

New Mexico Health Insurance Exchange

INDIVIDUAL MARKET 834 COMPANION GUIDE

DRAFT

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1 INTRODUCTION

This Companion Guide to the v5010 Accredited Standards Committee (ASC) X12N Implementation Guides and associated errata adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with the New Mexico Individual State Based Exchange. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide is based on, and must be used in conjunction with, the ASC X12 X12N/005010X220 Type 3 Technical Report (TR3) and its associated A1 addenda. The Companion Guide clarifies and specifies specific transmission requirements for exchanging data with the New Mexico Individual State Based Exchange. The instructions in this companion guide conform to the requirements of the TR3, ASC X12 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 TR3, the TR3 takes precedence.

Express consent for this use of ASC X12 copyrighted materials has been granted.

1.1 BACKGROUND

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (P.L. 111-148). On March 30, 2010, the President signed into law the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152). The two laws are collectively referred to as the Affordable Care Act (ACA). The ACA creates new competitive private health insurance markets – called Health Insurance Exchanges (Exchanges) – that provide millions of Americans and small businesses access to affordable coverage and the same insurance choices as members of Congress. Exchanges 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 Rule outline the standards to be used between the Exchange and covered entities. The Exchange is required to use the standards, implementation specifications, operating rules, and code sets adopted by the Secretary in 45 CFR parts 160 and 162. Further, the Exchange is required to incorporate interoperable and secure standards and protocols developed by the Secretary in accordance with section 3021 of the Public Health Service (PHS) Act.

This companion guide contains detailed information about how the New Mexico State Based Exchange (SBE) will use the ASC X12 Benefit Enrollment and Maintenance (834) transaction, based on the 005010X220 Implementation Guide and its associated 005010X220A1 addenda.

1.2 COMPANION GUIDES

Companion guides (CG) are documents created to supplement ASC X12 Type 3 Technical Reports (TR3). TR3s, commonly known as Implementation Guides (IG), define the data content and format for specific business purposes. This CG was created for distribution to health care issuers, State Based Exchanges, Third Party Administrators (TPA), clearinghouses, and software vendors. The instructions in this CG are not intended to be stand-alone requirements, the CG must be used in conjunction with the ASC

X12/005010X220 Benefit Enrollment and Maintenance (834) TR3 and its associated A1 Addenda. ASC X12 TR3s are copyrighted documents and may be purchased at <http://store.x12.org>.

1.3 OTHER RESOURCES

Table 1 - Other Resources

Resource	Web Address
ASC X12 TR3 Implementation Guides	http://store.x12.org
Washington Publishing Company Health Care Code Sets	http://www.wpc-edi.com/reference/
To request changes to HIPAA adopted standards	http://www.hipaa-dsmo.org/

2 GETTING STARTED

In order to send and/or receive transactions from the Exchange, Trading Partners, clearinghouses, Issuers (Qualified Health Plan and/or Qualified Dental Plan Issuers) must complete an onboarding form, exchange profile information, and establish connectivity. The following sections outline the steps.

2.1 TRADING PARTNER PROFILE

Establishing a Trading Partner Profile is a simple process. The Trading Partner completes an onboarding form and submits it to the exchange team for processing. Electronic Data Interchange (EDI) interface should be set-up and tested with the Trading Partner. The first step that the exchange team will take is to establish Trading Partner Profile(s).

The exchange team will configure a test profile for one or more EDI interfaces with the Trading Partner. A Trading Partner with multiple data centers must acquire multiple Trading Partner Profiles. Once the EDI interface(s) have been successfully tested, the exchange team will notify the SBE to open the Trading Partner’s Qualified Health Plan (QHP) for enrollment and will switch the Trading Partner Profile to a production status.

3 CONNECTIVITY

Trading Partners will connect to the SBE for exchange of EDI transactions (enrollment, acknowledgement, payment, etc.) via SFTP, which is a batch system. Real-time transmission of data is not supported.

3.1 CONNECTIVITY SPECIFICS

The SBE will host two SFTP servers to facilitate data transmission between the SBE and Trading Partners. One SFTP server will be allocated for the exchange of production data (Production); the other will be used for testing (non-Production).

3.1.1 Data Collection

The SBE will engage each Trading Partner to collect data necessary to establish connectivity. This will be done via online form. The form will request the following information:

- Trading Partner's primary technical contact
- List of Trading Partner's outbound IPs
- File transfer automation capability of the Trading Partner
- Trading Partner's ability to support the use of public and private SSH keys for SFTP authentication

If the Trading Partner supports the use of public and private SSH keys, the Trading Partner will be asked to provide the SBE with a copy of their public key.

3.1.2 SFTP Server Security

SFTP servers will be secured using the following control measures:

- Unique user name and password
- Public / Private SSH Keys
- IP Whitelisting

3.1.3 SFTP Server Accounts

Each Trading partner will be provided a user account to access the Production SFTP server and a user account to access the non-production SFTP server. The user names and passwords associated with each of the accounts will be unique. The SBE will share the login info over secure email.

3.1.4 SFTP Server Folder Structure

Trading Partner SFTP accounts will be locked to their own parent folder that only the SBE and the Trading Partner will be able to access. Within the parent folder will be two sub-folders, one for files from the Trading Partner to the SBE and another for files from the SBE to the Trading Partner. Below is an example of folder naming and structure:

- **From Trading Partner:** \trading-partner\trading-partner-to-sbe\
- **From SBE:** \trading-partner\sbe-to-trading-partner\

3.1.5 SFTP Server Testing

When the SBE has completed the configuration of the Trading Partner's SFTP access, the SBE will share the following data to facilitate a set of connectivity tests between the Trading Partner and SBE:

- Connectivity guide document
- IP / Host Name and port for both SFTP servers
- User name and passwords over secure email
- Testing instructions

The Trading Partner will then conduct an initial set of connectivity tests to confirm they can complete the following actions against both SFTP servers:

- Connect
- Upload a file
- Download a file

The SBE will review results to confirm connectivity has been established between the Trading Partner and SBE.

3.2 TRANSMISSION SPECIFICS

3.2.1 Delimiters

The Exchange is not establishing a requirement or preference for delimiters on inbound transactions. See Table B.5 in Appendix B.1.1.2.5 of the TR3 for ASC X12's requirements related to delimiters.

3.2.2 Control Numbers

The Exchange requires that issuers use a unique 9 digit numerical ISA13 (Interchange Control Number) populated in each IC834 X12 file sent to the SBE. If issuers use a duplicate ISA13 in the same file, or a different file (despite being sent on the same date or different date), the transaction will be rejected and the issuer will receive a negative TA1 acknowledgement. While the ASC X12C 005010X231 Implementation Acknowledgement for Health Care Insurance (999) transaction does not reflect the ISA control number, we strongly recommend that one or both of the GS and ST control numbers also increment from day to day; however, this is not a requirement. Additionally, the ST control number must be numeric.

3.2.3 Exchange Processing Capabilities

The Exchange can accept multiple:

- Physical files in multiple submissions in one day.
- ISA-IEA envelopes within a single physical file.
- GS-GE envelopes within a single ISA-IEA interchange.
- ST-SE envelopes within a single GS-GE functional group.
- A physically grouped set of Acknowledgment transactions (e.g. TA1 and 999 in one physical file)
- Members (2000 loop) within a single ST-SE transaction.

3.2.4 File Rejection Reasons

The entire logical structure contained within a physical submission will be rejected in the following situations:

- Submission of data that is not valid based on the TR3.
- Submission of a segment or data element specified in the TR3 as “Not Used”. Submission of non-unique values in the ST02 or GS06 Control Number elements.

3.2.5 Control Characters Support

See Appendix B of any ASC X12 Technical Report Type 3 (TR3) for support of the Control Character for more information related to the Basic Character Set and the Extended Character Set. The Exchange supports the Extended Character Set in order to properly send items such as email addresses which require the “@” character in the data element of the PER segment.

4 SBE ENROLLMENT (834) TRANSACTION FLOWS

4.1.1 SFTP Account

Issuers and other EDI trading partners will connect to the Exchange SFTP (for enrollment and/or financial management EDI transactions) system, which is a batch system. Each Issuer is assigned an account for both a Test Environment and a Production Environment.

4.1.2 SBE to SBE Issuer 834 Transaction Flow

The SBE will send the first 834 transaction to an SBE Issuer(s) with enrollment information; this exchange contains the Initial Enrollment Notification transaction(s). This transaction is created after an application has been determined eligible and a Qualified Health Plan (QHP) and/or Qualified Dental Plan (QDP) is selected.

