Centers for Medicare & Medicaid Services

Federally Facilitated Exchange

CMS X12 834 Companion Guide

Version 7.2

8/30/2024

Table of Contents

Table of Figures & Tables

Figures

Tables

1. Introduction

This CMS X12 Companion Guide to the v5010 Accredited Standards Committee (ASC) X12N Implementation Guides and associated errata adopted under the Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with the Federally-facilitated Exchange (FFE), also referred to as the Federally-facilitated Marketplace or FFM, via the Federal Data Services Hub (hereafter referred to as "the Hub"). 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), commonly referred to as an Implementation Guide (IG), and its associated A1 addenda. The Companion Guide clarifies and specifies transmission requirements for exchanging data with the FFE via the Hub. 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.

Expressed 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 FFE will use the ASC X12 Benefit Enrollment and Maintenance (834) transaction, based on the 005010X220 Implementation Guide and its associated 005010X220A1 addenda.

1.2. Purpose and Intended Audience

This document is intended to reflect the specific X12 elements and technical requirements CMS uses in 834 transactions related to the FFE and CMS' expectations for FFE Issuers in these transactions. This guide is intended as a supplement to the ASC X12 TR3 Implementation Guide (see Table 1 for a link).

The intended audience for this CMS X12 834 Companion Guide includes business and technical stakeholders from CMS and FFE Issuers or their designated Third-Party Administrators (TPAs). The specific users of this Companion Guide include software system developers and testers.

1.3. ASC X12 Standards and CMS Resources

Companion guides (CGs) are documents created to supplement the ASC X12 TR3. TR3s define the data content and format for specific business purposes. This CG was created for distribution to health care issuers, TPAs, clearinghouses, and software vendors involved in enrollment through the Exchanges. The instructions in this guide are not intended to be stand-alone requirements, this guide 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 https://x12.org/products. See Table 1 below for a full list of X12 834 resources.

Table 1. CMS X12 834 Guidance Resources

Resources	Web Address
ASC X12 TR3 Implementation Guides	https://x12.org/products
X12 External Code Source (Error Reason Codes)	https://x12.org/codes/error-reason-codes
Federally-facilitated Marketplace Maintenance 834 Operations Manual	https://zone.cms.gov/document/federally-facilitated-marketplace-maintenance-834-operations-manual
834 CMS zONE Resources	https://zone.cms.gov/document/834-enrollment-0
Business Application Acknowledgement (BAA) Error Code Listing	https://zone.cms.gov/system/files/documents/Business%20Application%20Acknowledgement%20Error%20Code%20Listing_040722_v1.0_0.xlsx
FFE Enrollment Manual	https://regtap.cms.gov/reg_librarye.php?i=5507

1.4. CMS Hub and Enrollment

The Hub is the CMS interface for states and federal partners (e.g., Social Security Administration (SSA), Department of Homeland Security (DHS), Internal Revenue Service (IRS), etc.) which facilitates the information exchange and business functionality in support of Health Insurance Exchange operations.

The Hub will facilitate the exchange of 834 transactions between the parties as described in this companion guide. Specifically, the Hub will serve as the gateway for enrollment transactions between the FFE and FFE Issuers that offer coverage through the FFE for the purposes of enabling federal payments of advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSR), preventing duplicate APTC across multiple Exchanges, and performance measurement.

1.5. Enrollment Activities on the Exchange

The ACA (P.L. 111-148 and 111-152) allows each state the opportunity to establish an Affordable Insurance Exchange to help individuals and small employers purchase affordable health insurance coverage. Coverage through the Exchange began in every state on January 1, 2014 and enrollment activities associated with that coverage began October 1, 2013, the start date of the first open enrollment (OE) period (OEP) for the Exchange.

Recognizing that not all states elected to establish an SBE by the statutory deadline, the ACA directed the Secretary of the Department of Health and Human Services (HHS) to establish and operate an FFE in any state that did not elect to do so or did not have an operable Exchange for the 2014 coverage year. Since 2014, some states have transitioned from SBEs to the FFE, while some have transitioned from the FFE to operate their own SBE.

In states that operate using the FFE, eligibility determinations are made by CMS and enrollment transactions are exchanged between CMS and the Issuers providing coverage in those states.

2. Getting Started

2.1. Getting Help

Trading Partners that need assistance with 834 transactions or enrollment policy can contact CMS using the applicable email box indicated in Table 2 below.

Table 2. 834 Support Mailboxes

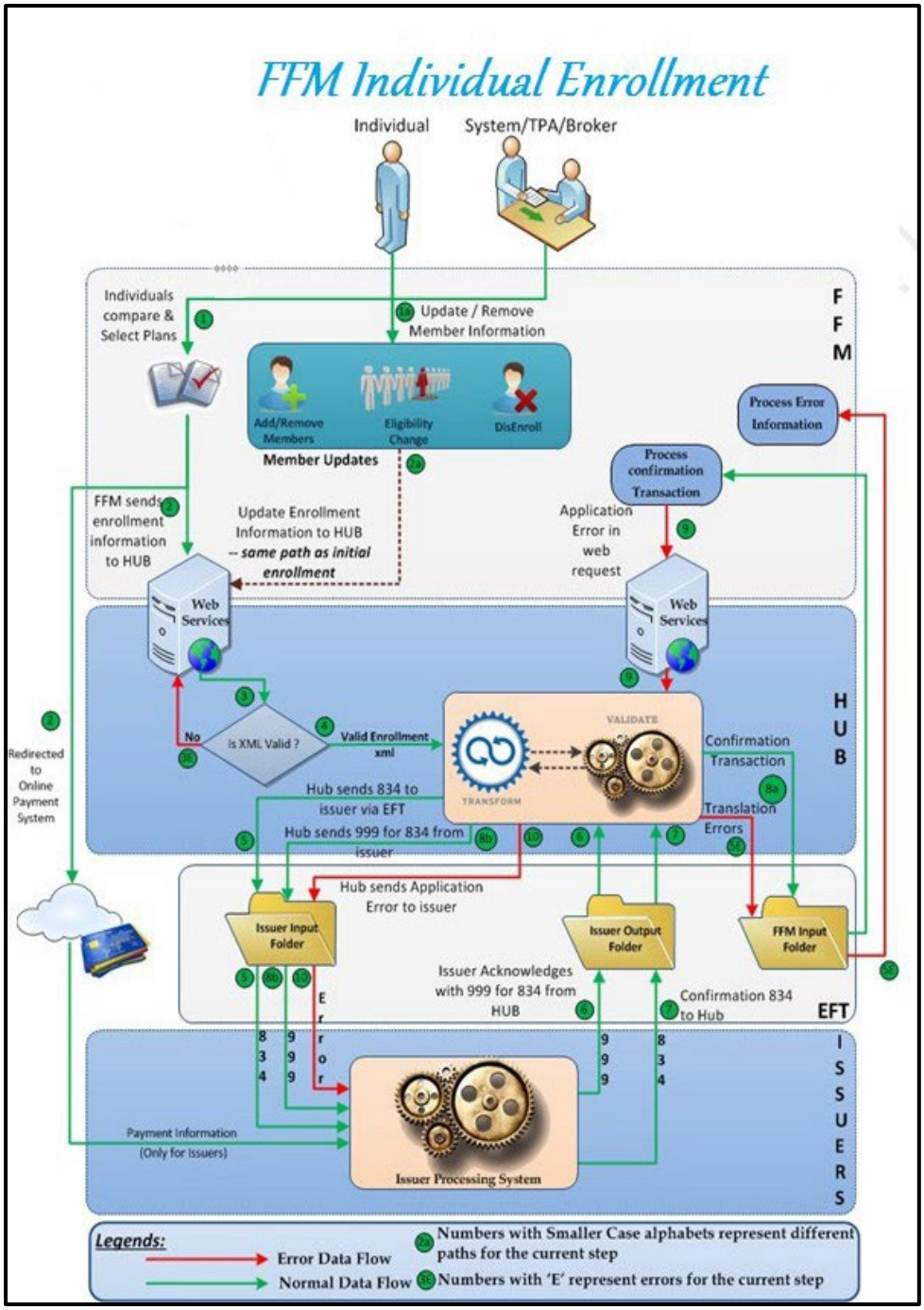
Type of Support	Email
Electronic Data Interchange (EDI) Support	HUBEDISupport@sparksoftcorp.com
Outbound (FFE to FFE Issuer) 834 Questions	FMCC.Communications@accenturefederal.com
Inbound (FFE Issuer to FFE) 834 Questions	Inbound834@cms.hhs.gov
Enrollment Policy Questions	CMS_FEPS@cms.hhs.gov

