Washington Health Benefit Exchange
Individual Market
Companion Guide
834 Enrollment Transaction
2021 Plan Year

Instructions related to the ASC X12 Benefit Enrollment and Maintenance (834) Transaction, based on the 005010X220A1 Addenda for the Washington Health Benefit Exchange Individual Market.

Preface

This Companion Guide to the ASC X12 Benefit Enrollment and Maintenance (834) transaction, based on the 005010X220A1 addenda adopted under HIPAA specifies the data format and content requirements for electronic data interchange between Washington Health Benefit Exchange (HBE) and participating carriers.

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

This Companion Guide is based on, and must be used in conjunction with, the ASC X12 X12N/005010X220 Type 3 Technical Report (834 TR3) and its associated A1 Addenda. The instructions in this Companion Guide conform to the requirements of the 834 TR3 syntax and semantic rules and the ASC X12 Fair Use Requirements. In case of any conflict between this Companion Guide and the instructions in the 834 TR3, the 834 TR3 takes precedence.

Contents

1   Overview

The following sections outline the regulatory basis for electronic data interchange and the legislative basis for the establishment of state benefit exchanges (SBEs), as well as the intended use and intended audience for this 834 Enrollment Transaction Companion Guide.

1.1   Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification through the implementation of standardized electronic data interchange (EDI) transactions between authorized covered entities, also referred to as "trading partners". These EDI standards are extended to the exchange of enrollment data between the Washington Health Benefit Exchange, hereafter referred to as HBE, and carriers offering products on HBE. There is also exchange of enrollment data between HBE and the Centers for Medicaid and Medicare Services (CMS).

1.2   Affordable Care Act

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (P.L. 111-148). On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) was signed into law. The two laws are collectively referred to as the Affordable Care Act (ACA).

The ACA creates new competitive private health insurance markets – called HBEs – that provide millions of Americans and small businesses access to affordable healthcare coverage. HBEs help individuals and small employers shop for, select, and enroll in high quality, affordable private health plans that fit their needs at competitive prices.

The act and subsequent rules outline the standards to be used between HBE and trading partners. HBE is required to use the standards, implementation specifications, operating rules, and code sets adopted by the Department of Health and Human Services (HHS) in 45 CFR parts 160 and 162. Furthermore, HBE is required to incorporate interoperable and secure standards and protocols in accordance with the ACA.

1.3   Washington Health Benefit Exchange

The ACA gave states the option of establishing a State Based Exchange (SBE) or participating in the Federally Facilitated Marketplace (FFM). The Washington State Legislature made the decision to establish an SBE, called the Washington Health Benefit Exchange, or HBE.[1]

1.4   Companion Guide Intended Audience

This companion guide is intended for use by carriers participating on the Washington Health Benefit Exchange, as well as other partner staff involved in managing the exchange of EDI and other types of transactions with HBE.

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1 RCW 43.71.020

1.5   Companion Guide Intended Usage

This Companion Guide addresses the 834 EDI requirements for the Individual Market.

This Companion Guide contains detailed information about how HBE uses the **Benefit Enrollment and Maintenance (834) Technical Report Type 3** (834 TR3) and is intended to be used in conjunction with the information contained in the 834 TR3.

1.6   Amendments to Companion Guide

Amendments to the Companion Guide will be made on a yearly basis. HBE will communicate amendments to carriers prior to the finalization of the Companion Guide and carriers will be provided with an opportunity for feedback.

Once the final version of the Companion Guide is published any clarifications or updates to the Companion Guide will be issued via supplemental bulletins. HBE will publish bulletins prior to the finalization of decisions and will provide carriers with the opportunity for feedback. HBE will formally issue supplemental bulletins on HBE website at least 30 days prior to the effectuation of changes.

1.7   Relationship to the Carrier Enrollment and Payment Process Guide

For guidance related to operations and policy, refer to the Carrier Enrollment and Payment Process Guide. This document serves as the primary process-related resource for the Individual Market, whereas the 834 Companion Guide is the primary technical resource.

1.8   Additional Resources

The following table contains additional resource information and locations:

Resource	Location
ASC X12 TR3 Implementation Guides	http://store.x12.org
Washington Publishing Company	http://www.wpc-edi.com/content/view/711/401/
Request changes to HIPAA adopted standards	http://www.hipaa-dsmo.org/
Washington Health Benefit Exchange	http://www.wahbexchange.org/

2 Eligibility and Enrollment Standards

The following sections outline the processes whereby a household is deemed eligible for healthcare coverage through HBE, as well as other information pertinent to the eligibility determination and enrollment process.

2.1 Federal Data Services Hub

The Federal Data Services Hub was built by the Internal Revenue Service (IRS) and Health and Human Services (HHS) and is managed by CMS. The information obtained from the various Hub sources is used to determine eligibility for a household. Hub sources include:

- Social Security Administration (SSA) – to confirm member identity, citizenship and incarceration status, and minimum essential coverage, including Medicare, Peace Corps, TriCare and Veterans Assistance.
- Internal Revenue Service (IRS) – to obtain income and federal tax information about the tax filers within the household in order to determine eligibility for APTC.
- Department of Homeland Security (DHS) – to determine lawful presence.

2.2 Eligibility Determinations

Additional Information used in eligibility determinations includes:

- Enrollment in Federally Funded minimum essential health coverage (MEC), including Medicaid, and Children's Health Insurance Program (CHIP).
- American Indian/Alaska Native status.
- Limited health status (pregnancy status, blindness, disability status).

2.3 Healthplanfinder Enrollments

HBE will offer individuals a seamless eligibility and enrollment process into QHPs and QDPs or Washington Apple Health (WAH). A single portal will be used to determine eligibility for Advanced Premium Tax Credits (APTC), Cost Sharing Reductions (CSR), and WAH, which includes Children's Health Insurance Program (CHIP) and Modified Adjusted Gross Income (MAGI) related Medicaid programs.

Individuals will be determined eligible or conditionally eligible for purchase of a QHP and QDP and receipt of health insurance premium tax credits, if applicable. Those determined conditionally eligible will have 95 days to provide additional documentation to verify the self-attested information included in their application. These individuals supply additional documentation to verify their social security number, household income, citizenship status, lawful presence, incarceration status, MEC, or tribal membership. Those determined conditionally eligible will be included in 834 Add transactions to the carrier.

If the household is eligible for coverage through HBE, they are guided through the QHP and QDP plan shopping and selection process. Once their enrollment is complete, their coverage status is considered initial (not confirmed or effectuated).

An 834 Add transaction from HBE is sent to the carrier. The carrier processes the transaction and creates member and coverage records in their enrollment system. If a binder payment is required by the carrier to initiate coverage, and the binder payment is received within the specified time frame, an 834 Confirm transaction is generated and sent from the carrier to HBE. The 834 Confirm transaction is processed by HBE and the household's coverage status in Healthplanfinder is changed to active (confirmed).

2.4   Eligibility for Advanced Premium Tax Credit and Cost Sharing Reduction

HBE makes eligibility determinations for Advanced Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR). Individuals and families with incomes up to and including 400% of the federal poverty level (FPL) may be eligible for APTC. Individuals and families determined eligible for APTC will only receive the tax credit if they enroll in a QHP through HBE.

The primary applicant is informed they are eligible for APTC and the APTC amount prior to shopping and selecting a QHP. The individual may adjust the amount of APTC they want to apply to their monthly premium, not to exceed the cost of the plan premium, and receive the remaining balance when they file their federal taxes. HBE reports this amount to the carrier and CMS to facilitate payment of APTC amount from CMS directly to the carriers.

The ACA identifies three CSR categories for households that enroll in a QHP:

- Households that fall between 0% 150% of the Federal Poverty Level (FPL)
- Households that fall between 150% and 200% of the FPL
- Households that fall between 200% and 250% of the FPL

APTC and CSR payments come directly from the CMS to the carriers.

2.5   American Indians and Alaska Natives

Carriers are expected to comply with all federally required laws and regulations specific to American Indians and Alaska Natives (AI/AN). Members of federally recognized tribes or shareholders of the Alaska Native Claims Settlement Act (ANCSA) Corporation have the following additional benefits:

- The option to change plans one time per month.
- No cost sharing for households with incomes under three hundred percent (300%) of the federal poverty level.
- No cost sharing for items or services furnished through Indian Health Care Providers regardless of federal poverty level.

2.6   Enrollment Standards

One of the eligibility requirements for those receiving APTC is the individual does not have access to other minimum essential coverage (MEC), which includes Medicaid, Medicare, Peace Corps, TriCare, affordable Employer Sponsored Insurance (ESI) and some VA benefits.

There will be instances when an individual is enrolled in a QHP and Medicaid for a limited duration. This occurs when there is a change of circumstance that moves an individual to Medicaid from an existing QHP subsidized enrollment. When there is dual QHP and Medicaid coverage, it will not exceed two

months in duration. Medicaid coverage is retroactive to the first day of the month, while QHP coverage follows the enrollment cutoff date rules.[2]

2.7   Enrollment Changes

HBE is the system of record for all eligibility, enrollment, and demographic information. Any changes in demographic information must be reported directly to HBE. Carriers refer individuals to update their account information by logging into WAHealthplanfinder.org or calling the Washington Healthplanfinder Customer Support Center at 1-855-WAFINDER (1-822-923-4633). Changes that must be reported through Healthplanfinder include, but are not limited to:

- Last Name
- First Name
- Social Security Number
- Date of Birth
- Gender
- Marital Status
- Physical Address Information
- Mailing Address Information

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[2] See the section titled **Enrollment Cutoff Date and Coverage Effective Date Business Rules**.

3   Getting Started

In order to send and receive EDI transmissions with HBE, carriers must complete a trading partner agreement, provide submitter information, establish connectivity, and provide proof that 834 files can be processed in an automated fashion.

3.1   EDI Testing Process

Carriers must successfully complete the testing process before they are certified to move into production. Testing is conducted to ensure transactions meet X12 guidelines and HBE specific format, content, and business requirements. HBE works with Trading Partners throughout the testing process. Additional testing will be conducted as part of open enrollment preparedness.

3.2   EDI File Transfer Protocol

HBE sends and receives EDI transmissions using Secure File Transfer Protocol (SFTP).

3.3   EDI Directory and Folder Structure

The following section outlines the Root and Sub Folders used by HBE and the carriers to submit and receive EDI files.

There are two root folders for carriers, which are accessed with separate credentials:

Root Folder	Description
TEST	The root folder where carriers submit and receive test files[3].
PROD	The root folder where carriers submit and receive production files.

The sub folders under the TEST and PROD root folders include:

Sub Folder Name	Description
Inbound_834	Where carriers drop 834 files for HBE.
Outbound	Where HBE drops 834 files for the carriers.
Outreports	Where HBE drops reports for the carriers.
Ack	Where carriers drop TA1 and 999 files for HBE.
Ack_Outbound	Where HBE drops TA1 and 999 files for the carriers.
Error	Where carriers drop reconciliation error reports for HBE.

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[3] Only non-production test data should be dropped to the test sftp site.

HBE places files in the specified outbound folders for the carrier to pick up. It is at the carrier's discretion to delete those files once they have been picked up or leave them in the folder.

3.4   834 File Naming Conventions

The following table outlines the component identifiers that make up the file name for each EDI transaction.[4]

Component	Description
<TPId>	Trading Partner ID. This is the carrier's Federal Tax ID number
<Market>	"I" for the Individual Market
<QHPId>	CMS Plan ID (QHP or QDP ID) (first 14 digits)
<datetimestamp>	MMDDYYYYHHMMSS
<TxID>	834 Transaction Type
<Frequency>	Frequency of the generated file; M = Monthly, D = Daily
<O> or <I>	Signifies outbound transaction or inbound transaction in relation to HBE[5]
<Acknowledgement Type>	This additional file name component does not apply to 834 files. It is only present on TA1 or 999 acknowledgement files. The acknowledgement type TA1 or 999 is appended to the original file name prior to the .edi extension.
.edi	Signifies the file type. EDI is for all HIPAA transactions.

The following table provides example formats and file names:

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[4] The HBE will generate both positive and negative TA1 acknowledgements in response to files received from the carriers. Carriers are only expected to generate a negative TA1 acknowledgement to the HBE although this may change in the future.

[5] The exception is for acknowledgements. Since the TA1 and 999 are linked to the original transaction using the original file name appended with the acknowledgment type, the original I for Inbound or O for Outbound are retained in the file name.

Transaction Type	From	To	Example
Daily 834 File	HBE	Carrier	910000000.I.12345WA0190002.12262021211315.834.D.O.edi **Carrier responds with acknowledgements**: 910000000.I.12345WA0190002.12262021211315.834.D.O.TA1.edi (negative only) 910000000.I.12345WA0190002.12262021211315.834.D.O.999.edi
Daily 834 File	Carrier	HBE	910000000.I.12345WA0190002.12262021211315.834.D.I.edi **HBE responds with acknowledgements**: 910000000.I.12345WA0190002.12262021211315.834.D.I.TA1.edi (positive or negative) 910000000.I.12345WA0190002.12262021211315.834.D.I.999.edi

3.5   834 File Structure

The following sections outline HBE generated 834 file structure and the carrier generated 834 file structure.

3.5.1   HBE Generated 834 File Structure

When transmitting 834 files, HBE follows standards developed by the Accredited Standards Committee (ASC) of the American National Standards Institute (ANSI). These standards involve Interchange (ISA/IEA) and Functional Group (GS/GE) Segments or "outer envelopes". All transactions are enclosed in transmission level ISA/IEA envelopes and, within transmissions, Functional Group level GS/GE envelopes.

HBE generated 834 file structure is as follows:

Loop	Condition	Description
Interchange File Header ISA/IEA	One Loop	There is one Interchange File Header per 834 file for a single sender/receiver combination.
Functional Group (GS/GE)	One Loop	There is one Functional Group per 834 file for a single sender/receiver combination.
Transaction Set (ST/SE)	Multiple Loops	There are multiple Transaction Sets per single Functional Group, each containing a household (subscriber and any dependents, if applicable). All the Transaction Sets within the single Functional Group contain the same first 14 characters of the CMS Plan ID, but the CSR Variant can be different per Transaction Set (per household).

3.5.2   Carrier Generated 834 File Structure

The following lists requirements for the carrier generated 834 file structure:

- The sender/receiver information is reported at the File Header level (ISA).

- The sender/receiver information is repeated at the Functional Group Header level (GS).

- A separate file is generated for each unique CMS Plan ID (only the first 14 characters; does not include the CSR variant).

- The CMS Plan ID (entire 16 characters including the CSR variant) is reported at the Transaction Set Header level (ST) using REF01 = 38 where REF02 = CMS Plan ID (QHP or QDP ID).

- Within a single file, each household must be reported within one Transaction Set (ST-SE) for each unique INS03 value.

  o If the household appears once in the file, all the members of the household are reported as 2000 loops within a single Transaction Set (ST-SE).

  o If the household appears more than once in the file, the INS03 value must be different for the subscriber. For example, in an HBE generated transaction, the file may contain an INS03 value of 001 for 834 Change, and it may also contain an INS03 value of 024 for 834 Term. When the INS03 value is different for the subscriber, the household is reported in separate Transaction Sets (ST-SE).

- Within a single Transaction Set (ST-SE), a single member may only appear once.

3.6   834 Transaction Delimiters

HBE uses the ASC X12 standard delimiters:

Delimiter	834 Location
Data Element Separator, Asterisk, (*)	Each Element
Repetition Separator, Caret, (^)	ISA11
Component Element Separator, Colon, (:)	ISA16

3.7   834 Transaction Segment Terminators

Files must have the following segment terminators in order for us to process them. Values include a tilde (~), CR for Carrier Return, and LF for Line Feed.

Segment Terminator	Acceptable
~	Yes
~ + CR + LF	Yes
CR + LF	Yes
CR	Yes
LF	Yes

Segment Terminator	Acceptable
~ + CR	No
~ + LF	No

3.8   834 Data Validation SNIP Levels

Currently, 834 transaction files are validated against SNIP levels 1, 2, and 7.[6][7] These are defined as:

1. **SNIP 1: Integrity Testing** – This is testing the basic syntax and integrity of the EDI transmission to include: valid segments, segment order, element attributes, numeric values in numeric data elements, X12 syntax and compliance with X12 rules.

2. **SNIP 2: Requirement Testing** – This is testing for HIPAA Implementation Guide specific syntax such as repeat counts, qualifiers, codes, elements and segments. Also testing for required or intra-segment situational data elements and non-medical code sets whose values are noted in the guide via a code list or table.

3. **SNIP 7: Companion Guide – Specific Trading Partners Testing** – This is testing of HIPAA requirements that pertain to specific trading partners; in this case HBE and the carriers, and HBE and CMS. Testing requirements are based on the information contained in this Companion Guide.

HBE validates all 834 transactions to HIPAA Levels 1, 2, and 7.

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[6] This may change in the future, at which time the HBE will issue further guidance.

[7] Information in this section obtained from **The Workgroup for Electronic Data Interchange (WEDI) and the Strategic national Implementation Process (SNIP)**.