The Trading Partner will return an Enrollment Effectuation Confirmation 834. This effectuation confirmation transaction will contain information assigned by the QHP Issuer and be stored within the SBE data store.

Other 834 uses detailed in this companion guide include cancellations, terminations, reinstatements, and changes to existing health coverage enrollments.

5 FILE NAMING CONVENTIONS

5.1 FILENAME FORMAT (SBE TO ISSUER)

Table 2 - SBE to Issuer Filenames

File	TPID	FuncCode	Date	Time	Env	Direction
Length/Format	1-10	1-6	DYYMMDD	THHMMSSmmm	1	3
File	TPID	FuncCode	Date	Time	Env	Direction
834	1234567890	I834	D200814	T124715351	P	OUT
TA1	1234567890	TA1	D200814	T124715351	P	OUT
999	1234567890	999	D200814	T124715351	P	OUT

Example: 1234567890.I834.D200814.T247153051.P.OUT

5.2 FILENAME FORMAT (ISSUER TO SBE)

Table 3 - Issuer to SBE Filenames

File	TPID	AppID	FuncCode	Date	Time	Env	Direction
Length/Format	1234567890	3	1-6	DYYMMDD	THHMMSSmmm	1	3
File	TPID	AppID	FuncCode	Date	Time	Env	Direction
TA1	1234567890	NM1	TA1	D200814	T124715351	P	IN
999	1234567890	NM1	999	D200814	T124715351	P	IN
834	1234567890	NM1	IC834	D200814	T124715351	P	IN

Example: 1234567890.NM1.IC834.D200814.T247153051.P.IN

6 CONTROL SEGMENTS/ENVELOPES

This section identifies the qualifiers the SBE will send in the outer envelopes.

6.1 ISA SEGMENT

The transmission envelope must be created according to the instructions in the 005010X220TR3 and its associated A1 Addenda. In accordance with those instructions, SBE will send, and prefers to receive, the qualifiers outlined in Table 2 - ISA Segment Instructions.

Table 4 - ISA Segment Instructions

Segment	Reference	Name	Code	Exchange Instruction
ISA - Interchange Control Header Segment	ISA01	Authorization Information Qualifier	00	
	ISA03	Security Information Qualifier	00	
	ISA05	Interchange ID Qualifier	ZZ	
	ISA06	Interchange Sender ID	NM1	For outbound transactions
	ISA07	Interchange ID Qualifier	ZZ	
	ISA08	Interchange Receiver ID		<p>The Identifier provided from the onboarding form.</p> <p>Typically this is one of the following configurations:</p> <ol style="list-style-type: none"> 1. Tax ID 2. Tax Id with a single character suffix 3. HIOS ID 4. HIOS ID with a single Character Suffix 5. Health Plan Identifier 6. Other Entity Identifier <p>For this implementation the value should be: 4. HIOS ID</p>
	ISA13	Interchange Control Number	Should iterate	For IC834, Issuers must always use a different ISA13. ISA13 should never be duplicated in the same, or different file.
	ISA14	Acknowledgment Requested	1	

Note: When trading partners are sending transactions to the SFTP, e.g. inbound to the SFTP, they are required to reverse the values in ISA06 and ISA08 as noted above for the outbound transaction from the SFTP

6.2 GS SEGMENT

The Functional Group envelope must be created according to the instructions in the 005010X220 TR3 and its associated A1 Addenda. In accordance with those instructions, SBE will send, and prefers to receive, the qualifiers outlined in Table 3 - GS Segment Instructions.

Table 5 - GS Segment Instructions

Segment	Reference	Name	Code	Exchange Instruction
	GS02	Application Sender's Code		For outbound transactions from the Exchange this will be the Tenant ID (e.g. 2 character State

GS – Functional Group Header Segment				Abbreviation Code and one numeric value (NM1).
				For inbound transactions to the Exchange, this will be the 14 characters of the Qualified Health Plan ID (QHPID) or Qualified Dental Plan (QHPID or QDPID).
				For outbound transactions from the Exchange this is the Interchange Receiver ID (HIOS ID)
	GS03	Application Receiver’s Code		For inbound transactions to the Exchange this will be the Tenant ID (e.g. 2 character State Abbreviation Code and one numeric value (NM1).

7 ACKNOWLEDGEMENTS

The Exchange expects to receive a TA1 acknowledgement for every outbound interchange in which an ASC X12 005010 834 transaction set is sent.

The Exchange expects to receive a 999 acknowledgement for every functional group in every outbound 834 file sent.

The Exchange will send a TA1 acknowledgement for every inbound interchange received.

The Exchange will send a 999 acknowledgement for every inbound functional group in every inbound 834 file received.

8 EXCHANGE SPECIFIC BUSINESS RULES AND LIMITATIONS

This section contains design rules and other helpful information used as transaction requirements were developed.

8.1 IDENTIFYING THE MEMBER IN 834 TRANSMISSIONS

An Exchange enrollee, also referred to as a qualified individual, has a number of different identifiers within the Exchange. These enrollee identifiers are transmitted in loop 2000 REF segments in 834 transmissions, with a specific Reference Identification Qualifier associated with each use. Table 4 describes the various enrollee identifiers and their associated qualifier. In addition, the enrollee’s SSN, if available, is transmitted in the NM1 segment on the initial enrollment transactions, but is not included in

maintenance transactions between the SBE and SBE Issuer or other trading partners such as, but not limited to Clearinghouses and TPAs unless it is the reason for the corrective maintenance action.

Table 6 - All Other SBE Outbound Transaction Identifiers

Member Identifier	Ref ID Qualifier	Notes
Exchange Assigned Subscriber ID	0F	When transmitted in the Subscriber Identifier REF Note: For the SBE 10 numeric characters are placed in the Alphanumeric field. No check digits, no intelligence is found in the characters
Issuer Assigned Subscriber ID	ZZ	When transmitted in the Member Supplemental Identifier REF
Exchange Assigned Member ID	17	Transmitted in the Member Supplemental Identifier REF Note: See the Exchange Assigned Subscriber ID row above describing formatting
Issuer Assigned Member ID	23	Transmitted in the Member Supplemental Identifier REF
Exchange Assigned Policy ID1	1L	When Transmitted in the 2300 Health Coverage Policy Number REF. NOTE: When the SBE is sending the "Cancel" or "Termination" for the entire Enrollment Group the 2000 level REF shall contain the "1L" qualifier for the Exchange Assigned Policy ID.

8.2 GENERAL BUSINESS RULES

- The SBE shall create explicit transactions identified by Maintenance Type, Maintenance Reason, and Additional Maintenance Reason Codes for Add, Change, Cancellation or Termination, and Maintenance transaction purposes.
- An enrollment group consists of all individuals enrolled and linked by the policy using the exchange assigned identifier, specifically the Exchange Assigned PolicyID.

Note: Other individuals may be linked by the policy exchange identifier such as custodial parent, but may not be considered part of the enrollment group. The Exchange Assigned Policy identifier is a number that links together the individuals within an enrollment group that are enrolled and receiving coverage in a qualified health plan under a subscriber.

The Enrollment Group is exchanged between the SBE and Issuer/Trading Partner, e.g. when a Clearinghouse or Third Party Administrator is involved, in a single transaction (ST-SE) 834 configuration.

- When there is a change in circumstance, eligibility re-determination must be completed for every member of the enrollment group before the enrollment group can be terminated.
- A Cancellation Transaction is generated when the enrollment is to be ended with no actual coverage.
- A Termination Transaction is generated when the enrollment is to be terminated after the effective date. The enrollee was covered by the SBE Issuer for some period of time.
- United States addresses sent shall conform to the guidelines established by the United States Postal Service (USPS).
- The Exchange Assigned Policy ID is an identification number assigned by the Exchange (SBE) and will be used as the primary identifier to communicate between trading partners. All trading partners are required to maintain these IDs in their enrollment and payment systems.