2.2. CMS Enterprise File Transfer (EFT) System

FFE Issuers and other Trading Partners will connect to the Hub for enrollment and/or financial management EDI transactions via the CMS EFT system, which is a batch system. See Figure 1 below for the high-level steps and interactions between the FFE, the Hub, and FFE Issuers.

Each FFE Issuer is assigned a Submitter Identifier, which is a Secure Point of Entry Identifier (SPOE ID), in the EFT system which allows access to a Test Environment and a Production mailbox. The FFE Issuer and the Hub will use these mailboxes to pick up and drop off data files.

Figure 1. High-level Steps and Interactions between the FFE, the Hub, and FFE Issuers



The sections that follow explain the process of obtaining access and the necessary credentials for exchanging enrollment data with CMS.

2.3. Trading Partner Agreements and Profile

To send and/or receive transactions using EDI, EFT and SPOE ID, a Trading Partner Agreement must be completed by Issuers, TPAs and/or Clearinghouse organizations.

For purposes of exchanging enrollment data, Trading Partners must complete the online EDI Onboarding Form found in CMS zONE, which can be accessed here.

For purposes of this document, the terms "Trading Partner" and "FFE Issuer" may be used interchangeably. FFE Issuers may use third-party entities to process enrollment transactions on their behalf, however, the FFE Issuer is ultimately responsible for the management of enrollment and the oversight of activities performed by their third-party entities.

After receiving the EDI Onboarding Form, the Hub will create a Trading Partner Profile and configure a test profile for one or more EDI interfaces so testing between the Hub and Trading Partner can be conducted.

A Trading Partner with multiple data centers must submit a unique EDI Onboarding Form for each data center to acquire multiple Trading Partner Profiles.

The Trading Partner will then conduct testing, as outlined in Section 4, and when the EDI interface(s) have been successfully tested, the Hub team will enable the Trading Partner Profile in production.

3. Connectivity

Trading Partners will connect to the Hub for the exchange of EDI transactions (e.g., enrollment, acknowledgement, payment, etc.) via the CMS EFT system, which is a batch system. Real-time transmissions are not available at this time.

Each Trading Partner is assigned a Submitter Identifier in the EFT system, which allows access to a mailbox. The Trading Partner and the Hub will use this mailbox to pick up and drop off data files.

3.1. Delimiters

The Exchange is not establishing a requirement or preference for delimiters on inbound transactions but will use the delimiters specified in Table B.5 in Appendix B.1.1.2.5 of the ASC X12 TR3 or Table 3 below.

Table 3. Delimiters

Character	Name	Delimiter
*	Asterisk	Data Element Separator
^	Carat	Repetition Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator

3.2. Control Numbers

The criteria for Control Numbers submitted on the 834 to the FFE are indicated below:

- A unique nine-digit numerical Interchange Control Number (ISA13) is **required**
  - If issuers use a duplicate ISA13 in the same file – or a different file, despite being sent on the same or different date – the issuer will receive an email from the Hub Support Team notifying the Issuer that the file is being rejected
- Incremental Functional Group Headers (GS) and Set Headers (ST) are **strongly recommended**
  - While the ASC X12C 005010X231 Implementation Acknowledgement for Health Care Insurance (999) transaction does not reflect an ISA 13, CMS recommends incrementing one or both daily
- ST control numbers **must be numeric**

3.3. Hub Processing Capabilities

The Hub can accept multiple:

- Physical files and submissions in a single day
- Acknowledgment transactions (e.g., TA1s and 999s) grouped in one file
- Interchange Control Header (ISA)-Interchange Header Trailer (IEA) envelopes within a single file
- GS-Functional Group Trailer (GE) envelopes within a single ISA-IEA interchange
- ST-Transaction Set Trailer (SE) envelopes within a single GS-GE functional group
- Members (2000 loop) within a single ST-SE transaction

3.4. 834 File Naming Conventions

Inbound 834 files (IC834) must be transmitted via EFT and must use the file naming convention **TradingPartnerID.ReceiverID.FunctionCode.Date.Time.EnvironmentCode**

- TPID – Trading Partner ID
- Application ID – DSH (pre-defined by CMS)
- Function Code – IC834 (pre-defined by CMS)
- Date – 'D' followed by file date (yymmdd)
- Time – 'T' followed by HHMMSSsss
- Environment Qualifier – P: Production; T: Test

Example: 1234567890.DSH.IC834.D130223.T145543452.P

Outbound 834s will be transmitted via EFT and will use the file naming convention **SenderID.ReceiverID.FunctionCode.Date.Time.EnvironmentCode**

- TPID – Trading Partner ID
- Function Code – I834 (pre-defined by CMS)
- Date – 'D' followed by file date (yymmdd)
- Time – 'T' followed by HHMMSSsss
- Environment Qualifier – P: Production; T: Test
- File Direction – OUT (inbound)

Example: OPR.270549481T.I834.D230818.T145543411.P

3.5. File Rejection Reasons

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

- Submission of data that is invalid based on the TR3
- Submission of a segment or data element that is specified in the TR3 as "Not Used"
- Submission of non-unique values in the ST02 or GS06 Control Number elements

3.6. Control Character Support

See Appendix B of the ASC X12 TR3 for support of the Control Character for more information related to the Basic Character Set and the Extended Character Set. The Hub supports the Extended Character Set to properly send items such as email addresses which require the "@" character in the data element of the Administrative Communication Contact (PER) segment.

4. Testing

Syntax Integrity and Syntax Requirement specifications must be met for 834 transactions to be processed in a production mode. The Hub team will work with new Trading Partners (e.g., clearinghouses and FFE Issuers) throughout the testing process.

4.1. Testing Overview

Testing is conducted to ensure compliance with HIPAA guidelines as related to:

- Syntactical Integrity:
  - EDI files must pass verification checks related to valid segment use, segment order, element attributes, proper transmission of numeric values, validation of ASC X12 syntax, and compliance with ASC X12 rules
- Syntactical Requirements:
  - EDI files must be validated for compliance with HIPAA IG-specific syntax requirements, such as limits on repeat counts and the use of qualifiers, codes, elements, and segments. Testing will also verify that intra- segment situational data elements, non-medical code sets and that values and codes are used according to the IG instructions

Please note, additional testing may be required when the system is upgraded, when business requirements change, or when new versions of the ASC X12 834 IG are implemented.

