000  | INS01   | Insured Indicator                               | This element will have a value of "Y", which indicates that the insured is a subscriber.  |
| 2000  | INS02   | Individual Relationship Code                    | This element will have a value of "18", which indicates self.   |
| 2000  | INS03   | Maintenance Type Code                           | <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"> <li>• "001" — Change.<br/>During the initial enrollment cycle, this value indicates an enrollment</li> </ul> |

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| Loop | Element | Name                    | Instructions  |
|------|---------|-------------------------|---|
|      |         |                         | <p>status of "CONTINUE" or "PENDING" when there is a change in member information to report.</p> <p>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.</p> <ul style="list-style-type: none"> <li>• "021" — Addition.<br/>Indicates an enrollment status of "ADD/NEW".</li> <li>• "024" — Cancellation or termination.<br/>Indicates an enrollment status of "DISENROLL".</li> <li>• "025" — Reinstatement.<br/>Indicates an enrollment status of "ADD/RS".</li> </ul> <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 | <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>   |

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| Loop | Element | Name | Instructions   |
|------|---------|------|--|
|      |         |      | <ul style="list-style-type: none"> <li>• "07" — Termination of benefits.<br/>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).</li> <li>• "27" — Pre-enrollment.<br/>When used with a maintenance type code (INS03) with a value of "021", this indicates that the member is a newborn.</li> <li>• "28" — Initial enrollment.<br/>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.</li> <li>• "41" — Re-enrollment.<br/>When used with a maintenance type code (INS03) with a value of "025", this indicates that the member is being reinstated in the MCO.</li> </ul> <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"> <li>• "25" — Change in identifying data elements.<br/>Indicates the member's name, date of birth or gender code has changed.</li> <li>• "33" — Personal data.<br/>Indicates a change in member information such as medical status code.</li> <li>• "43" — Change of location.<br/>Indicates the member's address information has changed.</li> <li>• "A1" — No reason given.</li> </ul> <p>During either the initial or final enrollment cycle, this value will be used when a second 2300 HD loop is present.</p> |

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| Loop | Element | Name                | Instructions   |
|------|---------|---------------------|--|
|      |         |                     | <p>When used during the initial enrollment cycle, "AI" indicates that member information that does not fit into the other reason codes has changed.</p> <p>When used during the final enrollment cycle, "AI" 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 "25" to indicate a change to the date of birth but could also include a change to the address information. However, due to the hierarchy, only the maintenance code of "25" will be sent.</p> <p>The following value will be sent in the initial enrollment cycle full file audit transactions set(s) when the value of BGN08 is equal to "4":</p> <ul style="list-style-type: none"> <li>• "XN" -notification only</li> </ul> <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 "ADD", "CONTINUE" or "PENDING."</p> |
| 2000 | INS05   | Benefit Status Code | This element will have a value of "A", which indicates active.   |
| 2000 | INS06   | Medicare Indicator  | <p>This element will have a value of :</p> <p>"A" Member has Medicare Part A</p> <p>"B" Member has Medicare Part B</p>   |

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| Loop | Element | Name                               | Instructions   |
|------|---------|------------------------------------|--|
|      |         |                                    | <p>"C" Member has Medicare Part A &amp; B</p> <p>"E" Member does not have Medicare coverage</p>  |
| 2000 | INS08   | Employment Status Code             | <p>This element further describes the member's enrollment status.</p> <p>The following values will be sent:</p> <ul style="list-style-type: none"> <li>• "FT" — Full-time.<br/>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.</li> <li>• "TE" — Terminated.<br/>When used with the maintenance type code (INS03) with a value of "001" or "030", the member is in a "PENDING" enrollment status.<br/>When used with the maintenance type code (INS03) with a value of "024", the member is in a "DISENROLL".</li> </ul> |
| 2000 | INS12   | Date Time Period                   | The member's date of death will be reported in this element when available. This information was not available in the proprietary ForwardHealth managed care enrollment file.  |
| 2000 | REF     | Subscriber Number                  | The subscriber number segment is required and will identify the ForwardHealth member.  |
| 2000 | REF01   | Reference Identification Qualifier | This element will contain a value of "0F", which indicates the subscriber number.  |
| 2000 | REF02   | Reference Identification           | This element will contain the 10-character ForwardHealth member  |