Table 7 - Sample for Multiple Policy (Medical & Dental) information in an 834 Transaction

Medical Coverage	Dental Coverage
GS*xx0*QHPID... ST	GS*xx0*QDPID... ST
Table 1 – Header Information Table 2 – Detail	Table 1 – Header Information Table 2 – Detail
Subscriber – John Anyman 2000 – Member Level Detail INS – Member Level Detail REF – Subscriber Identifier	Subscriber – John Anyman 2000 – Member Level Detail INS – Member Level Detail REF – Subscriber Identifier
REF – Member Supplemental Identifier DTP – Member Level Dates	REF – Member Supplemental Identifier DTP – Member Level Dates
2100A – Member Name NM1 – Member Name	2100A – Member Name NM1 – Member Name
PER – Member Communication Numbers N3 – Member Residence, Street Address N4 – Member City, State, ZIP code	PER – Member Communication Numbers N3 – Member Residence, Street Address N4 – Member City, State, ZIP code
DMG – Member Demographics HLH – Member Health Information	DMG – Member Demographics HLH – Member Health Information
LUI – Member Language (if applicable)	LUI – Member Language (if applicable)
2100C – Member Mailing Address (If applicable) 2300 – Health Coverage	2100C – Member Mailing Address (If applicable) 2300 – Health Coverage
HD – Health Coverage - Medical DTP – Health Coverage Dates	HD – Health Coverage - Dental DTP – Health Coverage Dates
REF – Health Coverage Policy Number LS	REF – Health Coverage Policy Number LS
2700 – Member Reporting Categories LX – Member Reporting Categories 2750 – Reporting Category	2700 – Member Reporting Categories LX – Member Reporting Categories 2750 – Reporting Category
N1 – Reporting Category	N1 – Reporting Category
REF – Reporting Category Reference DTP – Reporting Category Date	REF – Reporting Category Reference DTP – Reporting Category Date
LE SE	LE SE
GE	GE

8.3 ENROLLMENT BUSINESS RULES

- Enrollment periods are considered “open ended” until a triggering event results in an end to the individual’s enrollment with a QHP/QDP.
- An Enrollment Period End Date is not sent on initial enrollment transactions.
- An Enrollment Period End Date is sent when cancelling or terminating an enrollment period.
- Communication Contacts: The implementation guide limits the number of member communication contacts that can be sent to 3.
- Communication contacts for the SBE will be sent in the following order:
 - Primary Phone (TE)
 - Secondary Phone (AP)
 - Email (EM)

Member Health Information (HLH), Health Related Code (HLH01). Information about tobacco use will be sent on every initial enrollment transaction. The three valid responses a QHP Issuer may receive are:

- “N” No Tobacco Use, if indicated with QHP selection
- “T” Tobacco Use, if indicated with QHP selection
- “U” Unknown Tobacco Use, if not “N” or “T”

8.4 PREMIUM BUSINESS RULES

APTC, NMPA, and NMBD is paid at the subscriber level for an enrollment group. Generally, APTC, NMPA, and NMBD will only begin on the first of the month.

8.4.1 834 Transaction Financial Changes

Maintenance transactions shall accomplish certain changes which impact the entire Enrollment Group’s financial information. Using the Subscriber INS segment and 2000 Member Dates (DTP segment), the Enrollment Group’s individual make-up of the Financial Picture will be sent in a single data exchange to depict every member. The single transaction shall have a new “Effective Date” with financial amounts without sending explicit end dates for the prior financial amounts.

8.4.2 Disabled Dependent within the 834

- The SBE will identify disabled dependents with an INS10 value of “Y”.

8.5 SBE RATE CALCULATION

The following subsection outlines the Rate Calculations within ASC X12 834 used in the SBE. Specifically, the premium payment elements, their definitions and the calculations used to derive their values within the SBE created 834 transactions.

8.5.1 Rate Calculations within the 834

Table 8 - SBE Rated Definitions and Calculations

Premium Payment	834 - 2750 Member Reporting Category Name
<p>Rating Area. The rating area used to determine the premium amounts.</p>	<p>RATING AREA Subscriber Only</p>
<p>Premium Amount.</p> <p>Individual member rated portion of the premium if the plan is individually rated.</p> <p>The total of all individual premiums should equal the premium amount total. If the plan is family rated, this qualifier will not be sent.</p>	<p>PRE AMT 1 Every member (i.e., every enrollment record)</p>
<p>Premium Amount Total. The Exchange derives the total premium amount by adding all individual member premium amounts (PRE AMT 1). This is also the amount the SBE Issuer can expect to receive from all payment sources for the enrollment group.</p> <p>PRE AMT TOT = Sum of all PRE AMT 1 for the enrollment group</p>	<p>PRE AMT TOT Subscriber Only</p>
<p>Advance Payment of the Premium Tax Credit (APTC) Amount. The amount the SBE Issuer can expect to receive as the amount of actual APTC toward the total premium amount.</p>	<p>APTC AMT Subscriber Only</p>
<p>New Mexico Premium Assistance (NMPA) Amount. The amount the SBE Issuer can expect to receive as the amount of actual NMSPA amount.</p>	<p>ST ASSIST AMT Subscriber Only</p>
<p>New Mexico Buy Down (NMBD) Amount. The amount the SBE Issuer can expect to receive as the amount of actual NMBD amount.</p>	<p>ST BUY AMT Subscriber Only</p>
<p>Total Responsibility Amount owed by the enrollment group (the amount the covered individuals owe toward the total premium amount)</p> <p>TOT RES AMT = + PRE AMT TOT - APTC AMT - ST ASSIST AMT - ST BUY AMT</p>	<p>TOT RES AMT Subscriber Only</p>

Table 9 - Family Rated Definitions and Calculations

Premium Payment	834 - 2750 Member Reporting Category Name
Rating Area. The rating area used to determine the premium amounts.	RATING AREA Subscriber Only
Premium Amt Total. This is the family rated total premium amount as determined by the Exchange. It is also the amount the SBE Issuer can expect to receive from all payment sources for the enrollment group	PRE AMT TOT Subscriber Only
Advance Payment of the Premium Tax Credit (APTC) Amount. The amount the SBE Issuer can expect to receive as the actual APTC toward the total premium amount.	APTC AMT Subscriber Only
New Mexico Premium Assistance (NMPA) Amount. The amount the SBE Issuer can expect to receive as the amount of actual NMSPA amount.	ST ASSIST AMT Subscriber Only
New Mexico Buy Down (NMBD) Amount. The amount the SBE Issuer can expect to receive as the amount of actual NMBD amount.	ST BUY AMT Subscriber Only
Total Amt owed by the Enrollment Group (the amount the covered individuals owe toward the total payment amount) TOT RES AMT = + PRE AMT TOT - APTC AMT - ST ASSIST AMT - ST BUY AMT	TOT RES AMT Subscriber Only

8.6 2700 MEMBER REPORTING CATEGORIES LOOP

The SBE has defined a number of Member Reporting Categories, and associated information, that must be transmitted in various 834 transmissions. When there is no information to be sent, for example, the individual does not qualify for APTC, then the segment(s) are not to be transmitted.

8.6.1 2750 Reporting Categories Loop

The tables below summarize all the categories defined for transmission of any 2750 Reporting Category Loop. The required categories are also included in the instruction section for each applicable business use. Please note that these Member Reporting Categories MAY be sent in some and MUST be sent in others. For example, if a new enrollee was not eligible for APTC, the APTC amount will not be included on the outbound initial enrollment transaction, but is listed here as a “Y” because it could be sent on an initial enrollment. A second example is, Confirmation Transactions MUST include the Member Reporting Category loop, “ADDL MAINT REASON” with the code value of “CONFIRM.”

Table 10 - The Individual Member Reporting Category Loop

To transmit this Information											
	N102	REF01	Value	REF02	Data	DTP Y/N	Init Enroll	Confirm Enroll	CAN	TERM	MAINT
Additional Maintenance Reason (reason category)		17	The specific reason code, see below								
Cancellation (cancellation category)	"ADDL MAINT REASON"	17	"CANCEL"			Y			Y		Y
Confirmation (confirmation category)	"ADDL MAINT REASON"	17	"CONFIRM"			Y		Y			
Change (change category)	"ADDL MAINT REASON"	17	"FINANCIAL CHANGE"			N					Y
Change (change category)	"ADDL MAINT REASON"	17	"DEMOGRAPHIC CHANGE"			N					Y
Change (change category)	"ADDL MAINT REASON"	17	"AGENT BROKER INFO"			N					Y
Termination (termination category)	"ADDL MAINT REASON"	17	"TERM"			Y				Y	Y
When a member does not take a deliberate action to enroll for the next plan year and the system generates an	"ADDL MAINT REASON"	17	"AUTORENEW"			Y	Y				

enrollment record into a plan based on plan mapping									
When a member takes a deliberate action to enroll for the next plan year and the system generates an enrollment record into a 1plan based on user selection.	"ADDL MAINT REASON"	17	"RENEW"	Y	Y				
Maintenance	"ADDL MAINT REASON"	17	"NO CHANGE"	N					Y
APTC amount (APTC category) NOTE: Sent when the member qualifies for APTC. If the member has elected no APTC amount, then zero shall be transmitted.	"APTC AMT"	9V	NNNNNNNN.NN This is the amount the SBE Issuer can expect to receive as the amount of actual APTC toward the Total Premium Amount.	Y	Y	Y			Y
NMPA amount (NMPA category) NOTE: Sent when the member qualifies for NMPA. If the member is not eligible for NMPA amount, then zero shall be transmitted.	"ST ASSIST AMT"	9V	NNNNNNNN.NN This is the amount the SBE Issuer can expect to receive as the amount of actual NMPA toward the Total Premium Amount.	Y	Y	Y			Y