4.2. Testing Process

The Hub will email the points of contact included on the EDI Onboarding form to initiate testing and to communicate during the testing process. Trading Partners may call the eXchange Operational Support Center (XOC) at 1-888-CMS-1515 or send an email to the Marketplace Service Desk at CMS_FEPS@cms.hhs.gov for help at any point during the testing process. When emailing the Marketplace Service Desk, testers should include the subject "UAT0 Issuer Testing: 834 Issue" to ensure the correct stakeholders are contacted. The testing process is as follows:

1. The Trading Partner completes and signs the Trading Partner Agreement and submits the signed Agreement to the Hub team as outlined in Section 2.3
2. The Hub team coordinates the linkage between the Trading Partner Submitter Identifier, User Logon Identifier and password and sends credentials to the Trading Partner for testing to begin
3. The Hub team provides a limited number of initial test files which the Trading Partner will download via Secure File Transfer Protocol (SFTP)
4. The Trading Partner processes the files and reports any failure via acknowledgement transaction
5. If all the test files pass the validation process, the Trading Partner submits a confirmation 834 file to the Hub via SFTP
6. The FFE validates the confirmation 834 and reports any issues via an acknowledgement transaction
7. If the confirmation 834 is successfully validated, the test is considered successful, and the trading partner is approved to begin processing in the production environment
8. If issues or errors are identified in steps 4, 5, 6 or 7, the test is not considered successful, and the Hub team and Trading Partner will work together until the issues are resolved and a successful test is completed

For all 834 testing related resources, see the private Issuer Community zONE page here.

5. 834 Acknowledgements

This section details the specific acknowledgements sent by the Hub in response to inbound 834 files from FFE Issuers and the expected acknowledgements sent by FFE Issuers in response to outbound 834 files from the FFE.

5.1. Interchange and Functional Group Acknowledgements

In accordance with ASC X12 guidance, TA1 and 999 acknowledgements verify whether interchange and functional group information were successfully received, or if problems were encountered. As such, the Hub will provide TA1 and 999 acknowledgements for each inbound file received and will expect FFE Issuers to provide TA1 and 999 acknowledgements for each outbound file received. For more information on the acknowledgements sent by the Hub and FFE Issuers, see Table 4 below.

Table 4. FFE Issuers and the Hub Acknowledgments

	FFE Issuers	The Hub
TA1	FFE Issuers send a TA1 acknowledgement for every outbound **interchange** in which an ASC X12 005010 834 transaction set is sent	The Hub will send a TA1 acknowledgement for every inbound **interchange** received
999	FFE Issuers send a 999 acknowledgement for every **functional group** in every outbound 834 files sent	The Hub will send a 999 acknowledgement for every inbound **functional group** in every inbound 834 files received

5.2. Business Application Acknowledgements

In addition to interchange and functional group validations, 834 files will undergo additional validations using Business Logic Edits (BLEs). Transactions that fail the BLEs will be rejected with a BAA. The rejected BAAs will be sent to the FFE Issuer in an Extensible Markup Language (XML) format and will describe the BLE applied to each inbound enrollment transaction that failed validation. In addition to rejected BAAs, there may be records accepted with errors that produce a warning message, which will also be included in the XML file. Accepted BAAs will not be sent. FFE Issuers can find a list of all BAA reject errors and warning messages on the BAA Reject Errors document in CMS zONE.

Please note, the Hub will retain all BAA outcomes (Accepted, Accepted with Errors and Rejected) for every inbound 834 transaction processed which will assist in accounting for every translated enrollment transaction set (834) sent from FFE Issuers.

6. Business Operations Guidance

This section of the Companion Guide provides FFE issuers with the business operations framework that is the basis of the technical requirements outlined in Section 7 of this guide. The business operations guidance provided is not all-inclusive and additional FFE business decisions and processes may be added as needed. Information pertaining to Maintenance transactions can be found in the M834 Operations Manual in zONE. Business operations decisions are made in accordance with the requirements specified in the (TR3 language).

6.1. Qualified Health Plan (QHP) and Qualified Dental Plan (QDP) Identifiers

As noted in Section 1.5 of the FFE Enrollment Manual, a Qualified Health Plan (QHP) has the meaning set forth in 45 CFR 155.20 and with some limited exceptions, Qualified Dental Plans (QDPs) are considered a type of QHP.

QHPs and QDPs are identified using a Standard Component Identifier composed of 14 digits plus a Variant composed of 2 digits as shown below:

The Standard Component ID generated by CMS is a 14 characters (alphanumeric):

- A five-digit Issuer ID
- Two-character State ID
- Three-digit Product Number
- Four-digit Standard Component Number

Example: 12345VA0020021

The Variant Component ID is 2 characters (Numeric) with the following values and description

- 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

Example: 12345VA002002104

6.2. Address and Contact Information

Address information transmitted in 834 transactions will adhere to the United States (US) addresses guidelines established by the United States Postal Service (USPS). For more information, on the USPS guidelines, please click here.

Contact information (i.e. phone numbers and email addresses) transmitted in 834 transactions will reflect information entered by the consumer during the application process. The FFE may send up to three (3) member communication values.

Issuers who choose to include address information on their inbound files should return the same information provided by the FFE. A zip code submitted with repeating digits will fail EDI validations and the transaction will be rejected.

6.2.1. Email Address

If the enrollee enters an email address as their User Name on their HealthCare.gov account the User Name email address will be sent unless another email address is provided in the Contact Information section on the FFE application. The email address provided will be transmitted on the 834 as the EM value.

6.2.2. Phone Numbers and Text Messages

During the application process, consumers may provide multiple phone numbers – the FFE will not distinguish if the phone number is a mobile, home or work address in the 834 transmission. The current 834 will map phone numbers as primary (TE) or alternate (AP). The phone numbers populated in the 834 reflect the order (i.e. first = primary, second = alternate) in which the consumer entered the phone numbers on the application.

Consumers may indicate on the application they wish to receive text messages. In the unlikely event that a consumer does not provide an email address either as their User Name or in the Contact Information section on the application, the phone number provided on the application for text messages will be communicated to issuers as a beeper number (BN) on the 834. However, If an email address is provided, no BN will be sent.

In summary, Table 5 shows what communication contact information will be sent based on the information available from the consumer's FFE application:

Table 5. Communication Information

Order	Contact Information	Source
1	Primary Phone (TE)	First phone number entered on application
2	Alternate Phone (AP)	Second phone number entered on application
3	Email (EM)	HealthCare.gov User Name (if email) or email entered in Contact Information section on application
4	Beeper Number (BN)	Phone number entered for text messages; will only be sent if an email address was not provided.

Issuers who choose to include communications information on their inbound files should return the same information provided by the FFE. A phone number submitted with repeating digits will fail EDI validations and the transaction will be rejected.

6.3. Race and Ethnicity

Enrollment transactions may include up to 10 race and/or ethnicity codes. The number of race and/or ethnicity codes is determined by the consumer's online choices when completing the FFE application.

Note: The monthly pre-audit file differs from the 834 in that the pre-audit file will only include one race and one ethnicity value.

Appendix B provides a crosswalk of the race and ethnicity choices available in the FFE application and the values available in Code Source 859 as referenced in the ASC X12 005010X220 TR3.

6.4. Tobacco Use

The FFE application requires consumers to attest to tobacco usage.

A tobacco use indicator will only be sent on initial 834 enrollment transactions for all enrollees over the age of 18. The indicator will not be present on maintenance, cancellation or termination transactions.