4   HBE Standards and Business Rules

The following sections summarize, at a high level, some of HBE standards and business rules used to validate 834 transactions.

4.1   Transaction Types

The following table outlines the various types of transactions and how they are used:

Transaction Type	Description
834 Add	The 834 Add is an enrollment transaction sent from HBE to the carrier. An 834 Add is sent by HBE to the carrier when there is a break in coverage, when the household moves from one plan to another, when there is an active or passive renewal, or when the household enrolls in a different plan due to an SEP. For more information, see section titled **834 Add Transaction from HBE and 834 Confirm Transaction from the Carrier**.
834 Confirm	The 834 Confirm is the 834 Effectuation Confirmation Transaction that is sent by the carrier to HBE in response to receipt of an 834 Add from HBE. For more information, see section titled **834 Add Transaction from HBE and 834 Confirm Transaction from the Carrier**.
834 Change	The 834 Change is sent for a dependent Add when there is continuous coverage with the same QHP, dependent Term, when there is a substantive change in household income that impacts the amount of APTC and/or CSR, when there is a change in household or dependent start date, when there is a change in third party sponsorship status, when there is a change to broker information, and for other reasons. For more information, see section titled **834 Change Transaction from HBE**.
834 Cancel (HBE Initiated)	HBE sends an 834 Cancel to the carrier when coverage for a household is canceled prior to the coverage effective date. For more information, see section titled **HBE Initiated 834 Cancel**.
834 Cancel (Carrier Initiated)	Carriers send an 834 Cancel to HBE when the subscriber fails to make the required binder payment prior to the carrier's premium payment due date. For more information, see section titled **Carrier Initiated 834 Cancel**.
834 Term (HBE Initiated)	HBE sends an 834 Term to the carrier when the subscriber voluntarily terms, when the subscriber is termed due to death, when the household moves to a different plan due to SEP, and for other reasons. For more information, see section titled **HBE Initiated 834 Term**.
834 Term (Carrier Initiated)	Carriers send an 834 Term to HBE when the subscriber fails to make the required premium payment prior to the carrier's premium payment due date and their grace period expires. For more information, see section titled **Carrier Initiated 834 Term**.
834 Reinstatement[8] (HBE initiated)	HBE sends an 834 Reinstatement to the carrier to retract a previously sent Term or Cancel transaction and return the enrollment to an 'Active' state. For more information, see section titled **HBE Initiated 834 Reinstate.**
834 Reinstatement (Carrier initiated)	Carriers send an 834 Reinstatement to HBE when they wish to retract a previously sent Term or Cancel transaction and return the enrollment to an 'Active' state. For more information, see the section titled **Carrier Initiated 834 Reinstatement**.
Full Carrier Audit File (Carrier Generated)	Carriers generate and send a Full Carrier Audit File to HBE on a monthly basis. For more information, see section titled **Full Carrier Audit Reconciliation Process.**

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[8] Throughout this document, 834 Reinstatement and 834 Reinstate are used interchangeably.

4.2   General EDI Transaction Information

The following sections outlines general EDI transaction information.

4.2.1   834 Transaction Validation Process

There are five stages of validation that occur:

1. **File Location:** If the file is not placed in the appropriate SFTP folder it will not be picked up for processing by HBE's automation. You will be notified via email if your file has been placed in an incorrect SFTP folder.

2. **File Naming Convention**: If the file name is not formatted according to the requirements for file naming conventions as outlined in the Companion Guide, the file cannot be processed by Edifecs. You will be notified via email if your file fails for bad file name.

3. **File cannot be Read; Sender cannot be Identified**: Normally a TA1 is generated if there are issues with the interchange file header information (ISA/IEA) and the file cannot be parsed and read. Even before this processing step, if the file cannot be read to the degree the sender can be identified, the file is marked as a "bad file". You will be notified via email if your file fails for "bad file" reasons.

4. **File cannot be Parsed and Read; cannot be Processed**: If there are issues with the interchange file header information (ISA/IEA) and file cannot be parsed and read, it cannot be processed in Edifecs. A negative TA1 is generated and placed in the SFTP location for the carrier to retrieve and make corrections to the file.[9]

5. **Enrollment Transactions Rejected for HIPAA Errors**: If the file generates a positive TA1, a 999 is generated and placed in the SFTP location for the carrier to retrieve and make corrections to enrollment transactions rejected for HIPAA validation errors[10]. Note: if a threshold of 100 errors is reached, the entire file will be rejected and a negative TA1 will generate.

6. **Enrollment Transactions Rejected for Business Validation Errors**: If the enrollment transaction successfully passes HIPAA validation, but there are HBE specific business validation that cause the transaction to fail, an exception is generated that must be worked by HBE Enrollment Analysts. You will be notified via error reporting if an enrollment transaction fails for business validation reasons.

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[9] See next section **Process Acknowledgement Files (TA1, 999)** for detailed information.

[10] See next section **Process Acknowledgement Files (TA1, 999)** for detailed information.

Validation Step	Outcome	Action
1. File Location	File not processed	Carrier notified via email. Carrier places file in correct SFTP folder.
2. File Naming Convention	File Rejected	Carrier notified via email. Carrier corrects the file name and resubmits.
3. "Bad File" – Sender cannot be identified	File Rejected as "Bad File"	Carrier notified via email. Carrier corrects the file and resubmits with a different file name.
4. File cannot be parsed and read; error at the interchange file header (ISA) level	File Rejected on the TA1	Carrier copies down the TA1 from the SFTP folder, corrects the file, and resubmits with a different file name.
5. Enrollment transaction within the file rejected due to HIPAA validation error	Enrollment Transaction rejected on the 999	Carrier copies down the 999 from the SFTP folder, corrects the enrollment transaction, and resubmits in a file with a different file name.
6. Enrollment transaction rejected for business validation errors	File rejected for business validation errors	Carrier notified via error report. Carrier corrects the enrollment transaction and resubmits in a file with a different file name.

4.2.2   Process Acknowledgement Files (TA1 and 999)

When a file is received by HBE and processed, the acknowledgement files TA1 and 999 are generated and placed in the carriers SFTP folder for pick up. Either a positive (Accept) or negative (Reject) TA1 are generated by HBE. The 999 contains Accept/Reject status by Transaction Set (ST/SE).[11]

HBE recommends you check your SFTP folder for acknowledgement files within 24 hours of submitting 834 files to HBE. You should have one TA1 and one 999 per 834 file submitted to HBE. If you do not find acknowledgement files within 24 hours of submitting your file, or if there is an issue with your acknowledgement files, contact your EDI Analyst as soon as possible.

For negative (Rejected) TA1s received, this indicates your file failed at the file header level and could not be processed by HBE. Contact your EDI Analyst as soon as possible.

For 999s received with rejected transactions, the subscriber ID is supplied within the 999 as well as information about where the error occurred within the transaction. Correct the enrollment and resubmit the transaction to HBE to complete the full processing cycle.

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[11] A Transaction Set contains an enrollment group – a subscriber and any dependents.

4.2.3   834 Confirm Transactions

834 Confirm transactions are required in response to any 834 Add transaction (INS03 = 021) where the Add is reported for the subscriber (with one exception).[12] They are **NOT** expected in response to the following transactions received from HBE:

- HBE 834 Change[13]
- HBE 834 Change with a dependent Add or dependent Term
- HBE Initiated 834 Cancel
- HBE Initiated 834 Term
- HBE Initiated 834 Reinstatement

4.2.4   834 DTP01 Qualifiers by Transaction Type

The following table outlines which DTP01 qualifiers are included on which types of 834 transactions.

Note: This table only lists elements that require special call out. For loops, segments, or elements that are not contained in this table, refer to the table in the section titled **834 Add Transaction from HBE and 834 Confirm Transaction from the Carrier**.

Loop	DTP01 Qualifier Values	Description	Add	Confirm	Change	Cancel (HBE or Carrier Initiated)	Term (HBE or Carrier Initiated)	Reinstate (HBE or Carrier Initiated)
Trans Set Header	007	Enrollment End Date				X	X	
Trans Set Header	303	Maintenance Effective Date			X			
Trans Set Header	382	Enrollment Begin Date	X	X				X
2000	356	Coverage Start Date	X	X	X	X	X	X
2000	357	Coverage End Date	X	X	X	X	X	X

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[12] If you receive an 834 Add and the subscriber fails to make their binder payment by the required due date, it is not necessary to send an 834 Confirm prior to sending a carrier initiated 834 Cancel.

[13] When you received an HBE generated 834 Change for the subscriber with a dependent Add, an 834 Confirm should NOT be sent. The decision as to whether or not to send an 834 Confirm is based on the maintenance action code (INS03) reported for the subscriber, not the dependent level.

Loop	DTP01 Qualifier Values	Description	Add	Confirm	Change	Cancel (HBE or Carrier Initiated)	Term (HBE or Carrier Initiated)	Reinstate (HBE or Carrier Initiated)
2300	303	Maintenance Effective Date			X			
2300	348	Coverage Start Date	X	X				X
2300	349	Coverage End Date				X	X	

4.2.5 834 Maintenance Action Code and Maintenance Reason Code Combinations

The following table outlines which maintenance action code and maintenance reason code combinations are reported by transaction type.

Note: This table only lists elements that require special call out. For loops, segments, or elements that are not contained in this table, refer to the table in the section titled **834 Add Transaction from HBE and 834 Confirm Transaction from the Carrier**.

HBE Generated Transactions

834 Element	HBE 834 Add	HBE 834 Change	HBE 834 Cancel	HBE 834 Term	HBE 834 Reinstate
2000, INS03 Maintenance Type Code	021 = Add	001 = Change	024 = Cancel or Term	024 = Cancel or Term	025 = Reinstate
2000, INS04 Maintenance Reason Code	28 = Initial enrollment	25 = Change in identifying elements[14] 33 = Personnel data 43 = Change of location AI = No reason given	14 = Voluntary Withdrawal 26 = Conditional eligibility verification failure	03 = Death 07 = Termination of Benefits 26 = Conditional eligibility verification failure	EC = Member Benefit Selection
2000, INS08 Employment Status Code	AC = Active	AC = Active	TE = Term	TE = Term	AC = Active

Carrier Generated Transactions

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[14] Includes changes to coverage start dates. See section titled **Coverage Date Change Indicator**.

834 Element	Carrier 834 Confirm	Carrier 834 Cancel	Carrier 834 Term	Carrier 834 Reinstate
2000, INS03 Maintenance Type Code	021 = Add	024 = Cancel or Term	024 = Cancel or Term	025 = Reinstate
2000, INS04 Maintenance Reason Code	28 = Initial enrollment	59 = Non Payment of binder	59 = Non Payment of premium	Optional[15]
2000, INS08 Employment Status Code	AC = Active	TE = Term	TE = Term	AC = Active

4.2.6   834 Cancels and Terms

- An 834 Cancel transaction is generated when the household did not have health coverage through the exchange.

- An 834 Term transaction is generated when the household did have health coverage through the exchange for some period of time.

- HBE will include a 2000 loop and a 2300 loop for each member of the household in 834 Cancel or Term transactions (explicit cancel/term).

4.2.7   LS Loop

- In the event multiple tax filers within a household are eligible for APTC within the same QHP, the APTC amounts for all tax filers are aggregated into a single amount and reported in a single instance of a 2700/2750 loop for the subscriber.

- Individual rating amounts are not reported at the member level. They are aggregated and reported in a single instance of a 2700/2750 loop for the subscriber.

- The 834 Change from HBE includes a complete history of premium amounts and APTC and CSR amounts in the subscriber 2700/2750 loops for the same benefit year for the same QHP. There cannot be overlapping dates in the 2700/2750 loops.

4.2.8   Family vs. Dependent Coverage

HBE does not use the Responsible Person loop (2100G) or Custodial Parent loop (2700F) to communicate a subscriber that is part of a household but does not have health or dental coverage. This information is communicated using the 2300, HD05 element, Coverage Level Code. The subscriber may or may not have coverage. If Coverage Level Code (2300, HD05) is "FAM", it indicates that all the members of the household, including the subscriber, have coverage. If the Coverage Level Code (2300, HD05) is "DEP", it indicates that only the dependents have coverage and the subscriber does not have

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[15] Carriers may send an INS04 value of 28, following the same standard as the 834 Confirm

coverage. Dependent only coverage applies to pediatric dental[16], and can also apply to health and family dental coverage.[17]

4.2.9   Enrollment Identifier

When a family enrolls via Healthplanfinder, the enrollment group is assigned an Enrollment ID. The Enrollment ID is unique per enrollment group per plan per benefit year. It is not related to the CMS Plan ID and it should not be altered when reported on carrier generated transactions (834 Confirm, carrier initiated 834 Cancel, carrier initiated 834 Term). The Enrollment ID is similar to a Subscriber ID in that it can be used to associate the members within a single enrollment group. The Enrollment ID is used as part of the key that links an enrollment group reported on the 834 transaction to the enrollment group in the EDI system.

The Enrollment ID is the same or different based on the following scenarios:

Scen Num	Same Benefit Year?	Continuous Coverage?	Same Subscriber?	Same CMS Plan ID?	Enrollment ID	834 Transaction Types
1	Yes	Yes	Yes	Yes	Same	Not Applicable
2	Yes	No	Yes	Yes	Different	Term/Add Flow
3	Yes	No	Yes	No	Different	Term/Add Flow
4	Yes	Yes	Yes	No	Different	Term/Add Flow
5	No	Not Applicable	Yes	Not Applicable	Different	Term/Add Flow
6	Not Applicable	Not Applicable	No	Not Applicable	Different	Term/Add Flow

Here is the same information from the table depicted in a process flow:

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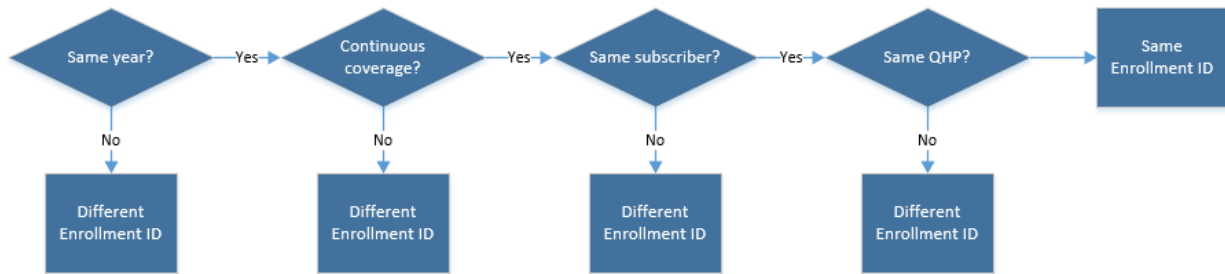
[16] Although rare, pediatric dental enrollments can be FAM coverage if the subscriber is covered and under 19 years of age.

[17] An example would be a head of household that has employee only coverage through an employer and opts to cover his dependent children through the exchange.

4.2.10 Member Identifiers

Member identifiers assigned by HBE are "lifetime" member identifiers. These identifiers follow a member without changing through the history of their enrollment with HBE. Carriers maintain HBE assigned member identifiers in their enrollment systems and return those identifiers on 834 transactions as outlined in the section titled **834 Member Identifiers by Transaction Type**.

- The optional carrier assigned subscriber identifier must be consistent for all 2000 loops within the transaction set
- The optional carrier assigned member identifier can be in any format, but must be unique per member. It is acceptable for the carrier to echo back HBE assigned member identifiers in REF02 when REF01 = ZZ and REF01 = 23.

The following table lists the member identifier qualifiers that are used on the outbound and inbound 834s. These qualifiers are reported in 2000, REF01, with the associated member identifier reported in REF02.

Member Identifier Qualifier	Description
0F	HBE assigned subscriber identifier
17	HBE assigned member identifier
ZZ	Optional carrier assigned subscriber identifier
23	Optional carrier assigned member identifier

Here is an example of what it looks like in the 834 transaction. In this example, the member is not the subscriber. You can tell this because the 0F identifier is different from the 17 identifier, and the ZZ identifier is different from the 23 identifier.

REF*0F*12345	HBE Assigned Subscriber Identifier
REF*17*22345	HBE Assigned Member Identifier
REF*ZZ*1000025	Optional Carrier Assigned Subscriber Identifier
REF*23*1000026	Optional Carrier Assigned Member Identifier

4.2.10.1 834 Member Identifiers by Transaction Type

The following table outlines which member identifiers are reported by transaction type.

Note: This table only lists elements that require special call out. For loops, segments, or elements that are not contained in this table, refer to the table in the section titled **834 Add Transaction from HBE and 834 Confirm Transaction from the Carrier**.