NMBD amount (NMBD category) NOTE: Sent when the member qualifies for NMBD. If the member is not eligible for NMBD amount, then zero shall be transmitted.	"ST BUY AMT"	9V	NNNNNNNN.NN This is the amount the SBE Issuer can expect to receive as the amount of actual NMBD toward the Total Premium Amount.	Y	Y	Y			Y
Premium amount (premium category)	"PRE AMT 1"	9X	NNNNNNNN.NN For individual rated coverage, this is the individual premium rate.	Y	Y	Y			Y
Time Stamp when the user actually submits his application for enrollment	"REQUEST SUBMIT TIMESTAMP"	17	CCYYMMDDHHMM SS	N	Y	Y	Y	Y	Y
Rating area used to determine premium amounts. (premium category)	"RATING AREA"	9X	R- XX999 – where XX is the State Abbreviation Code and 999 represents the numerical value assigned (between 001 and 150) for the area. This is the rating area used in determining the individual or family premium amounts. For Maintenance based changes in the SBE the DTP segment in the 2750 Loop shall not be transmitted for the Rating Area, Source Exchange ID. No Change Additional Maintenance Reason Codes.	Y	Y	Y			Y
Application ID	"APPLICATION ID AND ORIGIN"	9X	This is the application ID (only; no origin ID will be present), as presented from the enrollment system. All numeric.	Y	Y	Y	Y	Y	Y

Source Exchange ID (source category)	"SOURCE EXCHANGE ID"	17	This is the Source Exchange ID. This is the Tenant ID a two-character State Abbreviation and a single numeric character of 1 (NM1). For Maintenance based changes in the SBE the DTP segment in the 2750 Loop shall not be transmitted for the Rating Area, Source Exchange ID. No Change Additional Maintenance Reason Codes.	Y	Y	Y	Y	Y	Y
Delinquency Pending Claims Status	"ADDL MAINT REASON"	17	"PEND" - This value is used to inform the issuer to pend claims for the subscriber.	Y					Y
Delinquency Removing Pending Claims Status	"ADDL MAINT REASON"	17	"UNPEND" - This value is used to inform the issuer to process claims for the subscriber.	Y					Y

8.6.2 Federally Facilitated Race and Ethnicity Code Set Crosswalk

The following table presents the crosswalk between the Race and Ethnicity used in the SBE Online Application and the DMG05 repeating data element in the ASC X12 005010X220 Technical Report Type 3 and its associated A1 Addenda.

A total of (18) race and/or ethnicity codes can be sent. See the Table below for the detailed information for Race or Ethnicity.

Table 11 - Race & Ethnicity Codes

Race Choices on Application	CDC Code Sent on 834
American Indian or Alaskan Native	1002-5
Asian Indian	2029-7
Black or African American	2054-5
Chinese	2034-7
Filipino	2036-2
Guamanian or Chamorro	2086-7
Japanese	2039-6
Korean	2040-4
Native Hawaiian	2079-2
Other Asian	2131-1
Other Pacific Islander	2500-7

Samoan	2080-0
Vietnamese	2047-9
White	2106-3
Other	2131-1
Cuban	2182-4
Mexican, Mexican American or Chicano(a)	2148-5
Puerto Rican	2180-8

9 DETAILED 834 INFORMATION BY BUSINESS USE

9.1 INITIAL ENROLLMENT INSTRUCTIONS - SBE TO ISSUER

An Initial Enrollment transmission is created by the Exchange and sent to the SBE Issuer after an application has been determined eligible and a QHP and/or QDP has been selected.

Transmissions will be created according to the instructions in the 005010X220 TR3 and its associated A1 Addenda, please refer to that TR3 for a complete understanding of 834 transmission requirements. Additional information specific to the SBE implementation is outlined in Table 14 below.

Table 14 - 834 Supplemental Instructions for Initial Enrollment

Loop	Reference	Name	Code	Exchange Instruction
HEADER	BGN	Beginning Segment		
	BGN05	Time Code		The Federal platform is located in the Eastern Time Zone. Organizations within the same time zone do not need to transmit this data element.
	BGN08	Action Code	2	
	QTY	Transaction Set Control Totals		
	QTY01	Quantity Qualifier	TO DT	SBE will always transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set SBE will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = N when the number exceeds zero.

1000A	N1	Sponsor Name	FI 94	Identifies the subscriber from the enrollment group, unless the subscriber is under-aged. If the subscriber is under-aged, identifies the responsible person when the Custodial Parent is not available.
1000B	N1	Payer	FI XV	Per TR3 this value is available for Health Plans prior to the HPID Rule implementation, but will remain available for non-HPID organization post HPID rule date Will transmit "XV" after the HPID is required.
1000C	N1	TPA/Broker		Identifies the TPA/Broker associated with the enrollment.
	N101		BO	SBE will transmit the TPA/Broker ID as the National Producer Number (NPN) and data element N101 shall be "BO".
	N102			The SBE will transmit the name as entered in the on-line screen (Agent or broker).
	N103		94	SBE will transmit the TPA/Broker ID as the National Producer Number (NPN) and data element N101 shall be "BO".
	N104			SBE user Interface will transmit the number of the Agent or broker as entered in the on-line screen (NPN number).
1100C	ACT	TPA/Broker Account Information		Will never be transmitted.
2000	INS	Member Level Detail		
	INS02	Individual Relationship Code		The value 18 must be used for the subscriber. For dependents; this value identifies their relationship to the subscriber.
	INS03	Maintenance Type Code	021	

	INS04	Maintenance Reason Code	EC	Will transmit when the member has selected a QHP.
	INS06	Medicare Status Code		
	INS06-1	Medicare Plan Code	D	This data element will never be transmitted.
	INS08	Employment Status Code	AC	For the Subscriber only, will transmit "AC" for Initial Enrollment transactions.
2000	REF	Subscriber Identifier		
	REF02			Will transmit the Exchange Assigned Identifier See Subscriber definition in Acronyms/Glossary For detailed information.
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	17	Will transmit when the Exchange Assigned Member ID will be conveyed in REF02.
2100A	NM1	Member Name		
	N406	Location Identifier		Will transmit County of Residence when available. See http://www.census.gov/geo/www/ansi/ansi.html FIPS PUB 6-4 Supersedes FIPS PUB 6-3 1979 December 15 For further detail. Examples: New York City is 36061 Baltimore City is 24510
2100A	DMG	Member Demograph		

		ics		
	DMG04	Marital Status Code		Will transmit the marital status for the subscriber.
2100A	EC	Employment Class		Additional employment class information will never be transmitted.
2100A	ICM	Member Income		Member income information will never be transmitted.
2100A	AMT	Member Policy Amount		Member Policy Amount information will never be transmitted.
2100A	HLH	Member Health Information		Only information about tobacco use will be transmitted.
2100A	LUI	Member Language		Transmission of this information is required when known and allowed. Member language information will be transmitted on the subscriber record when known.
2100B		Incorrect Member Name Loop		This loop does not apply to initial enrollments.
2100D		Member Employer Loop		This loop will never be transmitted.
2100E		Member School Loop		This loop will never be transmitted.
2100F		Custodial Parent Loop		Since minors are subscribers in their own right, custodial parent information will always be sent for minor subscribers when available during the on-line application processing. If not available during the Application creation, this information is not sent for the Enrollment process
2100G		Responsible Person Loop		The Custodial Parent loop and the Responsible Person loop may both be transmitted for an enrollment.