Issuers will receive one of the following tobacco use indicators in the Member Health Information loop:

- "N" = No Tobacco Use
- "T" = Tobacco Use

Mid-year tobacco use indicator changes will only result in re-rating by the FFE if the tobacco use indicator was changed in association with a change in the member's plan, Issuer or subscriber, or if there was a gap in coverage. In these scenarios, a new CIC initial enrollment transaction will be sent.

6.5. Dependent Status – Ward

The FFE will identify disabled dependents with a relationship code of "ward". The FFE identifies wards when consumers are asked via the FFE application about the relationships between the members of the application. The application user interface screens provide consumers with help text that explains when disabled dependents should be identified as wards.

When the FFE sends an enrollment transaction to the Issuer and the 834 includes a dependent that is identified as a ward who exceeds the maximum dependent age, the Issuer can presume the dependent is an overage disabled dependent.

If the Issuer's own internal policies or state rules require keeping an overage disabled dependent on the same policy, and the Issuer did not submit "ward" as an eligible relationship in QHP business rules, the FFE will ask the FFE Issuer to resubmit business rules to add "ward."

6.6. Reported Life Changes Resulting in a Change in Circumstance (CiC) Transaction

As stated in Section 1.5 of the FFE Enrollment Manual, a life change is a circumstance that could affect an applicant's or enrollee's eligibility for enrollment through the Marketplace or for insurance affordability programs. Not all reported life changes result in a change in circumstance (CIC) transaction via 834.

Prior to 2017, all life changes resulted in the transmission of two 834 transactions each including a "CIC" value in the AMRC field of the 2750 Loop. With the implementation of Maintenance 834s (M834) in 2017, the FFE reduced the need to send all life changes as 834 transactions identified as "CIC". Today, most CIC transactions initiated by a consumer, or initiated by an ESW to resolve a data matching inconsistency (DMI), result in an update to the FFE enrollment system that retains the existing Exchange Assigned Policy ID (EAPID) and produces a single M834 transaction that includes the effective date of the change and an AMRC that explains the type of change and does not include an AMRC of CIC.

The FFE will only identify an 834 transaction as a "CIC" when it is not possible to send a single M834 transaction reflecting the change. A life change that cannot be sent as a single M834 transaction will result in a pair of CIC transactions indicating a termination/cancellation of the prior policy and a new initial enrollment transaction with a new EAPID. These transactions will typically, but not in all cases, be paired with an AMRC of TERM-CIC or CANCEL-CIC associated with the prior EAPI and a CIC on the initial enrollment transaction with the new EAPID.

Below are the scenarios under which a cancel or term CIC and new initial policy will be created.

Scenario 1:

- Change in Subscriber
    1. Enrollee A and B were initially enrolled and coverage effectuated
    2. **Enrollee A** is **terminated** by the FFE or the FFE Issuer but coverage for enrollee B will continue
    3. The **enrollment group** with **enrollee A and B** will be **terminated** and **a new policy** with **enrollee B** as the subscriber will be sent

Scenario 2:

- Change in the 14-digit Plan
    1. Enrollee A and B were initially enrolled in plan 12345NM0010101 and coverage effectuated
    2. **Enrollee A** has an **income change** that makes them eligible for **additional APTC**
    3. Upon updating their application, they select a new plan 12345NM0010102
    4. The initial policy associated with **plan 0101 will be terminated** and **a new policy with plan 0102** will be sent

Scenario 3:

- Change in the Original Start or End Date of a Policy
    1. Enrollee A is enrolled on 4/1 and coverage effectuated
    2. **Enrollee A** then **updates their application** indicating they had a baby on 3/12 resulting in a **new start date** of the policy
    3. The **initial policy** for enrollee A with the **4/1 effective date** will be terminated and a **new policy** with an **effective date of 3/12** will be sent which will include both enrollee A and enrollee B

Additional information about CIC transactions can be found in the M834 Operations Manual posted in CMS zONE.

6.7. Enrollment Groups

An enrollment group consists of all individuals enrolled and receiving coverage in a QHP or QDP who are linked to the EAPID. The enrollment group is exchanged between the FFE and FFE Issuer in a single transaction via 834.

An enrollment group may consist of one or more individuals and is created at the time the consumer makes one or more plan selection(s) for the individuals on the application who are determined to be eligible for coverage. Eligible individuals on a single application may be enrolled into different QHPs resulting in multiple enrollment groups under a single application.

Note: Other individuals may be linked to the EAPID such as a custodial parent (CP), but would not be considered part of the enrollment group on which they appear as the CP.

6.8. Social Security Numbers and Exchange Assigned IDs

6.8.1. Social Security Numbers

The FFE application does not require a consumer to provide their Social Security Number (SSN) to make an eligibility determination or for the consumer to enroll in a plan. This data may be collected, when applicable, after an 834-enrollment record has already been generated. When this occurs, the FFE will not send an SSN on the initial enrollment 834 transaction but will provide an Exchange Assigned Subscriber ID. If an SSN was not provided by the FFE, Issuers should not send one on the inbound 834, including a "dummy" SSN. Inbound transactions that include SSNs with repeating digits (e.g. 999999999) or that do not match the FFE value will be rejected. **The FFE recommends issuers send the EASID provided on the outbound 834**.

6.8.2. Exchange Assigned IDs

An Exchange enrollee, also referred to as a qualified individual, will be associated with several identification numbers. These identification numbers are important elements when processing 834 transactions. It is critical that Issuers maintain and persist the IDs in their systems associated with enrollments received from the FFE; likewise, the FFE will persist identifiers supplied by the Issuer.

- An *Application ID* is assigned each time the consumer creates a new application. The Application ID is communicated in the Member Reporting Category (2750 Loop) of the 834 and is paired with the Origin Code which identifies the source of the application such as online (i.e. HC.gov), DE/EDE, Auto Re-enrollment, etc. Origin Codes are found in Appendix A.
- An *Exchange Assigned Subscriber ID* (EASID) is the unique ID associated with the individual identified as the subscriber of a policy and to whom all others enrolled in the same QHP/QDP will be associated. (See Section 1.5 of the FFE Enrollment Manual for a definition of Subscriber).
- An *Exchange Assigned Member ID* (EAMID) is the unique ID associated with an individual who is part of an enrollment group and is associated to a subscriber under the same QHP/QDP. (See Section 6.7 for more information on enrollment groups).
- An *Issuer Assigned ID* may include subscriber IDs, member IDs and Policy IDs that are assigned by an FFE Issuer and used as a secondary identifier to communicate information to the FFE.

In 834 transactions, the Exchange Assigned IDs and Issuer Assigned IDs are transmitted in the Member Level Detail (2000) Loop as shown in Table 6 and Table 7 below.

Table 6. Member Assigned ID Transaction Identifiers

Loop	REF01 Reference ID Qualifier	REF02 Reference ID	Example	Notes
2000	0F	**Exchange Assigned** *Subscriber ID*	REF*0F*980111001~	These values will always be populated by the FFE on outbound transmissions and must be included in FFE Issuer inbound transmissions.
	17	**Exchange Assigned** *Member ID*	REF*17*980111002~	
	ZZ	**Issuer Assigned** *Subscriber ID*	REF*ZZ*1194476~	These fields are optional for FFE Issuers. If an FFE Issuer previously submitted a value, then the FFE will include the value in future outbound 834 transactions.
	23	**Issuer Assigned** *Member ID*	REF*23*1194477~	
2750	6M	*Application ID and Origin*	REF*6M*123456789-00~	This value will always be populated by the FFE on outbound transmissions.