Member Identifier Qualifier (REF01)	Description	HBE 834 Add	Carrier 834 Confirm	HBE 834 Change	HBE 834 Cancel	HBE 834 Term	HBE 834 Reinstate	Carrier 834 Cancel	Carrier 834 Term	Carrier 834 Reinstate
0F	HBE assigned subscriber identifier	X	X	X	X	X	X	X	X	X

Member Identifier Qualifier (REF01)	Description	HBE 834 Add	Carrier 834 Confirm	HBE 834 Change	HBE 834 Cancel	HBE 834 Term	HBE 834 Reinstate	Carrier 834 Cancel	Carrier 834 Term	Carrier 834 Reinstate
17	HBE assigned member identifier	X	X	X	X	X	X	X	X	X
ZZ	Optional Carrier assigned subscriber identifier		X						X	X
23	Optional Carrier assigned member identifier		X						X	X

4.3 Coverage Start and End Date Business Rules

There are several business rules related to coverage start and end dates. A few examples are listed below. There are many more than these:

- The Coverage Start Date cannot be prior to the member date of birth.
- The Coverage End Date cannot be after a member date of death.

For 834 Cancel transactions, the coverage start date is the first of the month and the coverage end date is the first of the month (same date) indicating coverage was never in effect. For 834 Term transactions, the coverage end date is always greater than the coverage start date indicating coverage was in effect for some period of time.

For new coverage, for an HBE initiated 834 Term due to subscriber death, when the subscriber's date of death is on the first of the month, the coverage start date is the first of the month and the coverage end date is the first of the month (same date). In this scenario, however, coverage was in effect for one day on the first of the month. Carriers use Maintenance Reason Code, 2000, INS04 = 03 (Death), to identify coverage was in effect on the first day of the month.

4.4 Enrollment Cutoff Date and Coverage Effective Date Business Rules

The following rules govern enrollment cutoff dates and corresponding coverage effective dates. These parameters are referred to as "the 15th rule":

- Enrollments completed between (and including) the 1st and the 15th of the month will have a coverage effective date of the 1st of the following month.

- Enrollments completed between (and including) the 16th and the last day of the month will have a coverage effective date of the 1st of the month subsequent to the following month.

Enrollment Completed Date	Coverage Effective Date
10/15/21	11/1/21

Enrollment Completed Date	Coverage Effective Date
10/25/21	12/1/21

4.5   Premium Balancing Business Rules

The following table outlines the premium and APTC subsidy amounts reported for the subscriber in the 2750 loops and how they are validated for balancing purposes.

2700/2750 Loops for the Subscriber
N1*75*PRE AMT TOT REF*9X*500 DTP*007*D8*20210101
N1*75*APTC AMT REF*9V*100 DTP*007*D8*20210101
N1*75*TOT RES AMT REF*9V*400 DTP*007*D8*20210101

The balancing equation is:

Total Responsibility Amount = Premium Amount Total - APTC Amount

5   Overall 834 EDI Transaction Flow

The following 834 table outlines the inbound and outbound transactions from and to the carriers and HBE:

Trans Type	Sender	Receiver	Description
834 "Daily" File	HBE	Carrier	Includes 834 transactions for: • Add • Change • HBE Initiated Cancel • HBE Initiated Term • HBE Initiated Reinstatement
834 Confirm	Carrier	HBE	An 834 Confirm is generated and sent by the carrier in response to an 834 Add received from HBE. The 834 Confirm confirms coverage was effectuated in the carrier's enrollment system.
834 Cancel	Carrier	HBE	Carrier initiated 834 Cancels are enrollments canceled due to non-payment of binder.
834 Term	Carrier	HBE	Carrier initiated 834 Terms are enrollments termed due to non-payment of premium.
834 Reinstatement	Carrier	HBE	Carrier initiated 834 Reinstatements are sent to retract a previously sent carrier 834 Term or Cancel and return the enrollment to 'active' status.
Acknowledgements	Carrier	HBE	Carriers generate TA1 (negative only) and 999 acknowledgements in response to the receipt of 834 files from HBE.
Acknowledgements	HBE	Carrier	HBE generates TA1 (positive or negative) and 999 acknowledgements in response to the receipt of 834 files from the carrier.

6   834 File Format and Data Element Requirements

The following sections outline the detailed 834 transaction format requirements for each type of 834 transaction:

HBE	Carrier
Add	Confirm
Change	Cancel
Cancel	Term
Term	Reinstatement
Reinstatement	

6.1   834 Add Transaction from HBE and 834 Confirm Transaction from the Carrier

The following table outlines the data elements that are on the 834 Add transaction from HBE to the carrier, and the data elements that are returned on the 834 Confirm from the carrier to HBE.[18] [19]

Note: This table contains detailed information about how HBE uses the **Benefit Enrollment and Maintenance (834) Technical Report Type 3** (834 TR3) and is intended to be used in conjunction with the information contained in the 834 TR3. Therefore, this table does not contain ALL of the loops, segments, and elements contained in the 834 TR3. For specific information about data that is not referenced in this table, refer to the 834 TR3.

Num	Loop	Seg	Element	Description	834 Add from HBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
1	**Interchange File Header**	**ISA**		**Interchange File Header[20]**				
2			ISA01	Authorization Information Qualifier	00	Echo		
3			ISA02	Authorization Information	Spaces	Echo		
4			ISA03	Security Information Qualifier	00	Echo		
5			ISA04	Security Information	Spaces	Echo		
6			ISA05	Interchange Sender ID Qualifier	30	Echo		Federal Tax ID Qualifier
7			ISA06	Interchange Sender ID	454846258	Carrier's Federal Tax ID Number		The Sender is switched on the 834 Confirm from the carrier. This data element is required to be 15 digits so the FTIN is followed by 6 spaces to meet this requirement.

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[18] The data elements that are reported in the LS Loop are covered in a separate section. See the section titled **LS Loop (2700/2750 Loops)**. This holds true for nearly all of the tables contained in this Companion Guide that outline the 834 format and data element requirements. For some 834 transactions, for example Renewals and SEP transactions, there are specific requirements outlined for the LS Loop in those respective sections.

[19] Where noted, the loop/segment/element applies to the subscriber only (SUB), dependent only (DEP) or both subscriber and dependents (BOTH). If not applicable, the cell is left blank.

[20] The ISA loop is a fixed length loop. As such some values are padded with spaces to meet format requirements.

Num	Loop	Seg	Element	Description	834 Add from HBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
8			ISA07	Interchange Receiver ID Qualifier	30	Echo		Federal Tax ID Qualifier
9			ISA08	Interchange Receiver ID	Carrier's Federal Tax ID Number	454846258		The Receiver is switched on the 834 Confirm from the carrier. This data element is required to be 15 digits so the FTIN is followed by 6 spaces to meet this requirement.
10			ISA09	Interchange Date (YYMMDD)	Date the 834 file was generated by HBE	Date the 834 Confirm file was generated by the carrier		
11			ISA10	Interchange Time (HHMM)	Time the 834 file was generated by HBE	Time the 834 Confirm file was generated by the carrier		
12			ISA11	Repetition Separator	^ (caret)	Echo		
13			ISA12	Interchange Control Version Number	00501	Echo		
14			ISA13	Interchange Control Number	HBE System Generated	Carrier System Generated		
15			ISA14	Acknowledgement Requested	0	Echo		Indicates a TA1 and a 999 acknowledgement are requested.
16			ISA15	Interchange Usage Indicator	T = Test P = Production	Echo		
17			ISA16	Component Element Separator	: (colon)	Echo		
18	**Functional Group Header**	**GS**		**Functional Group Header**				
19			GS01	Functional Identifier Code	BE	Echo		BE = Benefit Enrollment
20			GS02	Application Sender's Code	454846258	Carrier's Federal Tax ID Number		The Sender is switched on the 834 Confirm from the carrier.
21			GS03	Application Receiver's Code	Carrier's Federal Tax ID Number	454846258		The Receiver is switched on the 834 Confirm from the carrier.
22			GS04	System Date (CCYYMMDD)	Date the 834 Add transaction was generated by HBE	Date the 834 Confirm transaction was generated by the carrier		
23			GS05	System Time (HHMMSSDD)	Time the 834 Add transaction was generated by HBE	Time the 834 Confirm transaction was generated by the carrier		
24			GS06	Group Control Number	HBE system generated	Carrier system generated		
25			GS07	Responsible Agency Code	X	Echo		Indicates "X12".
26			GS08	Version/Release	005010X220A1	Echo		The 834 version number.
27	**Transaction Set Header**	**ST**		**Transaction Set Header**				
28			ST01	Transaction Set Identifier Code	834	Echo		Type of EDI transaction.

Num	Loop	Seg	Element	Description	834 Add from HBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
29			ST02	Transaction Set Control Number	HBE assigned ST-SE transaction set control number	Carrier assigned ST-SE transaction set control number		
30			ST03	Implementation Convention Reference	005010X220A1	Echo		The 834 version number.
31	**Transaction Set Header Cont'd**	**BGN**		**Transaction Set Beginning Segment**				
32			BGN01	Transaction Set Purpose Code	00	Echo		Original submission
33			BGN02	Reference Identification	HBE assigned BGN control number	Carrier assigned BGN number		
34			BGN03	System Date (CCYYMMDD)	Date the 834 file was generated by HBE	Date the 834 Confirm transaction was generated by the carrier		
35			BGN04	System Time (HHMMSSDD)	Time the 834 file was generated by HBE	Time the 834 Confirm file was generated by the carrier		
36			BGN08	Action Code	2 = Change (Update)	Echo		This is the standard Action Code assigned to all 834 transactions for Adds, Changes, Cancels, and Terms.
37	**Transaction Set Header Cont'd**	**REF**		**Transaction Set Policy Number**				
38			REF01	Reference Identification Qualifier	38 = Master Policy Number	Echo		Qualifier indicates the CMS Plan ID (QHP or QDP ID) will be reported in REF02.
39			REF02	Reference Identifier	CMS Plan ID	Echo		The full 16 characters of the CMS Plan ID, which includes the CSR Variant.
40	**Transaction Set Header Cont'd**	**DTP**		**File Effective Date**				
41			DTP01	Date/Time Qualifier	382 = Enrollment	Echo		The qualifier that indicates the enrollment effective date will be reported in DTP03.
42			DTP03	Enrollment Effective Date (CCYYMMDD)	Enrollment Effective Date	Echo		
43	**Transaction Set Header Cont'd**	**QTY**		**Transaction Set Control Totals**				
44				*Repeat Occurrence*				

Num	Loop	Seg	Element	Description	834 Add from HBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
45			QTY01	TO Quantity Qualifier	HBE does not send	Optional Carrier calculated member count		Indicates the carrier calculated member count (total number of INS segments in this ST/SE) will be reported in QTY02.
46			QTY02	TO Quantity	HBE does not send	Optional Carrier calculated member count		Total number of INS segments in this ST/SE.
47				*Repeat Occurrence*				
48			QTY01	DT Quantity Qualifier	HBE does not send	Optional Carrier calculated dependent count		Indicates the system calculated dependent count (total number of INS segments in this ST/SE set with INS01 = N) will be reported in QTY02.
49			QTY02	DT Quantity	HBE does not send	Optional Carrier calculated dependent count		Total number of INS segments in this ST/SE with INS01 = N. Value can be 0.
50	1000A	N1		**Sponsor**				
51			N102	Subscriber OR Sponsor	Subscriber or Sponsor	Echo	SUB	If the sponsor is the subscriber, contains the subscriber name. If the sponsor is not the subscriber, contains the third party sponsor name.
52			N103	FI = Subscriber's SSN OR 94 = HBE assigned Sponsor ID	Subscriber or Sponsor ID qualifier	Echo	SUB	If the sponsor is the subscriber, contains qualifier FI indicating the subscriber SSN will be reported in N104. If the sponsor is not the subscriber, contains qualifier 94 indicating HBE assigned third party sponsor identifier will be reported in N104.
53			N104	Subscriber's SSN OR HBE assigned Sponsor ID	Subscriber SSN or HBE assigned Sponsor ID	Echo	SUB	If the sponsor is the subscriber, contains the subscriber's SSN. If the sponsor is not the subscriber, contains HBE assigned third party sponsor ID.
54	1000B	N1		**Payer**				
55			N102	Payer Name	Carrier Name	Echo	SUB	
56			N103	Payer Identifier Qualifier	FI = Federal Tax ID Number	Echo	SUB	Qualifier that indicates the carrier's Federal Tax ID Number will be reported in N104.
57			N104	Payer Identifier	Carrier's Federal Tax ID Number	Echo	SUB	
58	1000C	N1		**Broker**				
59				*Repeat Occurrence*				

Num	Loop	Seg	Element	Description	834 Add from HBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
60			N101	Broker Qualifier	BO = Broker	Optional	If echoed, echo for SUB only	Qualifier that indicates broker information is reported in this loop/segment.
61			N102	Broker Organization name	Broker Organization name	Optional	If echoed, echo for SUB only	
62			N103	Broker Organization Identifier Qualifier	FI = Federal Tax ID Number	Optional	If echoed, echo for SUB only	Indicates the broker organization Federal Tax ID Number will be reported in N104.
63			N104	Broker Organization Identifier	Broker Organization's Federal Tax ID Number	Optional	If echoed, echo for SUB only	
64				*Repeat Occurrence*				
65			N101	Broker Qualifier	BO = Broker	Optional	If echoed, echo for SUB only	Qualifier that indicates broker information is reported in this loop/segment.
66			N102	Individual Broker Agent name	Individual Broker (Person) Name	Optional	If echoed, echo for SUB only	
67			N103	Individual Broker Agent Identifier Qualifier	94 = Other Identifier	Optional	If echoed, echo for SUB only	Qualifier that indicates the individual broker agent OIC license number will be reported in N104.
68			N104	Individual Broker Agent Identifier	Individual Broker Agent (Person) OIC license number	Optional	If echoed, echo for SUB only	
69	**2000**	**INS**		**Member Level Detail**				
70			INS01	Member Indicator	Y or N	Echo	BOTH	Value is Y if the member is the subscriber. Value is N if the member is not the subscriber.
71			INS02	Individual Relationship Code	01 = Spouse 03 = Parent 16 = Step Parent 17 = Step Child 18 = Self 19 = Child 26 = Legal Guardian 53 = Domestic Partner G8 = Other	Echo	BOTH	Code identifying the member relationship to the subscriber. If INS01 = Y, this code is always 18 for relationship to subscriber = Self. If INS01 is N, this code is never 18.
72			INS03	Maintenance Type Code	021 = Addition	Echo	BOTH	Code indicating that member coverage is being added.
73			INS04	Maintenance Reason Code	EC = Member Benefit Selection	28 = Initial Enrollment	BOTH	On the 834 Confirm from the carrier to HBE, the code "28" indicates that the member's coverage has been effectuated in the carrier enrollment system.
74			INS05	Benefit Status Code	A = Active	Echo	SUB	

Num	Loop	Seg	Element	Description	834 Add from HBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
75			INS08	Employment Status Code	AC = Active	Echo	SUB	For the individual market, the Employment Status Code is used to communicate the status of member coverage and not their employment status.
76	**2000, Cont'd**	**REF**		**Subscriber Identifier**				
77				*Repeat Occurrence*				
78			REF01	Subscriber Identifier Qualifier	0F = HBE assigned subscriber identifier qualifier	Echo	BOTH	Qualifier indicates HBE assigned subscriber identifier will be reported in REF02.
79			REF02	Subscriber Identifier	HBE assigned subscriber identifier	Echo	BOTH	
80				*Repeat Occurrence*				
81			REF01	Member Identifier Qualifier	17 = HBE assigned member identifier qualifier	Echo	BOTH	Qualifier indicates HBE assigned member identifier will be reported in REF02.
82			REF02	Member Identifier	HBE assigned member identifier	Echo	BOTH	
83				*Repeat Occurrence*				
84			REF01	Subscriber Identifier Qualifier	HBE does not send	Optional ZZ = Carrier assigned subscriber identifier qualifier	BOTH	Qualifier indicates the carrier assigned subscriber identifier will be reported in REF02.
85			REF02	Subscriber Identifier	HBE does not send	Optional Carrier assigned subscriber identifier	BOTH	
86				*Repeat Occurrence*				
87			REF01	Subscriber Identifier Qualifier	HBE does not send	Optional 23 = Carrier assigned member identifier qualifier	BOTH	Qualifier indicates the carrier assigned member identifier will be reported in REF02.
88			REF02	Subscriber Identifier	HBE does not send	Optional Carrier assigned member identifier	BOTH	
89	**2000, Cont'd**	**REF**		**Member Policy Number**				
90			REF01	Member Policy Number Qualifier	1L = Member Policy Number Qualifier used for HBE assigned Enrollment Identifier	Echo	BOTH	Qualifier indicates HBE assigned Enrollment Identifier will be reported in REF02.