2100G	NM1	Responsible Person		
	NM101	Entity Identifier Code		Will transmit "QD" or "S1" as appropriate. Will be sent for Tribal Sponsors ("QD") and ("S1") for minor subscribers when available during the on-line application processing. If not available during the Application creation, this information is not sent for the Enrollment process
2100G	PER	Responsible Person Communication Numbers		Will never be transmitted.
2100H	NM1	Drop-Off Location		This loop will never be transmitted.
2200		Disability Information		This loop will never be transmitted.
2300	HD	Health Coverage		
	HD03	Insurance Line Code	HLT DEN	Will transmit coverage information for the qualifiers shown, as applicable.
	HD05	Coverage Level Code		This data element will never be sent.
2300	DTP	Health Coverage Dates		
	DTP03	Coverage Period	348	The actual enrollment begin date must be transmitted. Enrollment into the QHP is not effectuated until the initial premium has been paid.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation

		Qualifier		Component. See Assigned Qualified Health Plan Identifier (QHP) in Acronyms/Glossary For detailed information.
	REF01	Reference Identification Qualifier	1L	Will transmit when the Exchange Assigned Policy Identifier will be conveyed in the associated REF02 element. This is a numerically defined value with a length of 1-15.
2300	REF	Prior Coverage Months		Prior Coverage Months information will never be transmitted.
2300	REF	Identification Card		Identification Card information will never be transmitted.
2310		Provider Information Loop		This loop will never be transmitted.
2320		Coordination of Benefits Loop		This loop will never be transmitted.
2330		Coordination of Benefits Related Entity		This loop will never be transmitted.
2700		Member Reporting Categories		This loop will be transmitted when additional premium category reporting is appropriate.
2750	N1	Reporting Category		

9.2 MAINTENANCE ENROLLMENT INSTRUCTIONS – SBE TO ISSUER

An Enrollment Maintenance transaction will be generated when certain types of changes to the consumer’s policy need to occur. These changes do not effect specific information sent on an Initial Enrollment transaction such as tobacco status.

9.2.1 Maintenance Enrollment Business Rules

In order to represent the appropriate financial configuration for the enrollment group, all members for a given Exchange Assigned policy shall be represented on the Maintenance transaction. Any transaction conveying information related to financial or demographic changes, adding additional members to the enrollment group, or when a terminating a specific member will contain all members.

The Subscriber Loop of the enrollment group information will contain:

- The Maintenance Type Code (2000 INS03) will be “001” – Change”
- 2000 Loop Member Level Dates (DTP) segment will be “303 - Maintenance Effective”
- 2300 Health Coverage Dates (DTP) segment will contain the following value:
 - “348 – Benefit Begin” indicating the start date for the Subscriber’s beginning of coverage period. This will indicate that the Exchange Assigned Policy Start and End dates are not changing as a result of this specific transaction exchange

Adding a new non-Subscriber member to the enrollment group. The new non-subscriber information:

- Maintenance Type Code (2000 INS03) will be “021 – Addition”
- 2000 Loop Member Level Dates (DTP) segment will be “356 – Eligibility Begin”
- 2300 Health Coverage Dates (DTP) segment will be “348 – Benefit Begin”. (This occurs in the same manner as an Initial Enrollment transaction for the individual(s) being added to the policy.)

Removing a non-Subscriber member from an enrollment group. The non-Subscriber member to be removed information:

- Maintenance Type Code (2000 INS03) will be “024 – Cancellation/Termination”
- 2000 Loop Member Level Dates (DTP) segment will not be used (i.e. suppressed)
- 2300 Health Coverage Dates DTP segment will be “349 – Benefit End”

Other non-Subscriber enrollment group members not impacted by the Maintenance Action being performed will appear within the transaction with the following:

- Maintenance Type Code (2000 INS03) will be “001” – Change”
- 2000 Loop Member Level Dates (DTP) segment will not be used (i.e. suppressed)

- 2300 Health Coverage Dates (DTP) segment will contain both of the following values:
 - “348 – Benefit Begin” to indicate the member’s coverage is not being added or removed but is the original date the member coverage began.
 - “303 – Maintenance Effective” to indicate the effective date of a change where the member’s coverage is not being added or removed.
- 2750 will contain the Additional Maintenance Reason Code value “NO CHANGE” to signal that the specific member’s demographic and financial information is unchanged

9.2.1.1 SBE Maintenance Reason Codes

Table 12 – Maintenance Reason Codes

Position	Code Value	Code Value Description
INS04		
	01	Divorce/Legal Separation
	02	Birth
	03	Death
	05	Adoption / Foster Care / Court Ordered Care
	07	Termination of Benefits
	14	Voluntary Withdrawal
	22	Plan Change (when member changes the plan selection)
	25	Change in Identifying Data Elements
	32	Marriage
	33	Personnel Data
	43	Change of Location (Address change)
	59	Termination for Non-Payment
	AI	No Reason Given (Default if no other code is available, may be used for data corrections)

9.2.1.2 Supplemental Instructions for General Maintenance Transactions

The following table contains information specific to maintenance transactions. It is not an attempt to include all information contained in previous sections. For example, the segment will never be sent and is identified in the initial enrollment transaction segment that way. It is not repeated in this table.

Table 13 - 834 Supplemental Instructions for General Maintenance Transactions

Loop	Reference	Name	Code	Exchange Instruction
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1000A	N1	Sponsor Name	FI 94	Identifies the subscriber from the enrollment group, unless the subscriber is under- aged. If the subscriber is under-aged, identifies the responsible person.
1000B	N1	Payer	FI XV 94	Per TR3 this value is available for Health Plans prior to the HPID Rule implementation, but will remain available for non-HPID organization post HPID rule date. Will transmit “XV” after the HPID is required.
1000C	N1	TPA/Broker		Identifies the TPA/Broker associated with the enrollment.
	N101		BO	SBE will transmit the TPA/Broker ID as the National Producer Number (NPN) and data element N101 shall be “BO”.
	N102			The SBE will transmit the name as entered in the on-line screen (Agent or broker)
	N103		94	SBE will transmit the TPA/Broker ID as the National Producer Number (NPN) and data element N101 shall be “BO”.
	N104			SBE will transmit the number of the Agent or broker as entered in the on-line screen (NPN number).
2000	INS	Member Level Detail		
	INS02	Individual Relationship Code		The value 18 must be used for the subscriber. For dependents; this value identifies their relationship to the subscriber.
	INS03	Maintenance Type Code	001	The Subscriber Level must always use the value “001 - Change” to qualify as a Maintenance transaction. The non-Subscriber members being added to an Exchange Policy shall use the value “021 – Addition” while the Subscriber INS03 is still required to be the value “001 – Change”. Similarly when a non- Subscriber member is being

			021	removed from the Exchange Policy, the value for this member shall be “024 – Cancellation or Termination” and the Subscriber INS03 is still required to be the value “001 – Change”.
			024	
	INS04	Maintenance Reason Code		See Table 9 for a full list of maintenance reason codes
	INS08	Employment Status Code	AC	For the Subscriber only, will transmit “AC”.
2000	REF	Subscriber Identifier		
	REF02			Will transmit the Exchange Assigned Identifier. See Subscriber definition in Acronyms/Glossary For detailed information.
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	17	Will transmit when the Exchange Assigned Member ID will be conveyed in REF02.
			23	The QHP Issuer Assigned Member ID will be conveyed in REF02 when available on the SBE via the Effectuation transaction previously being completely processed
			ZZ	The QHP Issuer Assigned Subscriber ID will be conveyed in REF02 when available on the SBE via the Effectuation transaction previously being completely processed

2100A	NM1	Member Name		
	NM109	Member Identifier		Will transmit the member's SSN, when known on the Maintenance Transaction only when a correction to the SSN is one of change purposes of the Maintenance action.
2100A	PER	Member Communications Numbers		Will transmit three communication contacts, when the information is available.
2100A	N4	Member City, State, ZIP Code		
	N406	Location Identifier		Will transmit County of Residence when available. See http://www.census.gov/geo/www/ansi/ansi.html FIPS PUB 6-4 Supersedes FIPS PUB 6-3 1979 December 15 For further detail. Examples: New York City is 36061 Baltimore City is 24510
2100A	DMG	Member Demographics		
	DMG04	Marital Status Code		Will transmit the marital status only for the subscriber.
2100A	HLH	Member Health Information		Cannot be transmitted on a Maintenance transaction NOTE: See ASC X12 TR3 for specific requirements related to proper HLH segment usage.
2100A	LUI	Member Language		Transmission of this information is required when known and allowed. Member language information will be transmitted on the subscriber record when known.
2100B		Incorrect Member Name Loop		Member information will be previous information on file and the corresponding corrected information is supplied in the 2100A location. This Loop is not transmitted unless a correction is part of the maintenance activity, otherwise this

				loop is not transmitted.
2100F		Custodial Parent Loop		Since minors are subscribers in their own right, custodial parent information will always be sent for minor subscribers when available during the on-line application processing. If not available during the Application creation, this information is not sent for the Enrollment process
2100G		Responsible Person Loop		The Custodial Parent loop and the Responsible Person loop may both be transmitted for an enrollment.
2100G	NM1	Responsible Person		
	NM101	Entity Identifier Code		Will transmit "QD" or "S1" as appropriate. If not available during the Application creation, this information is not sent for the Enrollment process
2300	HD	Health Coverage Loop		
	HD01	Maintenance Type Code	001 021 024	The Subscriber Level must always use the value "001 - Change" to qualify as a Maintenance transaction. The non-Subscriber members being added to an Exchange Policy shall use the value "021 - Addition" while the Subscriber INS03 is still required to be the value "001 - Change". Similarly when a non-Subscriber member is being removed from the Exchange Policy, the value for this member shall be "024 - Cancellation or Termination" and the Subscriber INS03 is still required to be the value "001 - Change".
	HD03	Insurance Line Code	HLT DEN	Will transmit coverage information for the qualifiers shown, as applicable.