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| <b>Loop</b> | <b>Element</b> | <b>Name</b>   | <b>Instructions</b>   |
|-------------|----------------|---|---|
|             |                |   | identification number.  |
| 2000        | REF            | Member Policy Number  | The following member policy number segment will be created for each ForwardHealth member being reported.                                      |
| 2000        | REF01          | Reference Identification Qualifier                          | This element will contain a value of "1L", which indicates the group or policy number.  |
| 2000        | REF02          | Reference Identification                                    | This element will contain the ForwardHealth identification number of the member's assigned provider.  |
| 2000        | REF            | Member Identification Number                                | The following member identification number segment will be created for each ForwardHealth member being reported.                              |
| 2000        | REF01          | Reference Identification Qualifier                          | This element will contain a value of "17", which is the client reporting category.  |
| 2000        | REF02          | Reference Identification Subscriber Supplemental Identifier | This element will contain the 2-character ForwardHealth program medical status code.  |
| 2000        | REF            | Member Identification Number                                | The following member identification number segment will be created for each ForwardHealth member being reported.                              |
| 2000        | REF01          | Reference Identification Qualifier                          | This element will contain a value of "3H", which is the case number.  |
| 2000        | REF02          | Reference Identification Subscriber Supplemental Identifier | This element will contain the 10-character ForwardHealth case number.   |
| 2000        | REF            | Member Identification Number                                | The following member identification number segment will only be created when the ForwardHealth member identification number has changed since |

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| Loop | Element | Name  | Instructions  |
|------|---------|---|---|
|      |         |   | the last reported transaction set.  |
| 2000 | REF01   | Reference Identification Qualifier                          | This element will contain a value of "Q4", which indicates the prior identification number.   |
| 2000 | REF02   | Reference Identification Subscriber Supplemental Identifier | This element will contain the 10-character previously reported ForwardHealth member identification 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   | This element will contain the following values: <ul style="list-style-type: none"> <li>• "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.</li> <li>• "356" — Eligibility begin. The date that follows applies to members currently reported as an "ADD" enrollment status.</li> <li>• "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.</li> </ul> |
| 2000 | DTP03   | Date Time Period Status Information                         | This element will contain the status information effective date associated with the previous DTP01 value.   |

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| Loop  | Element | Name                           | Instructions   |
|-------|---------|--------------------------------|--|
|       |         | 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         | This element will contain the following values: <ul style="list-style-type: none"> <li>• "74" — Corrected insured. Indicates that the values in NM103, NM104 or NM105 have changed since last reported.</li> <li>• "IL" — Insured or subscriber. Indicates that the values in NM103, NM104 or NM105 have not changed since last reported.</li> </ul> |
| 2100A | NM102   | Entity Type Qualifier          | This element will contain a value of "1", which indicates a person.  |
| 2100A | NM103   | Name Last or Organization Name | This element will contain the last name of the ForwardHealth member.   |
| 2100A | NM104   | Name First                     | This element will contain the first name of the ForwardHealth member.  |
| 2100A | NM105   | Name Middle                    | This element will contain the middle initial (if present) of the ForwardHealth member.   |
| 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          | This element will contain a value of "IP", which indicates the insured party   |
| 2100A | PER03   | Communication Number Qualifier | 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.   |

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| Loop  | Element | Name                                     | Instructions  |
|-------|---------|--|---|
| 2100A | N3      | Member Resident Street Address           | The member resident street address segment will be created for each INS segment created <b>if one is on file with ForwardHealth.</b><br><br><i>Note:</i> 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 loop will be sent.            |
| 2100A | N4      | Member Residence City, State, & ZIP Code | The member resident city, state, and ZIP code segment will be created for each INS segment created <b>if one is on file with ForwardHealth.</b><br><br><i>Note:</i> 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 loop will be sent. |
| 2100A | N405    | Location Qualifier                       | 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 2-character county code.   |
| 2100A | DMG     | Member Demographic Information           | The member demographic information segment will be created for each INS segment created. Only elements DMG01, DMG02, DMG03 and DMG05 will be populated.<br><br>Note: DMG05 will only be populated when race information is available.   |
| 2100A | HLH     | Member Health Information                | This segment will be created for each INS segment with the value of "021" or "025" in the maintenance type code (INS03) to indicate an enrollment status of "ADD".  |
| 2100A | HLH01   | Health Related Code                      | This element will contain a value of "U", which indicates unknown.  |