Num	Loop	Seg	Element	Description	834 Add from HBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
91			REF02	Member Policy Identifier	HBE assigned Enrollment Identifier	Echo	BOTH	
95	**2000, Cont'd**	**DTP**		**Member Level Dates**				
96				*Repeat Occurrence*				
97			DTP01	Date Qualifier	356 = Coverage Effective Date	Echo	BOTH	Qualifier that indicates the coverage effective date will be reported in DTP03.
98			DTP03	Date (CCYYMMDD)	Coverage Effective Date	Echo	BOTH	
99				*Repeat Occurrence*				
100			DTP01	Date Qualifier	357 = Coverage Term Date	Echo	BOTH	Qualifier that indicates the coverage term date will be reported in DTP03.
101			DTP03	Date (CCYYMMDD)	Coverage Term Date	Echo	BOTH	This date will always be the last day of the benefit year.
102	**2100A**	**NM1**		**Member name**				
103			NM101	Entity Identifier Code Qualifier	IL = Insured or Subscriber	Echo	BOTH	Qualifier that indicates the member name will be reported in NM103.
104			NM102	Entity Type Qualifier	1 = Person	Echo	BOTH	Qualifier that indicates the member reported in NM103 is a person.
105			NM103	Member Last Name	Member Last name	Echo	BOTH	
106			NM104	Member First Name	Member First name	Echo	BOTH	
107			NM105	Member Middle Name	Member Middle name	Echo	BOTH	
108			NM106	Name Prefix	Name Prefix	Echo	BOTH	If applicable only.
109			NM107	Name Suffix	Name Suffix	Echo	BOTH	If applicable only.
110			NM108	Member Identifier Qualifier	34 = SSN	Echo	BOTH	Qualifier that indicates the member SSN will be reported in NM109.
111			NM109	Member SSN	Member SSN	Echo	BOTH	
112	**2100A, Cont'd**	**PER**		**Member Communications[21][22]**				**See footnotes.**
113			PER01	Contact Function Code	IP = Insured Party	Echo	SUB	
114			PER03	Communication Type Qualifier	TE = Telephone (Primary Number)	Echo	SUB	
115			PER04	Communication Number	Telephone Number (Primary Number)	Echo	SUB	
116			PER05	Communication Type Qualifier	AP = Alternate Phone Number	Echo	SUB	

[21] Not all communication elements are always present. If not all are reported on the 834 Add to the carrier, they are not reported on the 834 Confirm to the HBE.

[22] This segment is repeated for each dependent and contains the same information as the subscriber. It is optional to echo the information for the dependents, however if you are already echoing for dependents, there is no need to make a system change.

Num	Loop	Seg	Element	Description	834 Add from HBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
117			PER06	Communication Number	Alternate Phone Number	Echo	SUB	
118			PER07	Communication Type Qualifier	EM = Email address	Echo	SUB	
119			PER08	Communication Number	Email address	Echo	SUB	
120	2100A, Cont'd	N3		**Member Residence Street**[23][24]				**See footnotes.**
121			N301	Address Information Line 1	Address Information Line 1	Echo	SUB	If applicable only.
122			N302	Address Information Line 2	Address Information Line 2	Echo	SUB	If applicable only.
123	2100A, Cont'd	N4		**Member Residence City, State, Zip**				
124			N401	City name	City name	Echo	SUB	
125			N402	State Code	State Code	Echo	SUB	
126			N403	Postal Code	Postal Code	Echo	SUB	
128			N405	Location Qualifier	CY = County	Echo	SUB	Indicates the County Code will be reported in N406.
129			N406	Location Identifier	County Code	Echo	SUB	See **Appendix A, County name to County Code Cross Reference Table**.
130	2100A, Cont'd	DMG		**Member Demographics**				
131			DMG02	Date (CCYYMMDD)	Member's Date of Birth	Echo	BOTH	
132			DMG03	Gender Code	Gender Code	Echo	BOTH	
133			DMG04	Marital Status Code	HBE does not send	Optional for carrier to report	SUB	If reported by carrier, report for subscriber only.
134			DMG05-1	Race or Ethnicity Code[25]	I = American Indian or Alaska Native	Echo if present	BOTH if present	HBE will only report race or ethnicity code for American Indian or Alaska Native members. For all else, this element will not be sent.
135			DMG06	Citizen Status Code	1 = U.S. Citizen 2 = Non-Resident Alien 3 = Resident Alien	Echo	SUB	
136	2100A, Cont'd	HLH		**Member Health Information**				See footnote.[26]

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[23] HPF allows a subscriber to enroll without specifying a residence/physical address. This enables people that have no residence/physical address who qualify for coverage through the exchange to apply. The Postal and County codes are required.

[24] HPF allows households to specify different addresses for dependents; in rare instances, address data will be transmitted in dependent loops.

[25] With the 8.0 Healthplanfinder release, race and ethnicity codes will be expanded beyond AI/AN

[26] In addition to HLH01 for tobacco use, HLH02 and HLH03, always containing a "1", are currently reported on HBE generated transactions but they will not be in the future. It is optional to echo HLH02 and HLH03. However, if you echo them now, there is no reason to make a system change.

Num	Loop	Seg	Element	Description	834 Add from HBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
137			HLH01	Tobacco Use Indicator	T = Tobacco Use N = No Tobacco Use	Optional	Echo for BOTH if echoed by carrier	
138	**2100A, Cont'd**	**LUI**		**Member Language**				**This segment repeats for LUI04 values 6 and 7.**
139			LUI01	Language Code Qualifier	LE = Language code set used	Optional	Echo for SUB if echoed by carrier	The qualifier that indicates the ISO-639 language code will be reported in LUI02.
140			LUI02	Language Code	ISO-639 language code	Optional	Echo for SUB if echoed by carrier	
141			LUI04	Use of Language Indicator	6 = Language Writing 7 = Language Speaking	Optional	Echo for SUB if echoed by carrier	
142	**2100C**	**NM1**		**Member Mailing Address**				**This is the address where the subscriber receives mail when it is different than the residence address reported 2100A. If not applicable, this loop is not reported. The address in this loop cannot be the same as the address reported in 2100A.**
143			NM101	Entity Identifier Code	31 = Postal Mailing Address	Echo	SUB	
144			NM102	Entity Type Qualifier	1 = Person	Echo	SUB	
145	**2100C, Cont'd**	**N3**		**Member Mailing Street Address**				
146			N301	Address Line 1	Address Line 1	Echo	SUB	
147			N302	Address Line 2	Address Line 2	Echo	SUB	
148	**2100C, Cont'd**	**N4**		**Member Mailing City, State, Zip**				
149			N401	City name	City name	Echo	SUB	
150			N402	State Code	State Code	Echo	SUB	
151			N403	Postal Code	Postal Code	Echo	SUB	
152	**2200**	**DSB**		**Disability Information**				**If the member does not meet this condition of permanent or total disability, this loop is not reported.**
153			DSB01	Disability Type Code	3 = Permanent or Total Disability	Optional	Either or BOTH if applicable and echoed by the carrier	
154	**2300**	**HD**		**Health Coverage**				
155			HD01	Maintenance Type Code	021 = Addition	Echo	BOTH	2300, HD01 = 2000, INS03
156			HD03	Insurance Line Code	HLT = Health DEN = Dental	Echo	BOTH	DEN includes both pediatric and family dental.

Num	Loop	Seg	Element	Description	834 Add from HBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
157			HD04	Plan Coverage Description	The CMS Plan Name	Optional	BOTH if echoed by the carrier	The CMS Plan name (free text field)
158			HD05	Coverage Level Code	FAM = Family Coverage DEP = Dependent Only Coverage	Echo	BOTH	The Subscriber may or may not have coverage. If Coverage Level Code is "FAM", it indicates that all the members of the household, including the subscriber, have coverage. If the Coverage Level Code is "DEP", it indicates that only the dependents have coverage and the subscriber does not have coverage.
159	**2300, Cont'd**	**DTP**		**Health Coverage Dates**				
160				*Repeat Occurrence*				
161			DTP01	Health Plan Coverage Code Qualifier	348 = Coverage Begin Date	Echo	BOTH	Qualifier that indicates the Coverage Begin Date will be reported in DTP03.
162			DTP03	Coverage Begin Date	CCYYMMDD	Echo	BOTH	
166	**2300, Cont'd**	**AMT**		**Premium Amount**				**See footnote.[27]**
167			AMT01	Premium Amount Qualifier	P3 = Premium Amount	Optional	BOTH if echoed by carrier	The qualifier that indicates the premium amount will be reported in AMT02.
168			AMT02	Premium Amount	Premium Amount	Optional	BOTH if echoed by carrier	
169	**2300, Cont'd**	**REF**		**Health Coverage Policy Number**				
170			REF01	Reference Identifier Qualifier	X9 = HBE assigned Control Number	Optional	BOTH if echoed by carrier	The qualifier that indicates HBE assigned control number will be reported in REF02.
171			REF02	Reference Identifier	HBE assigned control number	Optional	BOTH if echoed by carrier	
172	**Transaction Set Trailer**	**SE**		**Transaction Set Trailer**				
173			SE01	Number of included segments in the Transaction Set.	HBE calculated number	Carrier calculated number		Number of included segments in the file.
174			SE02	Transaction Set Control Number	HBE assigned Transaction Set Control Number	Carrier assigned Transaction Set Control Number		Transaction Set control number.

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[27] This segment is currently reported on HBE generated transactions but it will not be in the future. It may also appear more than once on the outbound transaction. It is optional to echo this on carrier generated transactions. However, if you echo them now, there is no reason to make a system change. The premium amount reported in the LS Loop (2700/2750 loops) contains accurate and current premium amount.

Num	Loop	Seg	Element	Description	834 Add from HBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
175	**Functiona l Group Trailer**	**GE**		**Functional Group Trailer**				
176			GE01	Number of Transaction Sets included in the Functional Group.	HBE calculated number	Carrier calculated number		Number of transaction sets in the Functional group.
177			GE02	Functional Group Control Number	HBE assigned Functional Group Control Number	Carrier assigned Functional Group Control Number		Functional group control number.
178	**Interchan ge Control Trailer**	**IEA**		**Interchange Control Trailer**				
179			IEA01	Number of included Functional Groups	HBE calculated number	Carrier calculated number		Number of Functional groups.
180			IEA02	Interchange Control Number	HBE assigned Interchange Control Number	Carrier assigned Interchange Control Number		Interchange Control Number

6.2   834 Change Transaction from HBE

834 Change transactions are generated by HBE, never the carrier. Since HBE is the system of record, any member changes are reported to HBE directly. The carrier should not make member changes in their enrollment systems but instead direct the member to HBE.

An 834 Confirm is not required in response to receipt of an HBE 834 Change transaction, even if there is an Add for the dependent. An 834 Confirm is only required in response to an 834 Add for the subscriber (subscriber INS03 = 021).

An 834 Change transaction is only generated when there is a change that does not involve a plan change. The following are some examples of when an 834 Change transaction is generated by HBE[28]:

- Dependent Add or Term
- Household gains eligibility for third party sponsorship
- Household loses eligibility for third party sponsorship
- Third party sponsor change
- Broker is added
- Broker is removed
- Broker is changed
- Change in dependent relationship to subscriber (for example domestic partner change to spouse)
- Change in member identifying or demographic elements

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[28] This is not a definitive list.

- Change in household income that materially impacts the amount of APTC and/or CSR

When a household-level change occurs, HBE will send an implicit Change transaction that does not include dependent segments.

The following table lists the 834 data elements that are sent on the 834 Change transaction from HBE to the carrier.

Note: This table only lists elements that require special call out. For loops, segments, or elements that are not contained in this table, refer to the table in the section titled **834 Add Transaction from HBE and 834 Confirm Transaction from the Carrier**.

Member Role	2000, INS03 Maintenance Type Code	2000, INS04 Maintenance Reason Code	2300, HD01 Maintenance Type Code
Subscriber	001 (Change)	AI = No reason given	001 (Change)
Dependent	001 (Change)	25 = Change in identifying data elements 33 = Used when no other code applies 43 = Change of location AI = No reason given	001 (Change)
Dependent	021 (Add)	02 = Birth 05 = Adoption 32 = Marriage	021 (Add)
Dependent	024 (Term)	03 = Death 07 = Termination of benefits 14 = Voluntary withdrawal 26 = Conditional eligibility failure	024 (Term)

When there is a change (INS03 = 001) for the subscriber, the rules for DTP01 qualifiers and dates reported follow the 834 Change transaction rules.[29] When there is an add or term for the dependent, the rules for DTP01 qualifiers and dates reported follow the 834 Add or Term transaction rules.[30]

In addition, the following table includes information that is reported on an 834 Change transaction from HBE for corrected member name and demographics:[31]

Note: This table only lists elements that require special call out. For loops, segments, or elements that are not contained in this table, refer to the table in the section titled **834 Add Transaction from HBE and 834 Confirm Transaction from the Carrier**.

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[29] See the section titled **834 DTP01 Qualifiers by Transaction Type**.

[30] See the section titled **834 DTP01 Qualifiers by Transaction Type**.

[31] If 2100A, NM101 is 74, Corrected Member; 2100B, NM101 must be 70, Prior Incorrect Member. If 2100A, NM101 is not 74, the 2100B Loop is not sent.

Num	Loop	Seg	Element	Description	834 Change from HBE	Additional Information
1	**2100A**	**NM1**		**Corrected Member name**		**This loop will only be included if HBE is reporting corrections to the member's name and/or SSN.**
2			NM101	Entity Identifier Code	74 = Corrected Member	Qualifier that indicates the corrected member's name will be reported in NM103.
3			NM102	Entity Identifier Qualifier	1 = Person	Qualifier that indicates the corrected member reported in NM103 is a person.
4			NM103	Member Last name	Member Last name	Corrected member last name.
5			NM104	Member First name	Member First name	Corrected member first name.
6			NM105	Member Middle name	Member Middle name	Corrected member middle name.
7			NM106	name Prefix	name Prefix	If applicable only.
8			NM107	name Suffix	name Suffix	If applicable only.
9			NM108	Member Identifier Qualifier	34 = SSN	Qualifier that indicates the member SSN will be reported in NM109.
10			NM109	Member SSN	Member SSN	Corrected member SSN.
11	**2100A, Cont'd**	**DMG**		**Corrected Member Demographics**		
12			DMG01	Date/Time Period Format Qualifier	D8 = YYYYMMDD	Qualifier that indicates the member birthdate will be reported in DMG02.
13			DMG02	Date/Time Period	Member's birthdate in YYYYMMDD format	Member's birthdate.
14			DMG03	Gender Code	M = Male; F = Female	Member's gender.
15			DMG05-1	Race or Ethnicity Code	I = American Indian/Alaska Native	HBE will only report race or ethnicity code for American Indian or Alaska Native members. For all else, this element will not be sent.
16			DMG06	Citizen Status Code	1 = US Citizen	Citizen status code.
17	**2100B**			**Prior Incorrect Member name**		
18			NM101	Entity Identifier Code	70 = Prior Incorrect Member	Qualifier that indicates the prior incorrect member name will be reported in NM103.
19			NM102	Entity Identifier Qualifier	1 = Person	Qualifier that indicates the prior corrected member reported in NM103 was a person.
20			NM103	Member Last name	Member Last Name	Prior incorrect member last name.
21			NM104	Member First name	Member First Name	Prior incorrect member first name.
22			NM105	Member Middle name	Member Middle Name	Prior incorrect member middle name.
23			NM106	name Prefix	Name Prefix	If applicable only.
24			NM107	name Suffix	Name Suffix	If applicable only.
25			NM108	Member Identifier Qualifier	34 = SSN	Qualifier that indicates the prior incorrect member SSN will be reported in NM109.
26			NM109	Member SSN	Member SSN	Prior incorrect member SSN.
27	**2100B, Cont'd**	**DMG**		**Prior Incorrect Member Demographics**		
28			DMG01	Date/Time Period Format Qualifier	D8 = YYYYMMDD	Qualifier that indicates the member prior incorrect birthdate will be reported in DMG02
29			DMG02	Date/Time Period	Member's birthdate in YYYYMMDD format	Member's prior incorrect birthdate.
30			DMG03	Gender Code	M = Male; F = Female	Member's prior incorrect gender.
31			DMG05-1	Race or Ethnicity Code	I = American Indian/Alaska Native	The member's prior incorrect race/ethnicity code. HBE will only send a race/ethnicity code for AI/AN.

Num	Loop	Seg	Element	Description	834 Change from HBE	Additional Information
32			DMG06	Citizen Status Code	1 = US Citizen 2 = Non-Resident Alien 3 = Resident Alien	Member's prior incorrect citizenship code.

6.3   834 Cancel and Term Transactions

The following sections contain information about HBE initiated and carrier initiated 834 Cancel and Term transactions.

6.3.1   834 Cancel and Term Maintenance Action Code and Maintenance Reason Code Combinations

The following table lists the combinations of Maintenance Type Codes and Maintenance Reason Codes on an HBE initiated or carrier initiated 834 Cancel or Term.

Note: This table only lists elements that require special call out. For loops, segments, or elements that are not contained in this table, refer to the table in the section titled **834 Add Transaction from HBE and 834 Confirm Transaction from the Carrier**.