- The *Exchange Assigned Policy ID* (EAPID) is an identification number assigned by the FFE and will be used as the primary identifier to communicate enrollment group information to FFE Issuers.
  - **All FFE Issuers (and their associated trading partners) are required to maintain the Exchange Assigned Policy ID in their enrollment and payment systems.**
  - The EAPID is transmitted in the Health Coverage (2300) Loop of all covered members except when a cancellation or termination transaction is sent for the enrollment group. For these transactions, the EAPID is only transmitted in the Member Level Detail (2000) Loop of the subscriber since the Health Coverage (2300) Loop is not permitted.

Table 7. Exchange Assigned Policy ID Transaction Identifiers

Loop	REF01 Reference ID Qualifier	REF02 Reference ID	Example	Notes
2300	1L	**Exchange Assigned** *Policy ID*	REF*1L*21479225~	This value will always be populated by the FFE and must be included in FFE Issuer inbound transmissions.
2000	1L	**Exchange Assigned** *Policy ID*	REF*1L*21479000~	The qualifier and reference ID are **only transmitted** *in the 2000 Loop of the Subscriber* **when the FFE sends a "Cancel" or "Termination" for the entire Enrollment group.**

6.9. Eligibility Start and End Dates

Eligibility Start Dates are transmitted in the Member Level Detail (2000) Loop. Enrollment with the FFE is considered "open ended" in that an Eligibility End Date is not sent on *initial or maintenance* enrollment transactions. An Eligibility End Date is only sent when cancelling or terminating enrollment.

The "open ended" FFE enrollment has a default value of 12/31 as the Eligibility End Date. If the FFE or an FFE Issuer does not terminate or cancel the policy prior to the end of the year a new enrollment period will be created during Batch Auto-Renewal (BAR) with a new Eligibility Start Date of January 1st of the following year.

6.10. Cancellation and Termination Reason Codes

Cancellation and termination reason codes will be communicated as the "ADDL MAINT REASON" in the Member Reporting Category (2750) Loop. Table 8 and Table 9 provides additional details about the applicability of each reason code when sent with the specified transaction type.

Table 8. Inbound (FFE Issuer to FFE) Cancellation and Termination Reason Codes

AMRC Reason	Applicability
CANCEL	Send due to **non-payment** of binder. Issuers must follow the guidance outlined in Section 2.4.3 of the FFE Enrollment Manual
CANCEL-ANTIDUPLICATION*	Send when an Initial 834 enrollment is received for a consumer the Issuer knows is currently **enrolled in Medicare**, and issuing QHP coverage would duplicate their benefits. The policy must still be in initial status and not effectuated by the Issuer.
CANCEL-FLC	Send as the result of an enrollee's request during a state defined **free look period**. Issuers must follow the guidance provided in Section 2.4.3 and 2.4.5 of the FFE Enrollment Manual.
CANCEL-FRD	Send when a member has been defrauded and was not knowledgeable of the unauthorized enrollment (UE).
CANCEL-HICS	Send after receiving a directive from the FFE through a **HICS case**.
CANCEL-OTH	Send when the reason is **not defined by other available codes**. Most commonly used to cancel a passive BAR enrollment after an active enrollment has been received.
CANCEL-OUT-OF-AREA	Send when an Issuer receives a new policy (initial enrollment) for a consumer who resides **outside of the plan's coverage area**. This AMRC must only be sent if the policy is in an initial status and has not been effectuated.
CANCEL-RESCIND	Send when an **enrollee has been complicit or a bad actor** in creating a fraudulent enrollment. Issuers must follow the guidance outlined in Sections 2.4.4 and 12.6 of the FFE Enrollment Manual.
TERM	Send to indicate an active policy's coverage has been ended due to **non-payment**. Issuers must follow the non-payment of premium guidance outlined in Section 6.3 of the FFE Enrollment Manual. • *If the Eligibility End Date equals 12/31 and there is no APTC then this AMRC can only be submitted on or after 1/1 of the following year.* • *If the Eligibility End Date equals 12/31 and there is an APTC amount then this AMRC can only be submitted on or after 3/1 of the following year.*
TERM-ANTIDUPLICATION*	Send when the policy is active and the Issuer knows a consumer is **enrolled in Medicare** and issuing QHP coverage for the new plan year would duplicate their benefits. • *May only be submitted between 10/1 and 12/31 with an eligibility end date of 12/31 to prevent BAR.*
TERM-HICS	Send after receiving a directive from the FFE through a **HICS case**
TERM-OTH	Send when the reason is **not defined by other available codes**. Most commonly used to cancel a passive BAR enrollment after an active enrollment has been received. • *If the Eligibility End Date equals 12/31, then the transaction can only be submitted between 12/1 and 12/31 of the plan year.*

* Issuers must not presume a person is eligible for or enrolled in Medicare due to age, ESRD diagnosis or any other potential determining factor. Issuers must have knowledge of Medicare enrollment to cancel or term for anti-duplication. Issuers are encouraged to consult with their compliance teams to determine the best method for verifying Medicare enrollment.

Table 9. Outbound (FFE to FFE Issuer) Cancellation and Termination Reason Codes

AMRC Reason	Applicability
CANCEL	Sent when a policy in initial status has been **voluntarily cancelled** by the enrollee
CANCELCIC	Sent when an enrollee reported **life change** is not able to be sent on an M834, resulting in the current policy being cancelled and a new policy being created with an initial transaction AMRC of CIC. See Section 6.6 for information on which CICs will lead to this AMRC being sent
CANCEL-CARRYFORWARD	Sent to **cancel an auto renewal** due to enrollee or Issuer action that was taken to terminate the previous year policy after the subsequent year associated BAR policy was sent.
CANCEL-FRD*	Sent when a member has been defrauded and was not knowledgeable of the unauthorized enrollment (UE). *Tentative to go live Q2 of 2025
CANCEL-NLE	Sent due to an **unresolved DMI** due to incarceration, unlawful presence, etc.
CANCEL-OTH	Sent when (1) the insurance **plan ID is no longer being offered** (plan is closed) or (2) the **removal of a subscriber** and all remaining eligible members are not able to be grouped in the same plan due to relationship rules established for that plan.
CANCEL-OTH-COVERAGE	Sent as the result of a member being found **dually enrolled** in an Exchange QHP as well as Medicare, and whereby the member previously attested that CMS could end coverage for their Exchange QHP if found to be dually enrolled during Exchange Period Data Matching (PDM) processes.
CANCEL-PDM	Sent when the enrollee has been determined by the FFE to be **deceased** through the Death Periodic Data Matching (PDM) process.
TERM	Sent to indicate an active policy's coverage was **ended voluntarily** by the enrollee.
TERMCIC	Sent when an enrollee reported **life change** is not able to be sent on an M834, resulting in the current policy being terminated and a new policy being created with an initial transaction AMRC of CIC.
TERM – NLE	Sent due to an **unresolved DMI** due to incarceration, unlawful presence, etc.
TERM-OTH	Sent when (1) the insurance **plan ID is no longer being offered** (plan is closed) or (2) the **removal of a subscriber** and all remaining eligible members are not able to be grouped in the same plan due to relationship rules established for that plan.
TERM-OTH-COVERAGE	Sent as the result of a member being found **dually enrolled** in an Exchange QHP as well as Medicare, and whereby the member previously attested that CMS could end coverage for their Exchange QHP if found to be dually enrolled during Exchange Period Data Matching (PDM) processes.
TERM-PDM	Sent when the enrollee has been determined by the FFE to be **deceased** through the Death Periodic Data Matching (PDM) process.