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| Loop  | Element | Name  | Instructions   |
|-------|---------|---|--|
| 2100A | LUI01   | Member Language/Identification Code Qualifier | 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, date of birth or gender code. When present, the following elements will be populated.<br><br><i>Note:</i> If only the date of birth or gender code is changing, then the information in NM103, NM104, and NM105 will be identical in this loop and loop 2100A. |
| 2100B | NM101   | Entity Identifier Code                        | This element will contain a value of "70", which indicates prior incorrect insured.  |
| 2100B | NM102   | Entity Type Qualifier                         | This element will contain a value of "1", which indicates a person.  |
| 2100B | NM103   | Name Last or Organization 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   | Name First                                    | If NM101 in Loop 2100A contains a value of "74", this element will contain the prior first name of the ForwardHealth member.   |
| 2100B | NM105   | Name Middle                                   | If NM101 in Loop 2100A contains a value of "74", this element will contain the prior middle initial (if present) of the ForwardHealth member.  |
| 2100B | NM108   | Identification Qualifier                      | This element will contain value "34" to indicate Social Security number (SSN).   |
| 2100B | NM109   | Identification Code                           | This element will contain Member's Prior SSN.  |
| 2100B | DMG     | Incorrect Member                              | This segment will only be created when there is a change to the member's   |

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| Loop  | Element | Name                                   | Instructions  |
|-------|---------|--|---|
|       |         | Demographics                           | 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; otherwise, this element will contain the current 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; otherwise, this element will contain the current gender.   |
| 2100C | NM1     | Member Name                            | The member mailing address loop will be created for each INS segment created, and the following elements will be populated.<br><br><i>Note:</i> 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 loop will be sent. |
| 2100C | NM101   | Entity Identifier Code                 | This element will contain the following value:<br><ul style="list-style-type: none"> <li>• "31" = Postal Mailing Address</li> </ul>   |
| 2100C | NM102   | Entity Type Qualifier                  | This element will contain a value of "1", which indicates a person.   |
| 2100C | N3      | Member Mailing Street Address          | The member mailing street address segment will be created for each INS segment created.   |
| 2100C | N4      | Member Mailing City, State, & ZIP Code | The member mailing city, state, and ZIP code segment will be created for each INS segment created.  |
| 2100G | NM1     | Responsible Person                     | The responsible person segment will be created for each INS segment where the responsible person information is available (i.e., case head). When present, the following elements will be   |

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| Loop  | Element | Name                           | Instructions  |
|-------|---------|--------------------------------|---|
|       |         |                                | populated.  |
| 2100G | NM101   | Entity Identifier code         | This element will contain a value of "QD", which indicates responsible party.   |
| 2100G | NM102   | Entity Type Qualifier          | This element will contain a value of "1", which indicates person.   |
| 2100G | NM103   | Name Last or Organization Name | This element will contain the last name of the responsible person.  |
| 2100G | NM104   | Name First                     | This element will contain the first name of the responsible person.   |
| 2100G | NM105   | Name Middle                    | This element will contain the middle initial (if present) of the responsible person.  |
| 2300  | HD      | Health Coverage                | <p>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").</p> <p><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.</p> |
| 2300  | HD01    | Maintenance Type Code          | <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"> <li>• "001" — Change.</li> <li>• "021" — Addition.</li> </ul> <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"</p>   |