834 Location	834 Cancel from HBE	834 Cancel from the Carrier	834 Term from HBE	834 Term from the Carrier
2000, INS03 Maintenance Type Code	024 = Cancel or Term	024 = Cancel or Term	024 = Cancel or Term	024 = Cancel or Term
2000, INS04 Maintenance Reason Code	14 = Voluntary Withdrawal 26 = Conditional eligibility verification failure	59 = Non Payment of binder	03 = Death 07 = Termination of Benefits 26 = Conditional eligibility verification failure	59 = Non Payment of premium
2000, INS08 Employment Status Code	TE = Term	TE = Term	TE = Term	TE = Term
2300, HD01 Maintenance Type Code	024 = Cancel or Term	024 = Cancel or Term	024 = Cancel or Term	024 = Cancel or Term

6.3.1.1   "Explicit" vs. "Implicit" 834 Cancel and Term Transactions

HBE initiated Term and Cancel transactions will always contain all members of the enrollment group. This approach is referred to as an "explicit" transaction. Carriers may choose to send Terms and Cancels in this manner or may instead opt to send "implicit" transactions. An "implicit" Term or Cancel differs in that only the subscriber's 2000 loop is sent.

6.3.2   834 Cancel Transactions

There are two types of 834 Cancel transactions:

- HBE Initiated 834 Cancel
- Carrier Initiated 834 Cancel

6.3.2.1   HBE Initiated 834 Cancel

HBE generates explicit 834 Cancel transactions. Almost all loops and segments that are sent on the 834 Add from HBE are included on HBE initiated 834 Cancel.

The following table lists common scenarios resulting in HBE initiated 834 Cancel transactions[32]:

Scenario	Description
Enrollment cancelation during open enrollment	During Open Enrollment, a household selects coverage with Plan A. An 834 Add transaction is generated for the household. If the household cancels enrollment prior to the enrollment cutoff date, Plan A will receive an HBE initiated 834 Cancel transaction.[33] A household can select and re-select a plan until the end of Open Enrollment. If the household decides to re-select and enroll in a different plan (Plan B), HBE initiates an 834 Cancel transaction to Plan A, and an 834 Add transaction to Plan B. A household can only update their enrollment selection during the Open Enrollment period as long as the current date is not on or after their coverage effective date.

6.3.2.2   Carrier Initiated 834 Cancel

Carriers may opt to send "explicit" or "implicit" 834 Cancel transactions. Explicit 834 Cancel transactions include all members of the enrollment group. Implicit 834 Cancel transactions do not contain dependents.

The carrier must report the following in the 2000 loop for the subscriber:

```
INS*Y*18*024*59*A***TE
DTP*356*D8*20210101
DTP*357*D8*20210101
```

The carrier must report the following in the 2300 loop for each member:

```
HD*024**HLT*Happy Health Plan*FAM
DTP*349*D8*20210101
```

The carrier must report the following 2700/2750 loop for the subscriber:

```
N1*75*ADDL MAINT REASON34
REF*ZZ*CANCEL
DTP*007*D8*2021010135
```

The only reason for a carrier initiated 834 Cancel is non-payment of binder.

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[32] This is not a definitive list; for additional scenarios see the Carrier Enrollment and Payment Process Guide.

[33] See the section titled **Enrollment Cutoff Date and Coverage Effective Date Rules**.

[34] If dependents are reported, this loop is optional to report for dependents.

[35] The date value reported in this segment should match DTP01/357 and DTP01/349

6.3.3   834 Term Transactions

There are two types of 834 Term transactions:

- HBE initiated 834 Term
- Carrier initiated 834 Term

6.3.3.1   HBE Initiated 834 Term

HBE generates explicit 834 Term transactions. Almost all loops and segments that are sent on the 834 Add from HBE are included on HBE initiated 834 Term.

The following table lists scenarios resulting in HBE initiated 834 Term transactions:

Scenario	Description
Voluntary Withdrawal	Voluntary termination occurs when a household chooses to dis-enroll through Healthplanfinder because they have obtained other minimum essential coverage, or when a household changes from one plan to another during Open Enrollment[36] or a Special Enrollment Period, or at the subscriber's discretion. The coverage term date is determined by the date the change was reported and follows the enrollment cut-off date rules.[37]
Conditional eligibility verification failure	Termination for conditional eligibility verification (CEV) failure occurs when a consumer has been determined conditionally eligible at the time of application but fails to provide sufficient documentation within a 95 day period[38].

6.3.3.2   Carrier Initiated 834 Term

Carriers may opt to send "explicit" or "implicit" 834 Term transactions. Explicit 834 Term transactions include all members of the enrollment group. Implicit 834 Term transactions do not contain dependents.

The carrier must report the following in the 2000 loop for the subscriber:

    INS*Y*18*024*59*A***TE
    DTP*356*D8*20210101
    DTP*357*D8*20210228

The carrier must report the following in the 2300 loop for each member:

    HD*024**HLT*Happy Health Plan*FAM
    DTP*349*D8*20210228

The carrier must report the following 2700/2750 loop for the subscriber:

    N1*75*ADDL MAINT REASON[39]

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[36] With the exception of auto-renewed cross-mapped plans.

[37] See the section titled **Enrollment Cutoff Date and Coverage Effective Date Rules**.

[38] Additional details related to termination for CEV failure can be found in the Carrier Enrollment and Payment Process Guide.

[39] If dependents are reported, this loop is optional for dependents.

REF*ZZ*TERM
DTP*007*D8*20210228[40]

The only reason for a carrier initiated 834 Term is non-payment of premium.

6.4   834 Reinstate Transactions[41]

Carriers and HBE communicate the revocation of a prior   Term or Cancel transaction via an 834 Reinstate transaction. Carriers must send "explicit" 834 Reinstate transactions. Reinstate transactions should only be used when the reinstate action is required for all members on an enrollment. If HBE has termed or canceled coverage for one or more members, reinstatement requests should be directed to HBE Enrollment Analysts. As with HBE generated Term and Cancel transactions, HBE Reinstatement transactions will always be "explicit".

The table below lists the combinations of maintenance reason and type code used.

834 Location	Carrier 834 Reinstate	HBE 834 Reinstate
2000, INS03 Maintenance Type Code	025 = Reinstatement	025 = Reinstatement
2000, INS04 Maintenance Reason Code	Optional	EC
2000, INS08 Employment Status Code	AC = Active	AC = Active
2300, HD01 Maintenance Type Code	025 = Reinstatement	025 = Reinstatement

Additionally, the following 2700/2750 loop is required for all household members:

N1*75*ADDL MAINT REASON
REF*ZZ*REINSTATE
DTP*007*D8*20210101

6.5   Full Carrier Audit Reconciliation Process

The Full Carrier Audit encompasses a full roster comparison for the plan year to allow for monthly enrollment reconciliation. More information can be found in the Full Carrier Audit ICD.

6.6   834 Transaction Acknowledgements

The following sections summarize the types of acknowledgements that are exchanged between HBE and the carrier in response to the receipt of 834 EDI files.

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[40] The date value reported in this segment should match DTP01/357 and DTP01/349

[41] For more information on scenarios where the 834 Reinstate may be used, see the Carrier Enrollment and Payment Process Guide.

6.6.1 TA1 Acknowledgement

The carrier sends a TA1 acknowledgement in response to 834 files from HBE to the carrier that cannot be consumed by the carrier due to file header level (ISA/Interchange) errors. Only a negative TA1 is required. Negative TA1 acknowledgments should be sent within 2 business days following receipt of an 834 file from HBE.

HBE receives a TA1 acknowledgement for 834 files from HBE to the carrier that cannot be consumed by the carrier due to file header level (ISA or interchange) errors. Conversely, HBE sends a negative TA1 acknowledgement for 834 files received by HBE from the carrier that cannot be consumed. HBE generates both positive and negative TA1s for carriers, although carriers are only expected to generate negative TA1s for HBE.

6.6.2 999 Acknowledgement

The carrier sends a 999 acknowledgement in response to 834 files from HBE that are successfully processed by the carrier (no negative TA1 acknowledgement indicating the file was rejected at the file header level). 999 acknowledgements should be sent within 2 business days following receipt of an 834 file from HBE.

The 999 acknowledgement reports rejections at the 834 Transaction Set level (ST-SE). Transaction Sets with errors are not processed by the carrier but reported back to HBE as a rejecting error on the 999. Transaction Sets without errors can be processed by the carrier and used to update their enrollment system. Conversely, HBE sends a 999 acknowledgement to the carrier in response to 834 files from the carrier that are successfully processed by HBE.

6.6.3 Acknowledgement File Naming Conventions

Acknowledgements are linked to the original 834 file using the following file naming conventions:

Transaction Type	From	To	Example
Daily 834 File	HBE	Carrier	165760000.I.12345WA8999999.12262021211315.834.D.O.edi **Carrier responds with acknowledgements**: 165760000.I.12345WA8999999.12262021211315.834.D.O.TA1.edi 165760000.I.12345WA8999999.12262021211315.834.D.O.999.edi
Daily 834 File	Carrier	HBE	165760000.I.12345WA8999999.12262021211315.834.D.I.edi **HBE responds with acknowledgements**: 165760000.I.12345WA8999999.12262021211315.834.D.I.TA1.edi (positive or negative) 165760000.I.12345WA8999999.12262021211315.834.D.I.999.edi
Full Carrier Audit	Carrier	HBE	165760000.12345WA8999999.2021.20210316042292.FCA.xml **HBE responds with acknowledgement:** 165760000.12345WA8999999.2021.20210316T04229202.ACK.xml

6.7 LS Loop (2700/2750 Loops)

Only one LS loop is reported per member. The LS loop contains multiple 2700/2750 loops for the subscriber, and a single optional 2700/2750 loop for dependents depending upon the type of 834 transaction. The specifics are contained in the sections that follow.

6.7.1 Subscriber LS Loop (2700/2750 Loops)

The following table outlines the LS loop (2700/2750 loops) reported for the subscriber for healthcare coverage.[42]

834 Add from HBE	834 Confirm from the Carrier	834 Reinstate from HBE	834 Reinstate from the Carrier
N1*75*PRE AMT TOT **REF***9X*500 **DTP***007*D8*20210101	**N1***75*PRE AMT TOT **REF***9X*500 **DTP***007*D8*20210101	**N1***75*PRE AMT TOT **REF***9X*500 **DTP***007*D8*20210101	**N1***75*PRE AMT TOT **REF***9X*500 **DTP***007*D8*20210101
N1*75*APTC AMT **REF***9V*100 **DTP***007*D8*20210101	**N1***75*APTC AMT **REF***9V*100 **DTP***007*D8*20210101	**N1***75*APTC AMT **REF***9V*100 **DTP***007*D8*20210101	**N1***75*APTC AMT **REF***9V*100 **DTP***007*D8*20210101
N1*75*TOTAL RES AMT **REF***9V*400 **DTP***007*D8*20210101	**N1***75*TOTAL RES AMT **REF***9V*400 **DTP***007*D8*20210101	**N1***75*TOTAL RES AMT **REF***9V*400 **DTP***007*D8*20210101	**N1***75*TOTAL RES AMT **REF***9V*400 **DTP***007*D8*20210101
N1*75*CSR ELIG CAT **REF***ZZ*02 **DTP***007*D8*20210101	**N1***75*CSR ELIG CAT **REF***ZZ*02 **DTP***007*D8*20210101	**N1***75*CSR ELIG CAT **REF***ZZ*02 **DTP***007*D8*20210101	**N1***75*CSR ELIG CAT **REF***ZZ*02 **DTP***007*D8*20210101
N1*75*CSR AMT **REF***ZZ*150 **DTP***007*D8*20210101	**N1***75*CSR AMT **REF***ZZ*150 **DTP***007*D8*20210101	**N1***75*CSR AMT **REF***ZZ*150 **DTP***007*D8*20210101	**N1***75*CSR AMT **REF***ZZ*150 **DTP***007*D8*20210101
N1*75*REQUEST SUBMIT TIMESTAMP **REF***17*2020121500000000 **DTP***007*D8*20201215[43]	Optional	**N1***75*REQUEST SUBMIT TIMESTAMP **REF***17*2020121500000000 **DTP***007*D8*20201215	Optional
Does Not Apply	**N1***75*ADDL MAINT REASON **REF***17*CONFIRM **DTP***007*D8*20210101	**N1***75*ADDL MAINT REASON **REF***17*REINSTATE **DTP***007*D8*20210101	**N1***75*ADDL MAINT REASON **REF***17*REINSTATE **DTP***007*D8*20210101

834 Cancel from HBE	834 Cancel from the Carrier	834 Term from HBE	834 Term from the Carrier
N1*75*PRE AMT TOT **REF***9X*500 **DTP***007*D8*20210101	Do Not Report	**N1***75*PRE AMT TOT **REF***9X*500 **DTP***007*D8*20210101	Do Not Report
N1*75*APTC AMT **REF***9V*100 **DTP***007*D8*20210101	Do Not Report	**N1***75*APTC AMT **REF***9V*100 **DTP***007*D8*20210101	Do Not Report

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[42] For dental, see the section titled **834 Qualified Dental Plan APTC and CSR Reporting**.

[43] For REQUEST SUBMIT TIMESTAMP, the date in 2750, DTP03 should be the same as the date portion of the date timestamp reported in 2750, REF02.

834 Cancel from HBE	834 Cancel from the Carrier	834 Term from HBE	834 Term from the Carrier
N1*75*TOT RES AMT **REF***9V*400 **DTP***007*D8*20210101	Do Not Report	**N1***75*TOT RES AMT **REF***9V*400 **DTP***007*D8*20210101	Do Not Report
N1*75*CSR ELIG CAT **REF***ZZ*02 **DTP***007*D8*20210101	Do Not Report	**N1***75*CSR ELIG CAT **REF***ZZ*02 **DTP***007*D8*20210101	Do Not Report
N1*75*CSR AMT **REF***ZZ*150 **DTP***007*D8*20210101	Do Not Report	**N1***75*CSR AMT **REF***ZZ*150 **DTP***007*D8*20210101	Do Not Report
N1*75*REQUEST SUBMIT TIMESTAMP **REF***17*2020121500000000 **DTP***007*D8*20201215	Optional	**N1***75*REQUEST SUBMIT TIMESTAMP **REF***17*2020121500000000 **DTP***007*D8*20201215	Optional
Not Applicable	**N1***75*ADDL MAINT REASON **REF***17*CANCEL **DTP***007*D8*20210101	Not Applicable	**N1***75*ADDL MAINT REASON **REF***17*TERM **DTP***007*D8*20210101

6.7.2   Optional Dependent LS Loop (2700/2750 Loop)

The following table outlines the *optional* 2700/2750 loop that is reported for the dependent on the 834 Confirm, 834 Cancel, and 834 Term transactions from the carrier to HBE.[44]

834 Confirm from the Carrier Optional	834 Cancel from the Carrier Optional	834 Term from the Carrier Optional	834 Reinstate from the Carrier Optional
N1*75*ADDL MAINT REASON **REF***17*CONFIRM **DTP***007*D8*20210101	**N1***75*ADDL MAINT REASON **REF***17*CANCEL **DTP***007*D8*20210101	**N1***75*ADDL MAINT REASON **REF***17*TERM **DTP***007*D8*20210101	**N1***75*ADDL MAINT REASON **REF***17*REINSTATE **DTP***007*D8*20210101

6.7.3   Data Fix Indicator

When a transaction is generated as a result of a manual fix completed by an account worker or data fix by HBE's system integrator, the following indicator will be added in the subscriber's LS loop:

N1*75*SOURCE APPLICATION
REF*ZZ*DATAFIX
DTP*007*D8*20200401

6.7.4   Coverage Date Change Indicator

When HBE makes an edit to a coverage start date at the member or household level, the indicator below will be added to the LS loop for each enrollee impacted.

N1*75*ADDL MAINT REASON
REF*17*COVERAGE DATE CHANGE

---

[44] If this optional 2700/2750 loop is sent for dependents, it must match the corresponding loop reported for the subscriber.

DTP*007*D8*20200204

6.7.5   Renewal Indicator

HBE will include a renewal indicator in some Add transactions to distinguish enrollments that are passive renewals. See Section 8.1 for more information on Open Enrollment and Renewals.

When a household is passively renewed, the indicator below will be added to the subscriber's LS loop.

N1*75*ADDL MAINT REASON
REF*ZZ*PASSIVE RENEWAL
DTP*007*D8*20201101

6.8   834 APTC and CSR Reporting

Different criteria apply when reporting subsidy information in the LS loop (2700/2750 loops) based on whether the transaction is for Qualified Health Plan (QHP) or Qualified Dental Plan (QDP) coverage.[45]

6.8.1   834 Qualified Health Plan APTC and CSR Reporting

The following table outlines how APTC and CSR are reported for Qualified Health Plans:

Tax Subsidy Status	Election	CMS Plan ID (QHP ID) CSR Variant	2750 APTC AMT	2750 CSR AMT	2750 CSR ELIG CAT
Does not qualify	NA	"01"	Not Reported	$0 (zero) amount reported	"01"
Does qualify	Chooses not to use	Any	$0 (zero) amount reported	CSR Amount	Any
Does qualify	Uses all or a portion of APTC	Any	APTC amount elected	CSR Amount	Any

For Qualified Health Plans:

- If the household does not qualify for health coverage subsidies:

  o The CMS Plan ID (QHP ID) CSR Variant will always be "01".
  o The 2750 Loop for APTC AMT is not sent.
  o The 2750 Loop for CSR AMT will report $0 (zero dollars).
  o The 2750 Loop for CSR CAT will always be "01".