2300	DTP	Health Coverage Dates		At least one DTP segment shall be sent for each enrollment group member.
	DTP02		348	The Member Benefit Begin Date
	DTP02		349	Use this value when removing coverage for a specific member in the enrollment group
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component.
	REF01	Reference Identification Qualifier	1L	Will transmit when the Exchange Assigned Policy Identifier will be conveyed in the associated REF02 element. This is a numerically defined value with a length of 1-15.
2700		Member Reporting Categories		This loop will be transmitted when additional premium category reporting is appropriate.
2750	N1	Reporting Category		

9.2.1.3 Supplemental Instructions for non-Subscriber Addition Maintenance Transaction

The next table provides information to demonstrate the addition of a non-Subscriber member to an existing enrollment group.

In order to represent the appropriate financial configuration for the enrollment group all members for a given Exchange Assigned policy shall be represented on the Maintenance transaction. Any transaction conveying information related to financial or demographic changes, adding additional members to the enrollment group or when a terminating a specific member will contain all members. See the specific details in the appropriate sub-section of the following table which depicts pertinent detail information about the Subscriber or the Dependent/Member contained in the Maintenance transaction.

Table 14 - 834 Supplemental Instructions for non-Subscriber Addition Maintenance Transaction

Loop	Reference	Name	Code	Exchange Instruction
SUBSCRIBER INFORMATION				
2000	INS	Member Level Detail		
	INS02	Individual Relationship Code		The value 18 must be used for the subscriber. For dependents; this value identifies their relationship to the subscriber.
	INS03	Maintenance Type Code	001	The Subscriber Level must always use the value "001 - Change" to qualify as a Maintenance transaction.
2000	DTP	Member Level Dates		
	DTP01		303	The date the change was made.
2100A	NM1	Member Name		
	NM109	Member Identifier		Will transmit the member's SSN, when known on the Maintenance Transaction only when a correction to the SSN is one of change purposes of the Maintenance action.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	001	The Subscriber Level must always use the value "001 - Change" to qualify as a Maintenance transaction.
	HD03	Insurance Line Code	HLT DEN	Will transmit coverage information for the qualifiers shown, as applicable.
2300	DTP	Health Coverage Dates		
	DTP03	Coverage Period	348	The actual enrollment begin date the Subscriber gained coverage.

			303	Will indicate the date the change applies
2700		Member Reporting Categories		This loop will be transmitted when additional premium category reporting is appropriate.
2750	N1	Reporting Category		
DEPENDENT BEING ADDED TO THE ENROLLMENT GROUP				
2000	INS	Member Level Detail		
	INS02	Individual Relationship Code		For dependents; this value identifies their relationship to the subscriber.
	INS03	Maintenance Type Code	021	The Member that is being added 2000 Level must always use the value "021 – Addition" and all other member of the enrollment group shall use the value "001 – Change" to qualify as a Maintenance transaction.
	INS04	Maintenance Reason Code	EC	See the ASC X12 Technical Report Type 3 for specific code value extended definitions.
2000	DTP	Member Level Dates		
	DTP01	Maintenance Type Code	356	The member that is being added 2000 Level must always use the value "356 – Eligibility Begin". All other members of the enrollment group shall not use the DTP segment in a Maintenance transaction.
2000	NM1	Member Name		
	NM109	Member Identifier		When adding a new member to the enrollment group, will transmit the member's SSN when known.
2300	HD	Health Coverage		

	HD01	Maintenance Type Code	021	The Member that is being added must always use the value “021 – Addition” and all other member of the enrollment group shall use the value “001 – Change” to qualify as a Maintenance transaction.
	HD03	Insurance Line Code	HLT DEN	Will transmit coverage information for the qualifiers shown, as applicable.
2300	DTP	Health Coverage Dates		
	DTP03	Coverage Period	348	The actual enrollment begin date the new Member being added will gain coverage.
2700		Member Reporting Categories		This loop will be transmitted when additional premium category reporting is appropriate.
2750	N1	Reporting Category		
DEPENDENT NOT IMPACTED BY THE MAINTENANCE ACTION BEING PERFORMED INFORMATION				
2000	INS	Member Level Detail		
	INS02	Individual Relationship Code		For dependents; this value identifies their relationship to the subscriber.
	INS03	Maintenance Type Code	001	All other members of the enrollment group shall use the value “001 – Change” to qualify as a Maintenance transaction
	INS04	Maintenance Reason Code	25 33 43	See the ASC X12 Technical Report Type 3 for specific code value extended definitions
2000	DTP	Member Level Dates		For enrollment group members not impacted by the Maintenance Action being performed, the segment will not be sent.

2300	HD	Health Coverage		
	HD01	Maintenance Type Code	001	All other members of the enrollment group shall use the value "001 – Change" to qualify as a Maintenance transaction
	HD03	Insurance Line Code	HLT DEN	Will transmit coverage information for the qualifiers shown, as applicable.
2300	DTP	Health Coverage Dates		
	DTP03	Coverage Period	348 303	The member's actual enrollment begin date indicating the member's coverage is not being added or removed. Will indicate the date the change applies
2700		Member Reporting Categories		This loop will be transmitted when additional premium category reporting is appropriate.
2750	N1	Reporting Category		

9.2.1.4 Supplemental Instructions for non-Subscriber Term/Cancel Maintenance Transactions

The following table presents information to demonstrate the termination or cancellation of a non-Subscriber member to an existing enrollment group.

In order to represent the appropriate financial configuration for the enrollment group all members of the enrollment group for a given Exchange Assigned policy shall be represented on the Maintenance transaction when changing information related to financial, or demographic adding additional members to the enrollment group or when a termination of specific consumer from the enrollment group. See the specific details in the appropriate sub-section of the

following table which depicts pertinent detail information about the Subscriber or the Dependent/Member contained in the Maintenance transaction.

Table 15 - 834 Supplemental Instructions for non-Subscriber Term/Cancel Maintenance Transactions

Loop	Reference	Name	Code	Exchange Instruction
SUBSCRIBER INFORMATION				
2000	INS	Member Level Detail		
	INS02	Individual Relationship Code		The value 18 must be used for the subscriber. For dependents; this value identifies their relationship to the subscriber.
	INS03	Maintenance Type Code	001	The Subscriber Level must always use the value "001 - Change" to qualify as a Maintenance transaction.
2000	DTP	Member Level Dates		
	DTP03	Coverage Period	303	The date the change was made.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	001	The Subscriber Level must always use the value "001 - Change" to qualify as a Maintenance transaction.
	HD03	Insurance Line Code	HLT DEN	Will transmit coverage information for the qualifiers shown, as applicable.
2300	DTP	Health Coverage Dates		
	DTP03	Coverage Period	348	The actual enrollment begin date the Subscriber gained coverage.
2700		Member Reporting Categories		This loop will be transmitted when additional premium category reporting is appropriate.

2750	N1	Reporting Category		
REMOVED MEMBER INFORMATION				
2000	INS	Member Level Detail		
	INS02	Individual Relationship Code		For dependents; this value identifies their relationship to the subscriber.
	INS03	Maintenance Type Code	024	The Member that is being removed 2000 Level must always use the value "024 – Cancellation or Termination" and all other members of the enrollment group that are remaining upon completion of the removal action shall use the value "001 – Change" to qualify as a Maintenance transaction.
	INS04	Maintenance Reason Code	14	See the ASC X12 Technical Report Type 3 for specific code value extended definitions.
2000	DTP	Member Level Dates		The 2000 DTP for the non-Subscriber member in a Maintenance Cancellation/Termination transaction will not be transmitted.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	The Member that is being cancelled or terminated must always use the value "024 – Cancellation or Termination.
	HD03	Insurance Line Code	HLT DEN	Will transmit coverage information for the qualifiers shown, as applicable.
2300	DTP	Health Coverage Dates		
	DTP03	Coverage Period	349	The actual enrollment end date the Member being removed from coverage.