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| Loop | Element | Name                      | Instructions   |
|------|---------|---------------------------|--|
|      |         |                           | <p>enrollment status.</p> <ul style="list-style-type: none"> <li>• "024" — Cancellation or termination. 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.</li> <li>• "025" — Reinstatement. 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.</li> </ul> <p>The following value will be sent in the initial enrollment cycle full file audit transaction set(s) when the value of BGN08 is equal to "4":</p> <ul style="list-style-type: none"> <li>• "030" - audit/compare</li> </ul> <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       | <p>This element will contain a value of "HMO", which indicates Health Maintenance Organization or managed care program.</p>  |
| 2300 | HD04    | Plan coverage description | <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"> <li>• "L01" – Grandfathered (Non-MA)</li> </ul>  |

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| Loop | Element | Name                  | Instructions  |
|------|---------|-----------------------|---|
|      |         |                       | <ul style="list-style-type: none"> <li>• "L02" – Grandfathered (MA)</li> <li>• "L03" – Intermediate (Non-MA)</li> <li>• "L04" – Intermediate (MA)</li> <li>• "L05" - Compréhensive (Non-MA)</li> <li>• "L06" - Comprehensive (MA)</li> </ul> <p>This element may contain one of the following values for PACE/Partnership:</p> <ul style="list-style-type: none"> <li>• "SNF" – CCE/CLA/ECO Skilled Nursing Facility</li> <li>• "ICF" – CCE/CLA/ECO Intermediate Care Facility</li> <li>• "ISN" – CCE/CLA/ECO Intensive Skilled Nursing</li> <li>• "SN1" – CHP Skilled Nursing Facility</li> <li>• "IC1" – CHP Intermediate Care Facility</li> <li>• "IS1" – CHP Intensive Skilled Nursing</li> </ul> |
| 2300 | HD05    | Coverage Level Code   | 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   | <p>This element will contain the following values:</p> <ul style="list-style-type: none"> <li>• "303" — Maintenance effective. The date that follows applies to members currently reported as a "CONTINUE", "PENDING" or demographic change-only enrollment status.</li> <li>• "348" — Benefit begin. The date that follows applies to members currently reported as an "ADD" enrollment status.</li> <li>• "349" — Benefit end.</li> </ul>   |

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| Loop | Element | Name                                      | Instructions  |
|------|---------|---|---|
|      |         |   | <p>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> <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   | Date Time Period Coverage Period          | This element will contain the coverage period effective date associated with the previous DTP01 value.  |
| 2320 | COB01   | Payer Responsibility Sequence Number Code | This element will contain the value "U" to indicate unknown.  |
| 2320 | COB02   | Reference Identification                  | This element will contain the third-party liability (TPL) policy number.  |
| 2320 | COB03   | COB Code                                  | This element will contain the value "1" to indicate coordination of benefits.   |
| 2320 | REF01   | Reference ID Qualifier                    | This element will contain either value "6P" or "SY".  |
| 2320 | REF02   | Reference ID                              | This element will contain either the group number or an SSN.  |
| 2320 | N101    | Entity Code                               | This element will contain the value "IN" to indicate the insurer.   |
| 2320 | N102    | Name                                      | This element will contain the insurance company's name.   |
| 2320 | N103    | ID Code Qualifier                         | This element will contain the value "NI" to indicate the National Association of Insurance Commissioners.   |

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| <b>Loop</b> | <b>Element</b> | <b>Name</b>                    | <b>Instructions</b>  |
|-------------|----------------|--------------------------------|--|
| 2320        | N104           | ID Code                        | This element will contain the third-party liability (TPL) Carrier ID.  |
| 2320        | DTP01          | Date/Time Qualifier            | This element will contain the values "344" (begin) and "345" (end).  |
| 2320        | DTP03          | Date Time Period               | This element will contain Date Time Information.   |
|             | SE02           | Transaction Set Control Number | This element will contain a unique transaction set control number assigned by ForwardHealth interChange. This value is the same value indicated in ST02. |

**Attachment 1**  
**Summary of MMIS Enrollment Status 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<br><spaces>  | <spaces><br><spaces>            | Yes<br>Yes                   | Both<br>Final |          | 2                              | 001   | 25<br>33<br>43<br>AI | FT    |
| PENDING   | <spaces>                        | Yes                          | Initial       |          | 2                              | 001   | 25<br>33<br>43<br>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    |