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[45] The CSR Variant is identified in the 14th and 15th characters of the CMS Plan ID, and is equivalent to the value reported in the 2700/2750 loop for CSR ELIG CAT.

- If the household does qualify for health coverage subsidies, but chooses not to use any APTC:

  o The CMS Plan ID (QHP ID) CSR Variant may be any value.
  o The 2750 Loop for APTC AMT will report $0 (zero dollars).
  o The 2750 Loop for CSR AMT will report the CSR Amount.
  o The 2750 Loop for CSR CAT may be any value.

- If the household does qualify for health coverage subsidies, and uses some or all or a portion of their APTC:

  o The CMS Plan ID (QHP ID) CSR Variant may be any value.
  o The 2750 Loop for APTC AMT will report the APTC amount elected.
  o The 2750 Loop for CSR AMT will report the CSR Amount.
  o The 2750 Loop for CSR CAT may be any value.

6.8.2   834 Qualified Dental Plan APTC and CSR Reporting

For dental coverage, the CSR Variant is always "01". Since CSR does not apply to QDP coverage, the 2700/2750 loops for CSR AMT and CSR ELIG CAT are not reported on QDP 834 transactions.

The following table outlines how APTC and CSR are reported for QDPs:

Subsidy Status	Election	CMS Plan ID (QDP ID) CSR Variant	2700/2750 APTC AMT	2700/2750 CSR AMT	2700/2750 CSR ELIG CAT
Does not qualify	Not Applicable	"01"	Not Reported	Not Reported	Not Reported
Does qualify	Chooses not to use	"01"	$0 (zero) amount reported	Not Reported	Not Reported
Does qualify	Uses all or a portion of APTC	"01"	$0 (zero) amount reported	Not Reported	Not Reported

For Qualified Dental Plans:

- If the household does not qualify for health coverage subsidies

  o The QDP ID CSR Variant will always be "01".
  o The 2700/2750 Loop for APTC AMT is not sent.
  o The 2700/2750 Loop for CSR AMT is not sent.
  o The 2700/2750 Loop for CSR ELIG CAT is not sent.

- If the household does qualify for health coverage subsidies, but chooses not to use any APTC:

  o The QDP ID CSR Variant will always be "01".
  o The 2700/2750 Loop for APTC AMT reports $0 (zero dollars).

- o The 2700/2750 Loop for CSR AMT is not sent.
- o The 2700/2750 Loop for CSR ELIG CAT is not sent.

- If the household does qualify for health coverage subsidies, and chooses to use all or a portion of their APTC:

  - o The QDP ID CSR Variant will always be "01".
  - o The 2700/2750 Loop for APTC AMT reports $0 (zero dollars).
  - o The 2700/2750 Loop for CSR AMT is not sent.
  - o The 2700/2750 Loop for CSR ELIG CAT is not sent.

7   Exception Processes

The following sections outline the "exception processes" for Renewals and Special Enrollment Periods (SEP).

7.1   Open Enrollment and Renewals

Near the end of each benefit year, open enrollment commences. Households either actively renew or, whenever possible, are passively renewed in order to prevent a break in coverage. The Enrollment ID for an enrollment group is unique for each benefit year (calendar year).

7.1.1   Renewal Types

There are two types of renewals:

- **Active Renewal** – This is when the head of household accesses Healthplanfinder and "actively" shops for and selects a plan during Open Enrollment for the following benefit year. This is also called "Manual Renewal".

- **Passive Renewal** – This is when the head of household does not "actively" renew using Healthplanfinder, but HBE "passively" enrolls them in the same plan they had coverage through during the previous benefit year. [46] This is also called "auto-renewal".

7.1.2   Renewal Scenarios and 834 Process Flows

The following sections outline the most common renewal scenarios, EDI process flows, 834 renewal transactions, and the 834 formats and data that will be sent from HBE to the carriers.

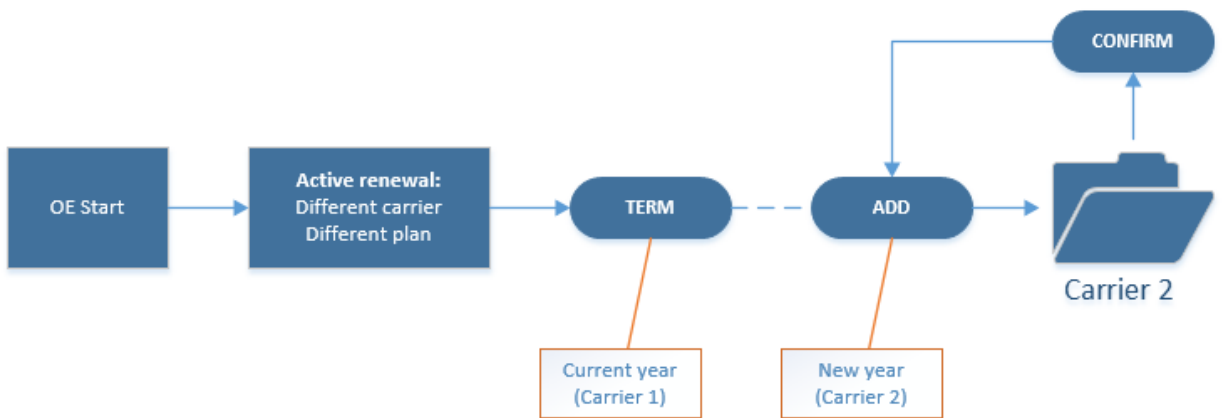1. **Active Enrollment, Same Carrier, Same Plan**
   Even if the plan does not change across benefit years, an 834 Term for the old plan with the old Enrollment ID is sent, followed by an 834 Add for the new plan with the new Enrollment ID. An 834 Confirm from the carrier is generated and sent to HBE.

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[46] Some plans are discontinued at the end of the benefit year, but replaced with a "cross mapped" plan. In these instances, when they are eligible, households are passively renewed into the cross walked plan.
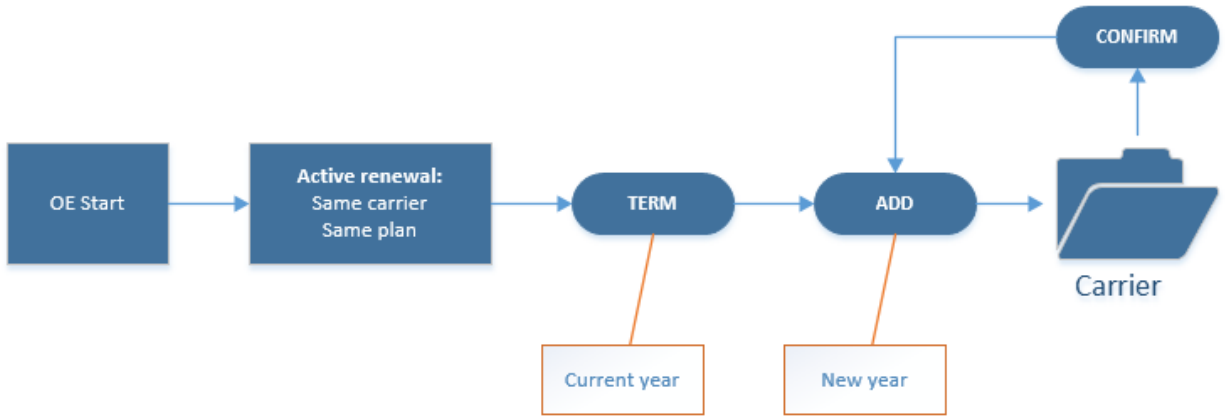
2. **Active Enrollment, Different Carrier, Different Plan**
   This scenario is similar to the first, however if the subscriber selects a different plan with a different carrier, the 834 Term goes to the previous carrier and the 834 Add goes to the new carrier. An 834 Confirm from the new carrier is generated and sent to HBE.
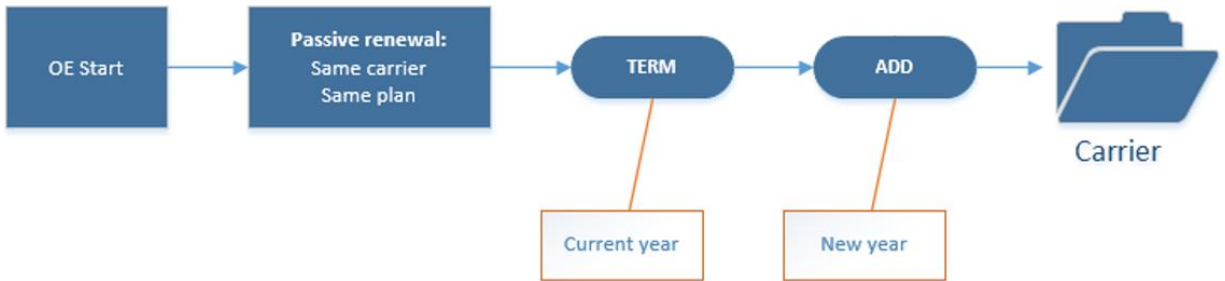

3. **Active Enrollment, Same Carrier, Different Plan**
   This scenario is similar to the first. An 834 Term for the old plan with the old Enrollment ID is sent, followed by an 834 Add for the new plan with the new Enrollment ID. An 834 Confirm from the carrier is generated and sent to HBE.
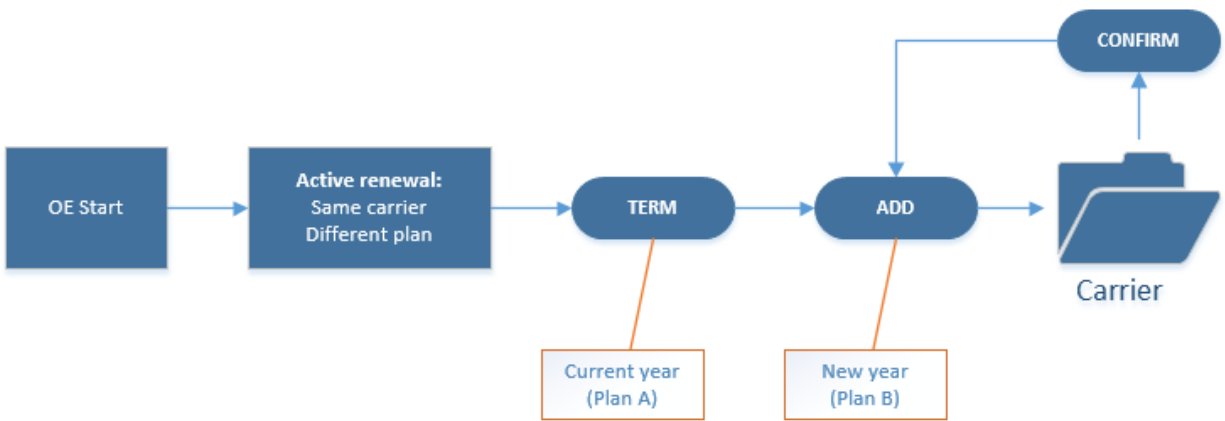
4. **Passive Enrollment, Same Carrier, Same Plan**
   This scenario involves HBE passively or auto-renewing the household into the same plan with the same carrier. An 834 Term for the old plan with the old Enrollment ID is sent, followed by an 834 Add for the new plan with the new Enrollment ID. HBE will auto-effectuate the new enrollment. For details on binder payment grace period requirements for passive enrollments please reference the Carrier Enrollment and Payment Process Guide.


5. **Passive Enrollment, Same Carrier, Cross Mapped Plan**
   This scenario involves HBE passively or auto-renewing the household into a cross mapped QHP with the same carrier. An 834 Term for the old plan with the old Enrollment ID is sent, followed by an 834 Add for the new plan with the new Enrollment ID. HBE will auto-effectuate the new enrollment. For details on binder payment grace period requirements for passive enrollments please reference the Carrier Enrollment and Payment Process Guide.
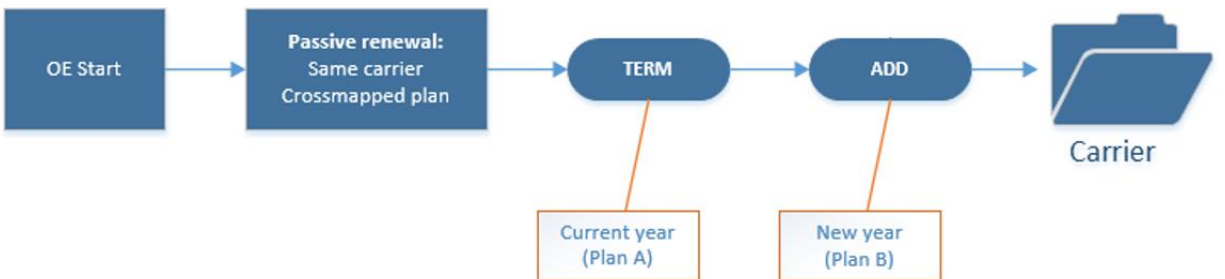
6. **Passive Enrollment, Different Carrier, Cross Mapped Plan**
This scenario involves HBE auto-renewing the household into a cross mapped QHP with a different carrier. The 834 Term is sent to the previous carrier and the 834 Add goes to the new carrier. HBE will not auto-effectuate the new enrollment. An 834 Confirm from the new carrier is generated and sent to HBE.
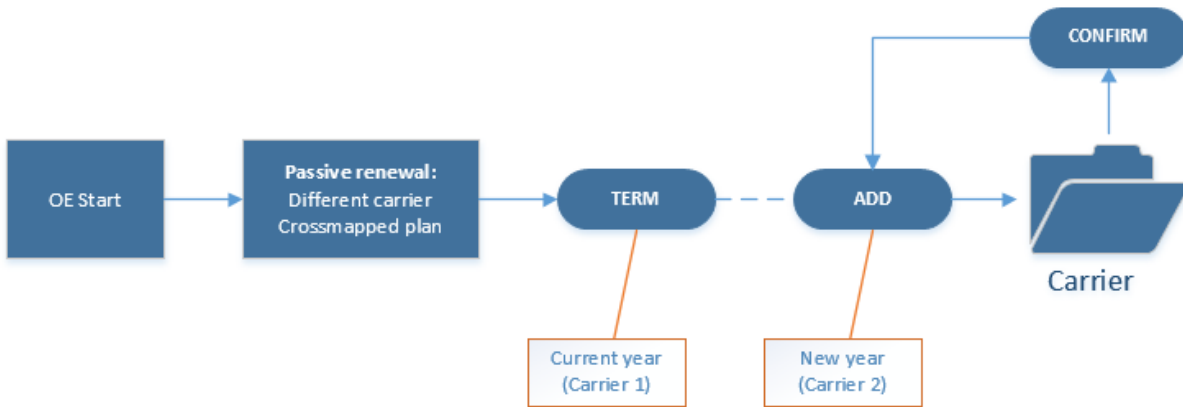
7.1.3   834 Renewal Maintenance Action Code and Maintenance Reason Code Combinations

The following table outlines what values are sent for maintenance action code and maintenance reason code combinations for renewals based on whether or not the renewal was active or passive and the transaction type.

Note: This table only lists elements that require special call out. For loops, segments, or elements that are not contained in this table, refer to the table in the section titled **834 Add Transaction from HBE and 834 Confirm Transaction from the Carrier**.

Scenario	834 Term from HBE	834 Add from HBE	834 Confirm from the Carrier	2000, INS03 Element Values	2000, INS04 Element Values
Active Enrollment, Same Carrier, Same QHP	X			024	07
		X		021	41
			X	021	28
Active Enrollment Different Carrier Different QHP	X			024	07
		X		021	EC
			X	021	28
Active Enrollment Same Carrier Different QHP	X			024	07
		X		021	EC
			X	021	28

Scenario	834 Term from HBE	834 Add from HBE	834 Confirm from the Carrier	2000, INS03 Element Values	2000, INS04 Element Values
Passive Enrollment Same Carrier Same QHP	X			024	07
		X		021	41
			Not required		
Passive Enrollment Same Carrier Cross-Mapped QHP	X			024	07
		X		021	41
			Not required		
Passive Enrollment Different Carrier Cross-Mapped QHP	X			024	07
		X		021	EC
			X	021	28

7.2   Sponsorship Program

Sponsors are third party organizations including community organizations and tribal organizations that provide premium payment responsibility for qualified households. Because a sponsor can either be a sponsor organization or the subscriber, sponsor organizations are also referred to as "third party sponsors" to distinguish them from subscribers.

7.2.1   Third Party Sponsorship Reporting

Third party sponsorship is reported via the 834 transaction as follows:

- For households eligible for third party sponsorship at the time of initial enrollment, third party sponsor information is reported on the 834 Add transaction.