2300	REF	Health Coverage Policy Number		
2700		Member Reporting Categories		This loop will be transmitted when additional premium category reporting is appropriate.
2750	N1	Reporting Category		
ENROLLMENT GROUP NON-SUBSCRIBER MEMBER NOT IMPACTED BY THE MAINTENANCE ACTION BEING PERFORMED INFORMATION				
2000	INS	Member Level Detail		
	INS02	Individual Relationship Code		For dependents; this value identifies their relationship to the subscriber.
	INS03	Maintenance Type Code	001	All other members of the enrollment group shall use the value "001 – Change" to qualify as a Maintenance transaction.
2000	DTP	Member Level Dates		For enrollment group members not impacted by the Maintenance Action being performed, the segment will not be sent.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	001	All other members of the enrollment group shall use the value "001 – Change" to qualify as a Maintenance transaction.
	HD03	Insurance Line Code	HLT DEN	Will transmit coverage information for the qualifiers shown, as applicable.
2300	DTP	Health Coverage Dates		

	DTP03	Coverage Period	348 303	The member's actual enrollment begin date indicating the member's coverage is not being added or removed. Will indicate the date the change applies
2700		Member Reporting Categories		This loop will be transmitted when additional premium category reporting is appropriate.
2750	N1	Reporting Category		

9.3 ENROLLMENT CONFIRMATION/EFFECTUATION INSTRUCTIONS – ISSUER TO SBE

An Enrollment Effectuation/Confirmation transmission is created by the SBE Issuer and sent to the Exchange when the Initial Enrollment transaction is successfully processed. Except where overruled by the usage requirements of the 005010X220 TR3 and its associated A1 Addenda, SBE Issuers must return all the information transmitted on the Initial Enrollment Transaction in addition to the information detailed below. An example of a TR3 usage rule superseding the instruction to return information as received is BGN03, which must reflect the creation date of the Enrollment Effectuation Confirmation transaction and not the Initial Enrollment's creation date.

An Initial Enrollment transaction is defined when data element INS03 - Maintenance Type Code contains the value of "021 – Addition" and the data element INS04 - Maintenance Reason Code contains the value "EC - Member Benefit Selection". For each Initial Enrollment transaction, an Enrollment Confirmation/Effectuation transaction is returned to the SBE. All policies require an Enrollment Confirmation/Effectuation transaction from the issuer to the SBE.

Transmissions must be created according to the instructions in the 005010X220 TR3 and its associated A1 Addenda, along with any ASC X12 published Errata documentation, please refer to that TR3 for a complete understanding of 834 transmission requirements. Additional information specific to the SBE implementation is outlined in Table 18 - 834 Supplemental Instructions for Confirmation/Effectuation below.

Table 18 - 834 Supplemental Instructions for Confirmation/Effectuation

Loop	Reference	Name	Code	Exchange Instruction
HEADER	QTY	Transaction Set Control Totals		If the transaction set control totals sent with the Initial Enrollment transaction are not accurate for this confirmation/effectuation, transmit accurate totals instead of the values received in the Initial Enrollment file.
	QTY01	Quantity Qualifier	TO DT	The total is required for all transactions. Dependent total is required for all transactions when the value is greater than zero. If equal to zero do not send.
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	28	Transmit when the QHP Issuer has effectuated member coverage
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	23 ZZ	Transmit with the Issuer Assigned Member ID conveyed in REF02. Transmit with the Issuer Assigned Subscriber ID conveyed in REF02. Note: These two Issuer assigned Identifiers must be returned on all the Confirmation/Effectuation Transactions
2100B		Incorrect Member Name Loop		Member information may not be corrected in an effectuation/confirmation transmission. Do not transmit this loop.
2300	DTP	Health Coverage Dates		

	DTP03	Coverage Period	348	The actual enrollment begin date must be transmitted. Enrollment into the QHP is not effectuated until the initial premium has been paid.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	X9	Transmit with the QHP Issuer assigned Health Coverage Purchased Policy Number conveyed in REF02. Note: The QHP Issuer assigned Policy Identifier must be returned on all the Confirmation/Effectuation Transactions.
2700		Member Reporting Categories		This loop will be transmitted when additional premium category reporting is appropriate.
2750	N1	Reporting Categories		
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"CONFIRM"

9.3.1 Issuer Initiated Enrollment Maintenance Instructions – Issuer to SBE

An Issuer Initiated Enrollment Maintenance transmission is created by the Issuer and sent to the SBE when the Effectuation/Confirmation transaction has previously been successfully processed at the SBE. Except where overruled by the usage requirements of the 005010X220 TR3 and its associated A1 Addenda, F Issuers must submit the information transmitted on the Issuer Initiated Enrollment Maintenance Transaction as detailed below. An example of a TR3 usage rule superseding the instruction to return information as received is BGN03, which must reflect the creation date of the Enrollment Issuer Maintenance transaction and not the Initial Enrollment’s creation date.

An Issuer Initiated Maintenance Enrollment transaction is only used to update a limited set of information on the SBE, the initial data elements are the “Issuer Assigned Policy ID”, the “Issuer Assigned Subscriber ID” and the “Issuer Assigned Member ID”.

An Issuer Initiated Maintenance Enrollment transaction is defined when data element INS03 - Maintenance Type Code contains the value of “001 – Maintenance” in the Subscriber 2000 Level and the data element INS04 - Maintenance Reason Code contains the value “25 – Change in Identifying Data Elements” and the date which indicates the Maintenance Effective Date contains the value “303 – Maintenance” in the qualifier data element DTP01 of the DTP segment. An additional DTP segment which contains the Policy Effective Date (identified in the 2000 Subscriber Level with DTP01 equal to “356 – Eligibility Begin” is used by the SBE to match incoming transactional information with the policy in the SBE for this enrollment group. Additionally, a DTP segment which contains the Benefit Begin Date (identified in the 2300 Subscriber Level with DTP01 equal to “348 – Benefit Begin” must be present and match the Policy Effective Date (identified in the 2000 Subscriber Level with DTP01 equal to “356 – Eligibility Begin.”

Transmissions must be created according to the instructions in the 005010X220 TR3 and its associated A1 Addenda, along with any ASC X12 published Errata documentation, please refer to that TR3 for a complete understanding of 834 transmission requirements. Additional information specific to the SBE implementation is outlined in the table below.

Table 16 - 834 Supplemental Instructions for Issuer Initiated Maintenance transaction

Loop	Reference	Name	Code	Exchange Instruction
HEADER	QTY	Transaction Set Control Totals		If the transaction set control totals sent with the Initial Enrollment transaction are not accurate for this confirmation/effectuation/maintenance transaction, trading partners should transmit accurate totals instead of the values received in the Initial Enrollment file.

	QTY01	Quantity Qualifier	TO DT	The total is required for all transactions. Dependent total is required for all transactions when the value is greater than zero. If equal to zero do not send.
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	25	Transmit when the SBE Issuer has effectuated member coverage for the enrollment group member (either Subscriber or Dependent level) for which the maintenance is being executed. Otherwise the data element is not used
2000	DTP	Member Level Dates		Two iterations are required.
	DTP03	Member Level Date	303 356	The actual maintenance date must be transmitted. Eligibility Begin must be transmitted Note: Issuer Initiated Inbound Maintenance transactions can only be processed after the Effectuation of the Initial Enrollment has completed.
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	23	Transmit with the new (to be updated) QHP Issuer Assigned Member ID conveyed in REF02. This will be the new Issuer Assigned Member ID when performing Maintenance of the value assigned by the Issuer.

			ZZ	Transmit with the new (to be updated) QHP Issuer Assigned Subscriber ID conveyed in REF02. This will be the new Issuer Assigned Member ID when performing Maintenance of the value assigned by the Issuer.
			ABB	Transmit the Previous QHP Issuer Assigned Subscriber ID
			Q4	Transmit the Previous QHP Issuer Assigned Member ID.
				Note: These two QHP Issuer assigned Identifiers must be different in the maintenance action(s) from the Issuer Assigned values returned on the Confirmation/Effectuation Transaction for the enrollment group.
2100B		Incorrect Member Name Loop		Member information may be corrected in a future release related to an Issuer Initiated Inbound Maintenance transmission. Currently, Do not transmit this loop.
2300	DTP	Health Coverage Dates		
	DTP03	Coverage Period	348	The actual Benefit Begin Date must be transmitted.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	X9	Transmit with the new QHP Issuer assigned Health Coverage Purchased Policy Number conveyed in REF02. Note: The QHP Issuer assigned Policy Identifier will be persisted to all enrollment group members (Issuer Assigned Subscriber and Issuer Assigned Members) stored on the SBE Policy.