6.11. Financial Elements

The FFE uses a variety of premium payment elements when calculating the Total Responsibility Amount owed by an enrollment group as shown in Table 10.

The FFE performs individual and family rated calculations based on *the type of policy.*

- *Health policies* are individually rated; a Premium Amount is calculated for each individual member of the enrollment group and is then aggregated as the Total Premium Amount.
- *Dental policies* may be individually or family rated, a single Total Premium Amount is calculated for the entire enrollment group and if the selected plan is an individually rated plan the individual Premium Amounts will be calculated and sent.

There are circumstances under which the FFE will need to recalculate some, or all, financial elements associated with an enrollment group. It is important to note that the FFE will not send end dates when financial data is changed, however, *a new start date (i.e. "Effective Date") will be included with each financial element.*

For most scenarios, the FFE will send a single maintenance transaction which will include every member of the enrollment group and will include the new "Effective Date" and updated financial data. Examples can be found in the M834 Operations Manual.

Table 10 explains the financial values transmitted with enrollment transactions.

Table 10. Financial Values in Enrollment Transactions

Payment Element	2750 Loop Member Reporting Category Name	Definition
Rating Area	RATING AREA	The rating area of the *Subscriber's* home address. This value is sent on the Subscriber record only.
Premium Amount	PRE AMT 1	The individual member's rated portion of the premium if the plan is individually rated. This amount is sent on every Subscriber and Non-Subscriber record. **Dental Policies**: If the dental plan is family rated then a value of 0 will be sent with the non-subscribers for this element.
Total Premium Amount	PRE AMT TOT	This is the sum of all individual member premium amounts for the enrollment group and what an Issuer can expect to receive from all payment sources for the enrollment group. This amount is sent on the Subscriber record only.
Advanced Payment of the Premium Tax Credit (APTC) Amount	APTC AMT	The full APTC amount, for all individuals in the enrollment group, the FFE Issuer can expect to receive toward the total premium amount. This amount is sent on the Subscriber record only.
Total Responsibility Amount	TOT RES AMT	The total amount owed to the Issuer by the enrollment group (total premium less APTC). This amount is sent on the Subscriber record only.

6.11.1. APTC and CSRs

APTC amounts are applied to the total premium responsibility amount reported on the subscriber record of an enrollment group.

- APTC will begin on the first of the month, except for cases of additions of a newborn to a policy or mid-month terminations which will have a prorated APTC.
- APTC eligibility is a requirement for a consumer to be eligible for a CSR, EXCEPT for American Indian/Alaska Native Americans who are eligible for a CSR plan regardless of APTC eligibility.
- An individual who is eligible for APTC can select an APTC of $0 in which case they are still eligible to select a CSR plan.
- If a consumer is not eligible for an APTC the FFE will still transmit the APTC Amount element on the 834 but a value of $0 will be transmitted.

6.12. Enrollment Data Alignment & EAPS Report

6.12.1. Enrollment Data Alignment (EDA)

Throughout enrollment operations, the FFE and Issuers will exchange several standard files to convey data related to enrollments. To ensure a successful experience for Issuer and their enrollees, alignment of Issuer and FFE data is critical. Timely alignment of enrollment data is necessary to support such activities as (1) policy-based payments, (2) user fee calculations, (3) consumer Form 1095-A generation and (4) additional actions by enrollees. Below are the typical files exchanged between the FFE and Issuers in support of enrollment data alignment.

Table 11. Exchange Files

File	Transaction Type	Notes
I834	FFE to Issuer	Sent twice daily at 6am and 6pm ET
IC834	Issuer to FFE	Issuers are required to submit transactions, when applicable, and should submit them with undue delay (within 48 hours of the Issuer system update) to ensure he FFE has the most accurate and current consumer enrollment status
Pre-Audit	FFE to Issuer	Sent monthly; typically extracted at 6pm ET on the 15th of the month
RCNI	Issuers to FFE	Sent monthly; Snapshot of enrollments in the Issuer's system as of a specific date and time. Issuers should make their best effort to only submit transactions as of the 15th of the month to receive the most accurate EAPS scores
RCNO	FFE to Issuer	Sent monthly; Results of the comparison between FFE and Issuer enrollment data along with resolution flags for any discrepancies found based on established business rules

6.12.2. EDA Channels

There are 3 EDA channels through which Issuers may submit enrollment information. In accordance with 45 CFR 155.270, Issuers are required to use standards, implementation specifications, operating rules, and code sets adopted by the Department of Health & Human Services (HHS) under Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the ACA when conducting certain electronic transactions with a covered entity, such as a QHP or QDP Issuer. As such, Issuers are required to submit and process 834 enrollment transactions and should use 834s as the primary vehicle for updating an enrollment record whenever possible.

- *Inbound 834 (IC834)* transactions should be used to make basic updates to the status of an enrollment. This method will result in the timeliest updates to the FFE data and if accepted by 6pm ET on the 15th of the month will be reflected in the following month's policy-based payment.

- These transactions must pass stringent data quality checks and do not allow Issuers the flexibility to change certain data elements, such as the Benefit Start Date
- Typical updates: Policy status (effectuation, cancellation or termination), reinstatements, Issuer assigned identifiers

- *Monthly Enrollment Reconciliation* is an analytical process with greater flexibility in updating policies. However, since the updates will be applied prior to the 15th of the following month, the updates will propagate to policy-based payments in the month *after* they first appear on the Pre- Audit File (two months after submission on the RCNI File).
  - Files must pass basic formatting checks and "sanity checks" on the updates to be made; approved updates are run against FFM via the Batch Update Utility (BUU)
  - Typical updates: Failed 834 transactions*, updates to benefit coverage dates, tobacco user status, agent/broker information, mailing address

  *Issuers should make every effort to correct rejected transactions via 834 before submitting via monthly reconciliation. For assistance with rejections, contact Inbound834@cms.hhs.gov
- *Dispute Corrections* may involve manual inspection of a policy by the Enrollment Reconciliation & Resolution (ER&R) Contractor and direct contact with Issuer, and should represent the smallest contingent of enrollment updates applied to the FFM. As with the monthly enrollment reconciliation file, updates will be applied prior to the 15th of the following month and will propagate to policy- based payments in the month *after* they first appear on the Pre-Audit File (two months after submission of the dispute).
  - Typical updates: Complex data conditions that cannot be updated via 834s or monthly reconciliation and HICS cases not aligned with reconciliation

6.12.3. Enrollment Alignment Performance Summary (EAPS) Report

CMS utilizes a set of metrics that track how FFE Issuers are performing within each EDA channel (IC834, reconciliation, and ER&R disputes) related to their FFE enrollment data. The Enrollment Alignment Performance Summary (EAPS) Report is a monthly report that summarizes each issuer's performance in key areas, as applicable by coverage year. The report is provided in Excel format and includes the following:

- **Introduction**: Offers detailed explanations of the report's contents
- **EDA Summary Scores**: Provides key performance indicators (KPIs) that identify changes in the FFE Issuer's performance since the previous report
- **EDA Detailed Metrics**: Provides the FFE Issuer performance scores related to the EDA channels (IC834, reconciliation, and disputes)
- **1095-A Metrics**: Provides the FFE Issuer performance scores related to consumer Form 1095-A corrections
- **EAPS Glossary**: Contains descriptions of each FFE Issuer performance metric, including an explanation of the corresponding rating scale, scoring methodology, and period of performance, as well as contact information and resources for additional support

The EAPS Report uses the traffic light rating system to score each metric and Issuers should use the traffic light rating system icons, detailed below, to locate areas for improvement:

- The **green checkmark icon** indicates good performance
- The **yellow exclamation mark icon** indicates performance needing improvement
- The **red X icon** will indicate poor performance

IMPORTANT: CMS Account Managers (AMs) will contact Issuers with red performance ratings.