- For households ineligible for third party sponsorship at the time of initial enrollment, subscriber information is reported on the 834 Add transaction.

- For households eligible for third party sponsorship subsequent to initial enrollment, third party sponsor information is reported on the 834 Change transaction.[48]

- For households that become ineligible for third party sponsorship subsequent to initial enrollment, subscriber information is reported on the 834 Change transaction.

The following table outlines how sponsor information is reported on the 834 transaction in the 1000A loop:

---

[48] When an 834 Change transaction is generated to report a change in sponsor, only the subscriber is included in the transaction (not any dependents).

Scenario	834 Trans Type	N101	N102	N103	N104
Household eligible for third party sponsorship at the time of initial enrollment.	834 Add	P5	Puyallup Tribe	94	12345 (HBE Sponsor ID)
Household not eligible for third party sponsorship at the time of initial enrollment.	834 Add	P5	Adam Smith (Subscriber)	FI	555121234 (Subscriber SSN)
Household becomes eligible for third party sponsorship subsequent to initial enrollment.	834 Change	P5	Puyallup Tribe	94	12345 (HBE Sponsor ID)
Household becomes ineligible for third party sponsorship subsequent to initial enrollment.	834 Change	P5	Adam Smith (Subscriber)	FI	555121234 (Subscriber SSN)

7.3   Special Enrollment Period

A Special Enrollment Period (SEP) results from a change that materially impacts the members of a household. When there is a valid qualifying event, and the subscriber reports the change within the specified time period, the household is eligible to receive a SEP outside of Open Enrollment. Depending on the SEP circumstances, the household may opt to change plans or stay with the same plan.

7.3.1   SEP General Business Rules

The following are some general rules around Special Enrollment Periods:

- There are scenarios where a SEP results in the household selecting a new plan. There are also scenarios that result in adding or removing dependents on an existing plan.

- When changes occur on an enrollment they are sent for the subscriber (2000, INS03 = 001) and for all impacted dependents.

- In the event a SEP has been verified by HBE, HBE will transmit a SEP reason code of EX or ER in the LS loop. This indicates the Account Worker has verified the SEP event and the subscriber, dependents, or household qualifies for a SEP.

- Members will be able to report loss of minimum essential coverage (MEC) and change of address up to 60 days in the future. Carriers are required to process and enroll members with future effective dates in these scenarios.

7.3.2   SEP Events and Corresponding SEP Reason Codes

The following table contains the SEP qualifying event and the corresponding SEP Reason Codes (reported in the LS loop).

SEP Event	SEP Reason Code
• Birth • Adoption • Placement by court order	02-BIRTH
• Loss of Medically Essential Coverage (MEC) • Age out of coverage (health 26, pediatric dental 19) • Join or leave AmeriCorps, VISTA, or NCCC • Plan discontinued at the end of the benefit year • Domestic violence	07-TERMINATION OF BENEFITS
• Marriage • Domestic partnership • Divorce • Legally separated • Death	32-MARRIAGE
• Address change, loss of current coverage • Address change, gain access to new coverage	43-CHANGE OF LOCATION
• Exchange error • Special handling	ER-EXCHANGE ERROR
• Plan de-certification • Prior year tax filing completed after previously denied tax credits due to not filing taxes	EX-EXCEPTIONAL CIRCUMSTANCES
• Income change that results in a change to APTC and/or CSR amount • Change to tax filing household • Removal due to incarceration • Removal due to moving out of state	FC-FINANCIAL CHANGE
• Change in lawful presence • Change in citizenship status • Change in tax filing status • Addition due to release from incarceration • Addition due to loss of WAH coverage due to change in pregnancy status • American Indian/Alaska Native SEP	NE-NEWLY ELIGIBLE
• Program change from WAH to APTC/QHP	PC-PROGRAM CHANGE

7.3.3   834 SEP Transactions from HBE to the Carrier

The following table outlines the format and content of the 2750 loops for each SEP code[49][50][51][52]:

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[49] See the **APTC and CSR Reporting** section for detailed information on what to include in the subscriber 2750 loops.
[50] The SEP related 2750 loop is reported for the subscriber only.

[52] The SEP related 2750 loop is only included on 834 Add and 834 Change transactions from the HBE.

SEP Code	SEP Event	SEP Reason Reported in the 2750 Loop
02	Birth/Adoption/Placement for Adoption	**N1***75***SEP REASON **REF***17***BIRTH **DTP***D8***20210415
07	Termination of Benefits	**N1***75***SEP REASON **REF***17***07-TERMINATION OF BENEFITS **DTP***D8***20210401
32	Marriage	**N1***75***SEP REASON **REF***17***32-MARRIAGE **DTP***D8***20210415
43	Change of Location	**N1***75***SEP REASON **REF***17***43-CHANGE OF LOCATION **DTP***D8***20210401
ER	Exchange Error	**N1***75***SEP REASON **REF***17***ER-EXCHANGE ERROR **DTP***D8***20210401
EX	Exceptional Circumstances	**N1***75***SEP REASON **REF***17***EX-EXCEPTIONAL CIRCUMSTANCES **DTP***D8***20210401
FC	Financial Change	**N1***75***SEP REASON **REF***17***FC-FINANCIAL CHANGE **DTP***D8***20210401
NE	Newly Eligible	**N1***75***SEP REASON **REF***17***NE-NEWLY ELIGIBLE **DTP***D8***20210401
PC	Program Change	**N1***75***SEP REASON **REF***17***PC-PROGRAM CHANGE **DTP***D8***20210401

7.3.4   SEP Resulting in an 834 Change Transaction vs. 834 Term/Add Transactions

Most SEP scenarios result in an 834 Term of existing coverage from HBE to the carrier and an 834 Add for new coverage from HBE to the carrier, followed by an 834 Confirm from the carrier to HBE. There are two types of scenarios when an 834 Change transaction is generated instead of the usual 834 Term/Add flow:

- If a dependent is added to the household due to marriage, birth, adoption, or placement for adoption, and there is continuous coverage with the same QHP within the same benefit year, an 834 Change transaction is sent with a 2000, INS03 (Maintenance Type Code) value of "001" indicating a Change for the subscriber. For the dependent, the 2000, INS03 value is "021" for Addition. See **SEP Scenarios in Appendix A of the Carrier Enrollment and Payment Process Guide** for more detailed information.

- If a dependent is terminated from the household due to death, and there is continuous coverage with the same QHP within the same benefit year, an 834 Change transaction is sent with a 2000, INS03 (Maintenance Type Code) value of "001" indicating a Change for the subscriber. For the dependent, the 2000, INS03 value is "024" for Cancelation or Termination. See **SEP Scenarios in Appendix A of the Carrier Enrollment and Payment Process Guide** for more detailed information.

7.3.5   834 SEP Financial Change Transactions from HBE

A change in household income that results in a change in APTC and/or CSR amounts qualifies as a Financial Change SEP.

1. If the household selects continuing coverage with the same QHP, an 834 Change transaction is generated from HBE. In addition to the subscriber 2700/2750 loops outlined in the **LS Loop** section, an additional 2700/2750 loop is sent for the subscriber:

   > **N1***75*SEP REASON
   > **REF***17*FC-FINANCIAL CHANGE
   > **DTP***D8*20210401

   The date reported in the 2750 loop is the date the new amount of APTC and/or CSR goes into effect.

2. If the household has continuing coverage, and the household selects a different QHP, an 834 Term transaction is sent for the old QHP and an 834 Add transaction is sent for the new QHP. The 834 Add follows the same 2700/2750 guidelines as are outlined in #1. The date reported in the Financial Change 2700/2750 loop is the date the new coverage goes into effect.

3. If the household has a break in coverage, a Financial Change SEP does not apply.

   a. The household may qualify for a SEP based on circumstances other than Financial Change. In this scenario, an 834 Add transaction is sent by HBE. A Financial Change 2700/2750 loop is not included in the transaction.

   b. If not eligible for a SEP, the household can actively enroll through Healthplanfinder during open enrollment. In this scenario, an 834 Add transaction is sent by HBE. A Financial Change 2700/2750 loop is not included in the transaction.

8 Acronyms and Terms

Acronym/Term	Description
834	Benefit Enrollment and Maintenance (834) EDI Transaction.
834 Confirm	The 834 Confirm is generated by the carrier and sent to HBE in response to an 834 Add received from HBE. The 834 Confirm is a slightly different format with slightly different data element requirements than the 834 Add sent by HBE.
834 TR3	Benefit Enrollment and Maintenance (834) Technical Report Type 3. An X12 publication that contains the industry standard usage of the loops, segments, and elements on the 834 EDI Transaction.
834 Enrollment Transaction	An 834 Enrollment Transaction is the term used to denote a single ST/SE or Transaction Set within an 834 file. There can be multiple Transaction Sets within an 834 File.
834 Transaction Set	An 834 Transaction Set equates to the ST-SE loop within an 834 EDI file. Each ST-SE loop contains a household comprised of a subscriber and any dependents (if applicable). There are multiple transactions within a single functional group, each representing a household. There is a single functional group with a file header. There is a single file header within a file.
ACA	Affordable Care Act
APTC	Advanced Premium Tax Credit
Carrier Response Transaction	An 834 Confirm or 834 Cancel sent in response to an 834 Add from HBE.
CMS	Centers for Medicare and Medicaid Services

Acronym/Term	Description
CMS Plan Identifier	An identifier that is used to denote a particular health benefit plan offered by a carrier. Also referred to as the QHP ID, QDP ID, or Plan ID. The CMS Plan ID is comprised of the Standard Component Identifier (first 14 characters) plus the CSR Variant Identifier (15th and 16th positions). The Standard Component Identifier is a 14 character identifier comprised of the following: Five digit Issuer ID (HIOS ID) Two character State abbreviation Three digit product number Four digit standard component number Example: 12345WA0020021 The CSR Variant Identifier is a 2 character (numeric) value that comprises the 15th and 16th positions of the CMS Plan ID: 00 – Non HBE Variant 01 – HBE Variant (No CSR) 02 – Open to Indians below 300% FPL 03 – Open to Indians above 300% FPL 04 – 73% AV Level Silver Plan CSR 05 – 87% AV Level Silver Plan CSR 06 – 94% AV Level Silver Plan CSR The CMS Plan ID is a concatenation of the Standard Component Identifier and the CSR Variant Identifier. Example: 12345WA019000204
Covered Entities	Covered Entities, also referred to as Trading Partners, are entities that are legally qualified to exchange EDI information about HBE enrollments. Covered entities include CMS, HBE, and the carriers participating on the Washington Health Benefit Exchange.
CSR	Cost Sharing Reduction
CSR Variant	Also referred to as the CSR Eligibility Category, and CSR Tier. See **CMS Plan Identifier**.
DEP vs. FAM Coverage	The Subscriber is also the Primary Applicant, and may or may not have coverage. If Coverage Level Code (2300, HD05) is "FAM", it indicates that all the members of the household, including the subscriber, have coverage. If the Coverage Level Code (2300, HD05) is "DEP", it indicates that only the dependents have coverage and the subscriber does not have coverage.
Dependent	A household member that is not the subscriber.
Effectuation	An 834 Confirm transaction sent by a carrier to cause an enrollment to become active.
EDI	Electronic Data Interchange
Household	A household is comprised of a subscriber and any dependents (if applicable). A household may consist only of a subscriber, or multiple enrollment groups.
HBE	Washington Health Benefit Exchange
Healthplanfinder	Healthplanfinder, or HPF, is the front end enrollment system used by consumers to shop for and select QHP and QDP coverage.

Acronym/Term	Description
HIPAA	Health Insurance Portability and Accountability Act
Insured or Member	Can be either a subscriber or a dependent. An individual that has enrolled and obtained healthcare coverage through HBE.
MEC	Minimum Essential Coverage
Member ID	HBE assigned Member ID is also known as the Person ID in Healthplanfinder. Throughout this Companion Guide, the term "Member ID" is used instead of "Person ID". For subscribers, the Subscriber ID is the same as their Member ID. Member ID's are lifetime identifiers; they follow a person throughout their entire coverage history on HBE, regardless of any lapses in coverage or any plan changes, as well as changes in tax subsidy eligibility.
OE	Open Enrollment
Premium Aggregation Removal	Refers to the transfer of responsibility for collecting initial binder payments and ongoing premium payments from HBE to the carriers. This transition occurred September 24, 2015.
QDP	Qualified Dental Plan. A particular dental benefit plan offered by a carrier on the Health Benefit Exchange. There are two types of QDPs: • Pediatric Dental • Family Dental
QHP	Qualified Health Plan. A particular health benefit plan offered by a carrier on the Health Benefit Exchange.
Renewals	Renewals, also referred to as re-enrollments, occur during Open Enrollment (OE) which begins near the end of each benefit year. It is the process whereby households are actively or passively renewed for health and dental coverage for the new benefit year.
SEP	Special Enrollment Period. A SEP is triggered by a specified event which allows a household to obtain health coverage outside of the Open Enrollment (OE) period.
Sponsor	In the Individual Market, the sponsor is commonly the subscriber. If the sponsor is the subscriber, the subscriber name and SSN are passed in the 1000A loop. For households third party sponsorship applies the third party sponsor name and HBE assigned sponsor ID are passed in the 1000A loop.
Subscriber	Individual responsible for premium payment for the household. The subscriber is the individual that has the contract with the insurance carrier for healthcare coverage. The subscriber is also referred to as the "primary applicant", or "head of household". A subscriber may or may not have health coverage. See section titled **DEP vs. FAM Coverage** for more information.
Trading Partners	See **Covered Entities.**

9 Appendix A: County Name to County Code Crosswalk Table

County name	County Code
King	53033
Clallam	53009
Grays Harbor	53027
Island	53029
Jefferson	53031
Mason	53045
Lewis	53041
Kitsap	53035
Pierce	53053
San Juan	53055
Skagit	53057
Snohomish	53061
Thurston	53067
Whatcom	53073
Clark	53011
Cowlitz	53015
Klickitat	53039
Pacific	53049
Skamania	53059
Wahkiakum	53069
Ferry	53019
Lincoln	53043
Pen Oreille	53051
Spokane	53063
Stevens	53065
Adams	53001
Asotin	53003
Benton	53005
Chelan	53007
Columbia	53013
Douglas	53017
Franklin	53021
Garfield	53023
Grant	53025
Kittitas	53037
Okanogan	53047
Walla Walla	53071
Whitman	53075
Yakima	53077

10 Appendix B: 834 Transaction Examples

The following sections contain mocked up 834 transaction examples. Physical sample files are available upon request.

- HBE 834 Add
- Carrier 834 Confirm
- Carrier 834 Term
- Carrier 834 Cancel
- Carrier 834 Reinstate

10.1 HBE 834 Add

File Header
ISA*00*   *00*   *30*454846258   *30*910000000
*201203*0000*^*00501*000000009*0*T*:~

Functional Group Header
GS*BE*454846258*910000000*20201203*00000000*7*X*005010X220A1~

Transaction Set Header
ST*834*0001*005010X220A1~
BGN*00*3971398*20201203*00000000****2~
REF*38*12345WA019000204~
DTP*382*D8*20210101~

1000A Sponsor
N1*P5*Martin Walsh*FI*500223333~

1000B Payer (Carrier)
N1*IN*Happy Health Plan*FI*910000000~

1000C Broker
N1*BO*Broker Giant Company*FI*910000002~
N1*BO*Broker Person*94*12344~

2000 Subscriber Information
INS*Y*18*021*EC*A***AC~
REF*17*12345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20210101~
DTP*357*D8*20211231~

2100A Subscriber Name
NM1*IL*1*Walsh*Martin****34*500223333~
PER*IP**TE*3607776565*AP*3605551212*EM*martin_walsh@mailinator.com~
N3*12345 Densmore Ave N~
N4*Olympia*WA*98502**CY*53067~
DMG*D8*19730819*M***1~
HLH*N*1*1~
LUI*LE*eng**6~
LUI*LE*eng**7~

2300 Subscriber Coverage Information
HD*021**HLT*Happy Health Plan*FAM~

DTP*348*D8*20210101~
AMT*P3*250~
REF*X9*0001~

LS Loop Member Reporting Categories
LS*2700~

LX*1~
N1*75*PRE AMT TOT~
REF*9X*250~
DTP*007*D8*20210101~

LX*2~
N1*75*APTC AMT~
REF*9V*100~
DTP*007*D8*20210101~

LX*3~
N1*75*TOT RES AMT~
REF*9V*150~
DTP*007*D8*20210101~

LX*4~
N1*75*CSR ELIG CAT~
REF*ZZ*04~
DTP*007*D8*20210101~

LX*5~
N1*75*CSR AMT~
REF*ZZ*100~
DTP*007*D8*20210101~

LX*6~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*2020120300000000~
DTP*007*D8*20201203~

LE*2700~

2000 Dependent Information
INS*N*01*021*28*A~
REF*17*22345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20210101~

DTP*357*D8*20211231~

2100A Dependent Name
NM1*IL*1*Walsh*Mary****34*500121234~
PER*IP**TE*3607776565*AP*3605551214*EM*mary_walsh@mailinator.com~
DMG*D8*19730819*F**I~
HLH*N*1*1~

2300 Dependent Coverage Information
HD*021**HLT*Happy Health Plan*FAM~
DTP*348*D8*20210101~
AMT*P3*250~
REF*X9*0001~

Transaction Set Trailer
SE*66*0001~

Functional Group Trailer
GE*1*7~

File Trailer
IEA*1*000000009~

10.2 Carrier 834 Confirm

Note: Loops, segments, and elements that are "optional" for the carrier to echo on the 834 Confirm are not included in this mock up.