			XM	<p>Thus only send the Subscriber Level information when the Issuer Assigned Policy ID requires updating from the Issuer Imitated Inbound Maintenance transactions.</p> <p>Transmit the previous (old) QHP Issuer Assigned Health Coverage Purchased Policy Number conveyed in REF02.</p>
2700		Member Reporting Categories		This loop will be transmitted when additional premium category reporting is appropriate.
2750	N1	Reporting Categories		
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"ISSUER MAINT" or "NO CHANGE"

9.4 CANCELLATION INSTRUCTIONS SBE TO ISSUER

Cancellation transactions will not include all information transmitted in the Initial Enrollment and Confirmation/Effectuation transactions. A Cancellation transaction is generated when the enrollment is to be ended with no actual coverage. A cancellation can happen any time. The Cancellation transaction shall remove the entire Enrollment Group and coverage. The Member Level Dates DTP01 with a value of “357 – Eligibility End” shall not be prior to the Enrollment date sent in the Initial Enrollment transaction for the Enrollment Coverage never in effect.

The SBE will send a Cancellation transaction to the Issuer when coverage is cancelled prior to the effective date of enrollment. A cancellation should result in no coverage for any period of time.

Table 17 - 834 Supplemental Instructions for SBE Cancellations

Loop	Reference	Name	Code	Exchange Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	59	This qualifier will be used when the reason for Cancellation is non-payment of premium. This scenario will occur only under exceptional circumstances.
	INS08	Employment Status Code	TE	Will transmit “TE” for termination transactions.
2000	REF	Subscriber Identifier		
	REF02			Will transmit the Exchange Assigned Identifier See Subscriber definition in Acronyms/Glossary For detailed information.
2000	REF	Member Policy Number		
	REF02			The QHP Issuer Assigned Policy ID. Or

				The Exchange Assigned Policy ID when the QHP Issuer Assigned is not available.
2000	REF	Member Supplemental Identifier		Transmit the IDs shown below when they were present on the initial enrollment.
	REF01	Reference Identification Qualifier	17	When the Exchange Assigned Member ID will be conveyed in REF02.
			23	When the QHP Issuer Assigned Member ID will be conveyed in REF02.
			ZZ	When the QHP Issuer Assigned Subscriber ID will be conveyed in REF02.
2000	DTP	Member Level Dates		
	DTP03	Status Information Effective Date	357	The eligibility end date of the cancellation must match the benefit begin date sent on the initial enrollment.
2700		Member Reporting Categories		This loop will be transmitted when additional premium category reporting is appropriate.
2750	N1	Reporting Category		
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17	

	REF02	Member Reporting Category Reference ID		"CANCEL"
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9.5 TERMINATION INSTRUCTIONS – SBE TO ISSUER

Termination transactions will not include all information transmitted in the Initial Enrollment and Confirmation/Effectuation transactions. A Termination Transaction is generated when the enrollment is to be terminated after the effective date. The enrollee was covered by the Issuer for some period of time.

The SBE will send a Termination transaction to the Issuer for a variety of reasons. An enrollee has coverage for a period of time before the termination ends the coverage. For example, an enrollee may choose to be terminated for moving out of the QHP service area.

Transmissions must be created according to the instructions in the 005010X220 TR3 and its associated A1 Addenda, along with any ASC X12 published Errata documentation, please refer to that TR3 for a complete understanding of 834 transmission requirements. Additional information specific to the SBE implementation is outlined in the table below.

Table 18 - 834 Supplemental Instructions for SBE terminations

Loop	Reference	Name	Code	Exchange Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	59 14 03 07 26	
	INS08	Employment Status Code	TE	Will transmit "TE" for termination transactions.

2000	REF	Subscriber Identifier		
	REF02			Will transmit the Exchange Assigned Identifier See Subscriber definition in Acronyms/Glossary For detailed information.
2000	REF	Member Policy Number		
	REF02			The QHP Issuer Assigned Policy ID. Or the Exchange Assigned Policy ID when the QHP Issuer assigned is not available.
2000	REF	Member Supplemental Identifier		Transmit the IDs shown below when they were present on the initial enrollment.
REF01	Reference Identification Qualifier		17	When the Exchange Assigned Member ID will be conveyed in REF02.
			23	When the QHP Issuer Assigned Member ID will be conveyed in REF02.
			ZZ	When the QHP Issuer Assigned Subscriber ID will be conveyed in REF02.
2000	DTP	Member Level Dates		
	DTP03	Status Information Effective Date	357	The eligibility end date of the termination must be transmitted.
2700		Member Reporting Category		One iteration is required for all Terminations.
2750	N1	Reporting Category		
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
	REF	Reporting Category		

		Reference		
	REF01	Reference Identification Qualifier	17	
	REF02	Member Reporting Category Reference ID		"TERM"

9.6 OTHER TRANSACTION INSTRUCTIONS – RENEWALS

The New Mexico Exchange is not requiring a binder payment for renewing consumers in PY 2023. If this policy changes for subsequent plan years this section will be further revised.

All renewals will come as Term/Add pairs. The Add transaction will be conveyed with an AMRC code of RENEW or AUTORENEW. The transactions will flow thru to SBE Issuers on the same day received into the financial management system.

The delinquency lifecycle will be applied, as appropriate, to the renewal enrollments, utilizing the PEND/UNPEND flagging as and when appropriate.

9.7 MONTHLY RECONCILIATION FILE PROCESSES

The reconciliation process and file format will be outlined in an additional document.

10 APPENDIX A GLOSSARY OF TERMS, ACRONYMS, AND DEFINITIONS

Term/Acronym	Definition
834	The Accredited Standards Committee (ASC) X12 Benefit Enrollment and Maintenance (834) transaction
ACA	Affordable Care Act
APTC	Advance Payments of the Premium Tax Credit
ASC	Accredited Standards Committee

<p>Assigned Health Plan Identifier (QHP)</p> <p>Qualified Health Plan Identifier</p>	<p>The Assigned Qualified Health Plan Identifier is the Standard Component Identifier plus the Variation Component.</p> <p>The Standard Component ID generated by CMS is a 14 characters(alphanumeric):</p> <ul style="list-style-type: none"> • A five digit Issuer ID • Two character State ID • Three digit Product Number • Four digit Standard Component Number <p>An example is as follows: 12345VA0020021</p> <p>The Variant Component ID is 2 characters (Numeric) with the following values and description</p> <ul style="list-style-type: none"> • 00 - Non-Exchange variant • 01 - Exchange 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 <p>Assigned Qualified Health Plan Identifier is a concatenation of the 2.</p> <p>An example of both the Plan Id and Variant Component ID is as follows:</p> <p>12345VA002002104</p>
<p>Cancellation of Health Coverage</p>	<p>Termination of health coverage PRIOR to the effective date of the health coverage.</p> <p>The enrollee requests that the health coverage they previously selected is cancelled prior to the first possible effective date.</p> <p>(Cancellation = Prior to effective date of coverage Termination = After effective date of coverage)</p>
<p>CG</p>	<p>Companion Guide</p>
<p>CMS</p>	<p>Centers for Medicare & Medicaid Services</p>

CSR	Cost-Sharing Reduction
Advance CSR	Advance Cost-sharing Reduction Payment
EDI	Electronic Data Interchange
Issuer	Issuer who is authorized to sell Qualified Health Plans and/or Qualified Dental Plans on the State Based Exchange
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
IG	Implementation Guide
PHS	Public Health Service
QHP	Qualified Health Plan
Member	The Member information will be determined during the Application process. The Member will be located in the 2100A NM1 segment.
NMPA	New Mexico Premium Assistance
NMBD	New Mexico Buy Down
NPN	National Producer Number
Race and Ethnicity Crosswalk	The SBE application will crosswalk the information from the on-line application to the 834 Enrollment transaction
SBE	State Based Exchange State operates all Exchange activities
SEP	Special Enrollment Period
SFTP	Secure File Transfer Protocol
Subscriber	The Subscriber will be determined during the Application process. The Subscriber will be located in the 2100A NM1 segment with a value of "IL" in NM101 and identified in INS01 with a value of "Y".

Termination of Health Coverage	Terminate (end-date) health coverage after the health coverage effective date.
Companion Guide Technical Information (TI)	The Technical Information (TI) section of the ASC X12 Template format for a Companion Guide which supplements an ASC X12 Technical Report Type 3 (TR3)
TPA	Third Party Administrator
TR3	Type 3 Technical Report
USPS	United States Postal Service

11 APPENDIX B - REFERENCED DOCUMENTS

Document Name	Document Number and/or URL	Date
Making Documents Section 508 Compliant	http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/Section508/index.html	April 26, 2012
Patient Protection and Affordable Care Act	http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf	March 23, 2010
Plain Writing Act of 2010	http://www.plainlanguage.gov/	April 13, 2011
20200106_dsh_imp_cg_834_transaction_v4.2.pdf	FFE Companion Guide Version Number: 4.2	January, 2020