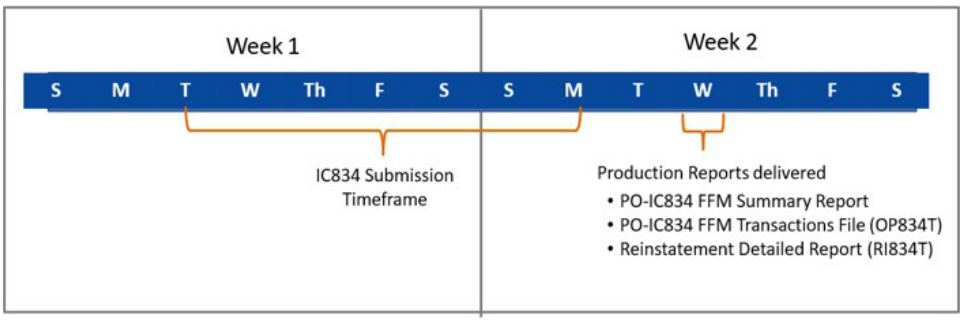
CMS delivers the EAPS Report via EFT using the EFT function codes EAPS*n*, where *n* indicates the coverage year. The filename will be [TPID].EAPSn.D[dddddd].T[ttttttttt].OUT where:

- **TPID**: The FFE Issuer's Trading Partner ID
- **EAPSn**: The function code
- **D[dddddd]**: "D" followed by the 6-digit date (YYMMDD)
- **T[ttttttttt]**: "T" followed by the 9-digit timestamp (HHMMSSmmm)
- **OUT**: Direction of data flow (outbound from CMS)

FFE Issuers can expect to receive the EAPS reports no later than the 25th of the month and will receive email notifications from ERRSupportCenter@cms.hhs.gov when the reports have been sent. Issuers who are no longer participating in the FFE will continue to receive the EAPS Report through May of the year following their participation.

6.12.4. Production Operation Reports

The Production Operation (PO) Report Suite is provided to FFE Issuers each week on Wednesdays and includes transactions submitted to the FFE for the week prior as shown in the chart below.



Issuers should use these reports to evaluate the success of overall IC834 submissions and to identify areas of improvement using the provided BAAs. Utilizing these reports may lead to improved EAPS scores. Two PO Reports are sent to FFE Issuers each week:

- PO Summary Report (via email from Inbound834@bah.com)
  - This report is a High-level summary of transaction count and error grouping (BAA)
- PO Detailed (OP834T) Report (via EFT)
  - Details for each IC834 submitted and processing results (BAA)
  - The report should tie 1:1 to the BAAs received for submissions within the same timeframe One additional weekly report is sent to FFE Issuers:
- Reinstatement Detailed (RI834T) Report (via EFT) – Details for each FFM policy impacted by an IC834 Reinstatement transaction
- This report is sent only to FFE Issuers with one or more successful reinstatement transactions processed during that week

6.13. Origin Codes

Origin codes are used to indicate the source or channel of enrollment of the consumer's application in 834 transactions. The origin code is included alongside the consumer's application ID in the ApplicationIDandOrigin field in the Member Reporting Category (2750 Loop) of the 834. The source of the consumer's application can include online through HC.gov, DE/EDE entities, or Auto Re-enrollment. The application origin code can be changed if the application is updated through a different channel. Origin codes are also collected on the consumer's Insurance Policy Plan (IPP) and can differ from the application origin code as the IPP origin code will be the value of the original enrollment source. For a list of Origin Codes used by the FFE, see Appendix A.

7 CMS 834 File Specifications

The sections that follow provide the X12 specifications used by CMS when creating 834 outbound transactions and the X12 values CMS expects to receive on inbound transactions from Issuers. The CMS X12 specifications for both inbound and outbound transactions are created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda. Please refer to the TR3 for a complete understanding of 834 transaction requirements.

The following guiding principles were used when creating the technical tables for each transaction type.

(1) Inbound means from the FFE Issuer to the FFE and Outbound means from the FFE to the FFE Issuer.
- Transactions that are exclusively sent by the FFE (e.g. initial enrollment) will only include Outbound Values.
- Transactions that are exclusively sent by Issuers (e.g. effectuations) will only include Inbound Values.

(2) Loops, segments, and elements not required by CMS or by ASC X12 standards as outlined in the TR3 are excluded from the tables.
- For example, Inbound cancellations must not include the 2300 Loop, therefore, the 2300 Loop is not included in sections 7.2.4. The FFE does not send Member Employer Information, therefore, the 2100D Loop is not included in any Outbound tables.

(3) Where an N/A appears in the Inbound column, as shown in Figure 2, the value should not be submitted as the transaction will be rejected.
- For example, INS04 – Issuers are not permitted to submit a value of 03, the value 03 is reserved for Outbound transactions only

(4) Transactions that can be transmitted by both parties will include the values that will be sent by the FFE or are required to be submitted by the Issuer. Cells will be merged if the value to be submitted is the same for both parties as shown below (INS03)

Figure 2. Technical Table Example

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2000	INS03	Maintenance Type Code	024		
	INS04	Maintenance Reason Code	MRCs must be paired with the applicable AMRC reported in Loop 2750 as indicated later in this section. See Table 21 for acceptable MTC/MRC/AMRC combinations.		
			N/A	03	03 – Death only
			N/A	07	07 – No Longer Eligible

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

7.1 Control Segments

This section identifies the qualifiers which the FFE will send in the outer ISA envelope and the inner GS envelope.

7.1.1. ISA Interchange Control Header

The outer Interchange Control Header and Trailer envelope must be created according to the instructions in the 005010X220TR3 and its associated A1 Addenda. In accordance with those instructions, the FFE and FFE Issuers will send the qualifier codes outlined in Table 12 below. **Failure to include this segment or any of the indicated qualifier codes will result in file rejection.**

Table 12. ISA Segment Instructions for 834 Transactions

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
Interchange Control Header	ISA – Interchange Control Header Segment				
	ISA01	Authorization Information Qualifier	00		
	ISA03	Security Information Qualifier	00		
	ISA05	Interchange ID Qualifier	ZZ		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	ISA06	Interchange Sender ID	One of the following: 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	CMSFFM	The **inbound value** should match the ID submitted on the CMS EDI Marketplace Registration Form
	ISA07	Interchange ID Qualifier	ZZ		
	ISA08	Interchange Receiver ID	CMSFFM	One of the following: 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	The **outbound value** will match the ID submitted on the CMS EDI Marketplace Registration Form
	ISA09	Interchange Date	YYMMDD		
	ISA10	Interchange Time	HHMM		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	ISA11	Repetition Separator	^		
	ISA12	Interchange Control Version Number	00501		
	ISA13	Interchange Control Number	Unique Value		ISA13 should never be duplicated in the same, or different file
	ISA14	Acknowledgment Requested	1		
	ISA15	Interchange Usage Indicator	P		
	ISA16	Component Element Separator	:		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