File Header
ISA*00*   *00*   *30*910000000   *30*454846258
*201203*0000*^*00501*000000009*0*T*:~

Functional Group Header
GS*BE*910000000*454846258*20201203*00000000*7*X*005010X220A1~

Transaction Set Header
ST*834*0001*005010X220A1~
BGN*00*3971398*20201203*00000000****2~
REF*38*12345WA019000204~
DTP*382*D8*20210101~

1000A Sponsor
N1*P5*Martin Walsh*FI*500223333~

1000B Payer (Carrier) Information
N1*IN*Happy Health Plan*FI*910000000~

1000C Broker Information
N1*BO*Broker Giant Company*FI*910000002~
N1*BO*Broker Person*94*12344~

2000 Subscriber Information
INS*Y*18*021*28*A***AC~
REF*17*12345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20210101~
DTP*357*D8*20211231~

2100A Subscriber Name
NM1*IL*1*Walsh*Martin****34*500223333~
PER*IP**TE*3607776565*AP*3605551212*EM*martin_walsh@mailinator.com~
N3*12345 Densmore Ave N~
N4*Olympia*WA*98502**CY*53067~
DMG*D8*19730819*M***1~

2300 Subscriber Coverage Information
HD*021**HLT*Happy Health Plan*FAM~

DTP*348*D8*20210101~

LS Loop

LS*2700~

LX*1~
N1*75*PRE AMT TOT~
REF*9X*250~
DTP*007*D8*20210101~

LX*2~
N1*75*APTC AMT~
REF*9V*100~
DTP*007*D8*20210101~

LX*3~
N1*75*TOT RES AMT~
REF*9V*150~
DTP*007*D8*20210101~

LX*4~
N1*75*CSR ELIG CAT~
REF*ZZ*04~
DTP*007*D8*20210101~

LX*5~
N1*75*CSR AMT~
REF*ZZ*100~
DTP*007*D8*20210101~

LX*6~
N1*75*ADDL MAINT REASON~
REF*17*CONFIRM~
DTP*007*D8*20210101~

LE*2700~

2000 Dependent Information
INS*N*01*021*EC*A~
REF*17*22345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20210101~

DTP*357*D8*20211231~

2100A Dependent Name
NM1*IL*1*Walsh*Mary****34*500121234~
DMG*D8*19730819*F**I~

2300 Dependent Coverage Information
HD*021**HLT*Happy Health Plan*FAM~
DTP*348*D8*20210101~

Transaction Set Trailer
SE*59*0001~

Functional Group Trailer
GE*1*7~

File Trailer
IEA*1*000000009~

10.3 Carrier 834 Term (Explicit)

File Header
ISA*00*   *00*   *30*910000000   *30*454846258
*210512*0000*^*00501*000000009*1*T*:~

Functional Group Header
GS*BE*910000000*454846258*20210512*00000000*7*X*005010X220A1~

Transaction Set Header
ST*834*0001*005010X220A1~
BGN*00*3971398*20210512*00000000****2~
REF*38*12345WA019000204~
DTP*007*D8*20210430~

1000A Sponsor
N1*P5*Martin Walsh*FI*500223333~

1000B Payer (Carrier)
N1*IN*Happy Health Plan*FI*910000000~

1000C Broker
N1*BO*Broker Giant Company*FI*910000002~
N1*BO*Broker Person*94*12344~

2000 Subscriber Information
INS*Y*18*024*59*A***TE~
REF*17*12345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20210101~
DTP*357*D8*20210430~

2100A Subscriber Name
NM1*IL*1*Walsh*Martin****34*500223333~
PER*IP**TE*3607776565*AP*3608675309*EM*martin_walsh@mailinator.com~
N3*12345 Densmore Ave N~
N4*Olympia*WA*98502**CY*53067~
DMG*D8*19730819*M***1~

2300 Subscriber Coverage Information
HD*024**HLT*Happy Health Plan*FAM~
DTP*349*D8*20210430~

LS Loop Member Reporting Categories

LS*2700~

LX*1~
N1*75*ADDL MAINT REASON~
REF*17*TERM~
DTP*007*D8*20210430~

LX*2~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*2021051200000000~
DTP*007*D8*20210512~

LE*2700~

2000 Dependent Information
INS*N*01*024*59*A~
REF*17*22345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20210101~
DTP*357*D8*20210430~

2100A Dependent Name
NM1*IL*1*Walsh*Mary****34*500121234~
DMG*D8*19730819*F**I~

2300 Dependent Coverage Information
HD*024**HLT*Happy Health Plan*FAM~
DTP*349*D8*20210430~

Transaction Set Trailer
SE*42*0001~

Functional Group Trailer
GE*1*7~

File Trailer
IEA*1*000000009~

10.4 Carrier 834 Cancel (Implicit)

File Header
ISA*00*   *00*   *30*910000000   *30*454846258
*210112*0000*^*00501*000000009*1*T*:~

Functional Group Header
GS*BE*910000000*454846258*20210112*00000000*7*X*005010X220A1~

Transaction Set Header
ST*834*0001*005010X220A1~
BGN*00*3971398*20210112*00000000****2~
REF*38*12345WA019000204~
DTP*007*D8*20210101~

1000A Sponsor
N1*P5*Martin Walsh*FI*500223333~

1000B Payer (Carrier)
N1*IN*Happy Health Plan*FI*910000000~

1000C Broker
N1*BO*Broker Giant Company*FI*910000002~
N1*BO*Broker Person*94*12344~

2000 Subscriber Information
INS*Y*18*024*59*A***TE~
REF*17*12345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20210101~
DTP*357*D8*20210101~

2100A Subscriber Name
NM1*IL*1*Walsh*Martin****34*500223333~
PER*IP**TE*3607776565*AP*3605551212*EM*martin_walsh@mailinator.com~
N3*12345 Densmore Ave N~
N4*Olympia*WA*98502**CY*53067~
DMG*D8*19730819*M***1~

2300 Subscriber Coverage Information
HD*024**HLT*Happy Health Plan*FAM~
DTP*349*D8*20210101~

LS Loop Member Reporting Categories

LS*2700~

LX*1~
N1*75*ADDL MAINT REASON~
REF*17*CANCEL~
DTP*007*D8*20210101~

LX*2~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20210112000000000~
DTP*007*D8*20210112~

LE*2700~

Transaction Set Trailer
SE*32*0001~

Functional Group Trailer
GE*1*7~

File Trailer
IEA*1*000000009~

10.5 Carrier 834 Reinstate

File Header
ISA*00*   *00*   *30*910000000   *30*454846258
*210528*0000*^*00501*000000009*1*T*:~

Functional Group Header
GS*BE*910000000*454846258*20210528*00000000*7*X*005010X220A1~

Transaction Set Header
ST*834*0001*005010X220A1~
BGN*00*3971398*20210528*00000000****2~
REF*38*12345WA019000204~
DTP*382*D8*20210101~

1000A Sponsor
N1*P5*Martin Walsh*FI*500223333~

1000B Payer (Carrier)
N1*IN*Happy Health Plan*FI*910000000~

1000C Broker
N1*BO*Broker Giant Company*FI*910000002~
N1*BO*Broker Person*94*12344~

2000 Subscriber Information
INS*Y*18*025**A***AC~
REF*17*12345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20210101~
DTP*357*D8*20211231~

2100A Subscriber Name
NM1*IL*1*Walsh*Martin****34*500223333~
PER*IP**TE*3608675309*AP*3605551212*EM*martin_walsh@mailinator.com~
N3*12345 Densmore Ave N~
N4*Olympia*WA*98502**CY*53067~
DMG*D8*19730819*M***1~

2300 Subscriber Coverage Information
HD*025**HLT*Happy Health Plan*FAM~
DTP*348*D8*20200101~

LS Loop Member Reporting Categories

LS*2700~

LX*1~
N1*75*PRE AMT TOT~
REF*9X*250~
DTP*007*D8*20210101~

LX*2~
N1*75*APTC AMT~
REF*9V*100~
DTP*007*D8*20210101~

LX*3~
N1*75*TOT RES AMT~
REF*9V*150~
DTP*007*D8*20210101~

LX*4~
N1*75*CSR ELIG CAT~
REF*ZZ*04~
DTP*007*D8*20210101~

LX*5~
N1*75*CSR AMT~
REF*ZZ*100~
DTP*007*D8*20210101~

LX*6~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*2021052800000000~
DTP*007*D8*20210528~

LX*7~
N1*75*ADDL MAINT REASON~
REF*17*REINSTATE~
DTP*007*D8*20210101~

LE*2700~

2000 Dependent Information
INS*N*01*025**A~
REF*17*22345~
REF*1L*30298888~
REF*0F*12345~

DTP*356*D8*20210101~
DTP*357*D8*20211231~

2100A Dependent Name
NM1*IL*1*Walsh*Mary****34*500121234~
DMG*D8*19730819*F**I~

2300 Dependent Coverage Information
HD*025**HLT*Happy Health Plan*FAM~
DTP*348*D8*20210101~

Transaction Set Trailer
SE*62*0001~

Functional Group Trailer
GE*1*7~

File Trailer
IEA*1*000000009~

11 Companion Guide Change Summary

Author	Updated	Updates
Don Cotey & Diane Kay	4/3/2015	Initial Draft Version 3.0
Don Cotey & Diane Kay	4/22/2015	**Final Version 3.0**: 1. Incorporated carrier feedback received on the DRAFT Companion Guide. 2. Corrected **Enrollment Identifiers** grid. 3. Added and clarified language in the **General Information About 834 Cancel and Term Transactions** section. 4. Added missing loops/segments/elements (including 2100C) to the **834 Add Transaction from HBE and 834 Confirm Transaction from the Carrier** section. 5. Added process flows to the **Edifecs System** section. 6. Added section **834 Transaction Types**. 7. Added 2100A, Corrected Member and 2100B, Prior Incorrect Member table to the **834 Change Transactions from HBE** section. 8. Added **Appendix A**, **County name to County Code Cross Walk Table**. 9. Added clarifying language to the **Qualified Dental Plan APTC and CSR Reporting** section. 10. Added clarifying language to the **Member Identifiers** section. 11. Updated the folder structure information in the **834 Directory and Folder Structure** section. 12. Added section for **834 File Structure**. 13. Added section and scenarios for **SEP During Open Enrollment**. 14. Updated the tables in the **Edifecs System** section. 15. Added EDI process flows depicting Healthplanfinder to Edifecs to Carriers, Carriers to Edifecs to Healthplanfinder and Carriers to Edifecs to CMS. 16. Incorporated additional pertinent information from the **Carrier Enrollment and Payment Process Guide** (v 1.2). 17. Changed "834C" to "834 Confirm". 18. Added reference to the **Carrier Reconciliation Process Guide** (v 1.4).
Don Cotey & Diane Kay	6/8/15	**Updates/Clarifications/Additions included in Version 3.1**: 1. Clarification added to carrier generated 834 Cancel and Term transactions to HBE regarding optional loops sent for the subscriber and dependents. 2. Clarification added to the **Dependent 2750 Loop** (optional) on carrier generated 834 Cancel and Term transactions. 3. Updated Edifecs EDI Process Flows. 4. Updated all EDI process flows to replace "834C" with "834 Confirm" and add clarification as needed. 5. Included examples of 834 transactions in native file format for HBE generated Add, Change, Cancel, and Term. 6. Included examples of 834 transactions in native file format for carrier generated Confirm, Cancel, and Term.
Don Cotey & Diane Kay	6/29/15	**Updates/Clarifications/Additions included in Version 3.1.1**: 1. Added 834 transaction examples in native format in Appendix B: a. HBE 834 Add b. HBE 834 Change c. HBE Initiated 834 Cancel d. HBE Initiated 834 Term e. Carrier Confirm f. Carrier Initiated 834 Cancel g. Carrier Initiated 834 Term 2. Correction to 834 Add/Confirm "big table" for DTP01 in the transaction set header. It was formerly "303" for Maintenance effective date, but the correct value is "382"

Author	Updated	Updates
		for enrollment date. For all other transaction types, the correct value is "303" for Maintenance effective date. 3. Removed EDI flow to CMS (not pertinent to carriers). 4. Added file naming convention examples for the daily and monthly inbound files from the carrier to HBE. 5. Updated ISA13 – system generated, not an "echoed" field.
Diane Kay, Don Cotey, Patti Neou	11/13/15	**Corrections/Clarifications/Additions included in Version 3.2 for Carrier Review**: The Companion Guide sections have been reorganized for better information flow. Sections Added: • Self-Serve 834 Validation Tool • HBE Generated 834 File Structure • Carrier Generated 834 File Structure • 834 Segment Terminator • Family vs. Dependent Coverage • Member Identifiers by Transaction Type • Enrollment Cutoff Date and Coverage Effective Date Business Rules • DTP01 Qualifiers by Transaction Type • 834 Cancel and Term Maintenance Type Code and Maintenance Reason Code Combinations • "Explicit" vs. "Implicit" 834 Cancel and Term Transactions • Edifecs Discrepancy Reports • 834 Monthly Audit File Generation Timeline • 834 Monthly Audit File Contents • 834 Monthly Audit File Transaction from the Carrier • Member Identifiers on the 834 Monthly Audit File from the Carrier • DTP01 Element Values on the 834 Monthly Audit File from the Carrier • LS Loop on the 834 Monthly Audit File from the Carrier • 834 Monthly Audit File Generated by Plan • 834 Monthly Audit File Naming Conventions Sections Re-Written for Clarity: • Edifecs System • 83 File Format and Data Element Requirements • 834 General Information • 834 Cancel Transactions • 834 Term Transactions • 834 Transaction Acknowledgements • LS Loop (2700/2750 Loops) • 834 Qualified Health Plan APTC and CSR Reporting (pending completion) • Open Enrollment and Renewals • Special Enrollment Periods (additional content to be added) • Acronyms and Terms • Appendix B; 834 Mock-Ups (pending completion)
Diane Kay, Patti Neou, Don Cotey	12/4/15	Additions and changes to the 834 Companion Guide can be identified from the redline version of the document, which compares this final version 3.2 to the draft for carrier review version 3.2.
Diane Kay, Patti Neou, Scott , Don Cotey, Joanna	5/19/16	Additions and changes to the 834 Companion Guide can be identified from the redline version of the document, which compares this draft version 3.3 to the final version 3.2 issued December 7, 2015.

Author	Updated	Updates
Donbeck, Natoshia Erikson		
Joanna Donbeck	7/6/16	Incorporated carrier suggestions to version 3.3.
Jonathan Hutton, Joanna Donbeck	2/10/17	Major updates made in version 3.3.1: 1. 23rd rule references and scenarios updated to reflect change to the 15th rule 2. Termination maintenance reason code for CEV failure (INS04 = 26) added to relevant tables, plus an explanatory item in section 8.3.3.1 3. Date values in time stamps and scenarios updated to 2017 and 2018 For a comprehensive view of additions and changes made to the 834 Companion Guide, refer to the redline version of the document which compares this draft version 3.3.1 to the final version 3.3 issued July 6, 2016.
Jonathan Hutton	3/29/17	Incorporated minor edits into final version 3.3.1
Jonathan Hutton	7/28/17	Major updates made in version 5.0: 1. Section 8.6.3 added – "Data Fix Indicator" 2. Monthly Audit File Reconciliation Process (section 9.4 in previous version) re-written and moved to Carrier Enrollment and Payment Process Guide 3. Audit Transaction specifications moved to section 8.4 4. Document versioning updated to mirror HPF releases
Jonathan Hutton	3/30/18	Major updates made in version 6.0: 1. SEP codes, descriptions, and narrative updated to match changes implemented with Healthplanfinder release 5.1 2. SEP Scenarios (section 9.3.3 in previous version) updated and moved to the Carrier Enrollment and Payment Process Guide 3. Added language regarding the Gap Analysis Project (section 1.8) 4. Section 8.7 updated to incorporate change to APTC segment behavior
Jonathan Hutton	4/20/19	Major updates made in 2020 version: - Carrier generated 834 Reinstate transaction (8.4) - Coverage date change indicator (8.7.4) - Reference to EMEA process and ICD added - Updated versioning to plan year for upcoming open enrollment
Jonathan Hutton, Keri Brunner	7/1/2020	Major updates made in the 2021 version: - Updates to 834 Reinstate section - Removed references to 834 audit and EMEA processes - Clarified requirements for implicit vs explicit Terms and Cancels - Removed several legacy elements from 834 specification - Expanded 834 transaction examples section