7.1.2. GS Segment

The inner Functional Group envelope must be created according to the instructions in the 005010X220 TR3 and its associated A1 Addenda. In accordance with those instructions, the FFE and FFE Issuers will send the qualifiers outlined in Table 13 below. **Failure to include this segment or any of the indicated qualifiers will result in file rejection.**

Table 13. GS Segment Instructions for 834 Transactions

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
Functional Group Header	GS – Functional Group Header Segment				
	GS01	Functional Identifier Code	BE		N/A
	GS02	Application Sender's Code	Fourteen-character Qualified Health Plan ID (QHPID) or Qualified Dental Plan ID (QDPID).	Tenant ID (e.g., two-character State Abbreviation Code and one numeric value (zero).	N/A
	GS03	Application Receiver's Code	Tenant ID (e.g., two-character State Abbreviation Code and one numeric value (zero).	Fourteen- character Qualified Health Plan ID (QHPID) or Qualified Dental Plan (QHPID or QDPID).	N/A
	GS04	Date	CCYYMMDD		N/A
	GS05	Time	HHMM		N/A
	GS06	Group Control Number	Unique Value		GS06 should never be duplicated in the same, or different file.

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	GS07	Responsible Agency Code	X		N/A
	GS08	Version / Release / Industry Identifier	005010X220A1		N/A

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

7.1.3. Header Information

The header of the 834 consists of the ST, Beginning Segment (BGN) and Transaction Set Control Totals (QTY). The specifications for each are shown in Table 14 below and apply to both inbound and outbound 834 transactions.

Table 14. 834 Header Specifications

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
Transaction Set Header	**ST (Transaction Set Header)**				
	ST01	Transaction Set Identifier Code	834		
	ST02	Transaction Set Control Number	Unique value		ST02 should never be duplicated in the same or different file.
	ST03	Implementation Convention Reference	005010X220A1		
Beginning Segment	**BGN (Beginning Segment)**				
	BGN01	Transaction Set Purpose Code	00		
	BGN02	Reference Identification	Four-to-nine Digit Control Number		Issuers are expected to send the same value for BGN02 that was on the Outbound 834
	BGN03	Date	CCYYMMDD		Date the file was created
	BGN04	Time	HHMMSS		BGN04 is required if BGN05 is sent

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	BGN05	Time Code	N/A	ET	The Federal platform is in the Eastern Time Zone. FFE Issuers within the same time zone do not need to transmit this data element
	BGN08	Action Code	2		Issuers may submit a value of 4 on inbound files. However, if using 4 then INS03 must = 030
File Effective Date	DTP (File Effective Date)				
	DTP01	Date/Time Qualifier	303		
	DTP02	Date Time Period Format Qualifier	D8		This will only be included on **outbound** termination and cancellation transactions.
	DTP03	Date Time Period	CCYYMMDD		The date the maintenance file was created.

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
Transaction Set Control Totals	QTY (Transaction Set Control Totals)				
	QTY01	Quantity Qualifier	TO DT	TO DT	**Inbound and Outbound:** TO reflects the total number of subscribers and non-subscribers in the INS01 ST/SE set DT reflects the total number of non-subscribers in the INS01 ST/SE set. If the INS segment does not include at least one non-subscriber, then DT is not sent Issuers need to submit the QTY that was last communicated by the FFE. In rare situations, a maintenance transaction may be sent prior to the issuer submitting an effectuation. If the maintenance transaction has a different QTY value than the initial enrollment transaction, issuers should submit the QTY from the maintenance transaction.
	QTY02	Record Totals	Numeric value	Numeric value	

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

7.2 Enrollment Transactions

In the sections that follow, FFE Issuers will find the CMS X12 834 FFE specifications for FFE enrollment transactions. Each section will include tables that specify the requirements for inbound and outbound transactions. This Companion Guide will highlight the key loops, segments, and data elements sent by the FFE in 834 transactions and the expectations for FFE Issuers for each. FFE Issuers should refer to the ASC X12/005010X220 Benefit Enrollment and Maintenance (834) TR3 and its associated A1 Addenda as needed. For each transaction, a technical table is included with specific requirements from CMS. For any value cells that are empty, please refer to the CMS Exchange Comments column or the ASC X12/005010X220 Benefit Enrollment and Maintenance (834) TR3 and its associated A1 Addenda, as needed.

Table 15 describes the types of transactions sent and received by the FFE. Section 7.2 will provide the technical specifications for each type of transaction. Each transaction type listed in Table 15 is linked to a corresponding section in this Companion Guide. Each transaction type section will begin with a table indicating when and to whom the transaction is sent and a brief description of the transaction.

Table 15. Types of FFE Enrollment Transactions

FFE to FFE Issuer	FFE Issuer to FFE
Initial	Effectuation
Cancellation	Cancellation
Termination	Termination
Maintenance	Reinstatement
	Maintenance

7.2.1. General Information about Updating FFE Policies

Issuers can update the status of an FFE policy by submitting an effectuation, cancellation, termination, reinstatement or a limited amount of maintenance updates as explained in Sections 7.2.4 – 7.2.8. Table 16 below illustrates, at a high level, the types of updates that will be accepted or rejected based on the existing FFE status of the policy.

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Table 16. Accepted vs Rejected Transaction Types

	FFE Policy Status				
IC834 Transaction Type	Initial	Effectuated	Terminated Initial	Terminated Effectuated	Cancelled
Effectuation	Accepted	Rejected	Accepted	Rejected	Rejected
Cancellation	Accepted	Accepted	Accepted	Accepted	Rejected
Termination	Accepted	Accepted	Accepted*	Accepted*	Rejected
Maintenance	Rejected	Accepted	Rejected	Accepted	Rejected
Reinstatement	Rejected	Rejected	Accepted	Accepted	Accepted

*Eligibility End Date must be earlier than the current Eligibility End Date

7.2.2. Identifying Medical and Dental Policies

Medical and dental policies are distinguished by the FFE on outbound files in the GS Functional Group header using the GS03 reference designator. Additionally, the FFE will differentiate medical and dental coverage in the loop 2300 Health Coverage segment using the HD03 reference designator. Figure 3 illustrates when a member is enrolled in multiple policies and highlights the key differences in the 834 transactions.

Figure 3. Medical and Dental Information in an 834 Transaction

Medical	Dental
GS*BE*IL0*12345TT0112004 HD*021**HLT~ DTP*348*D8*20220701~ REF*1L*115467174~ REF*CE*12345TT0112004~	GS*BE*IL0*12345TT0112005 HD*021**DEN~ DTP*348*D8*20220701~ REF*1L*115467174~ REF*CE*12345TT0112005~

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

7.2.3. Initial Enrollment

FFE to FFE Issuer	FFE Issuer to FFE	Description
✓	N/A	Typically, the Initial Enrollment transaction is the first to be sent to an Issuer from the FFE. It is created after an applicant has been determined to be eligible and they have selected a Qualified Health Plan (QHP) and/or Qualified Dental Plan (QDP). In some cases, a new Initial Enrollment transaction will be sent after enrollment has been effectuated. For example, a change in the coverage year, the application ID, the Subscriber, the fourteen-digit plan ID or specific changes associated with the tobacco use code. See Section 6.6 – Change in Circumstance – for more details.

Information specific to FFE Initial Enrollment transactions are outlined in Table 17 below:

Table 17. Initial Enrollment

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
1000A	**N1 – Sponsor Name**			**Sponsor Name = Subscriber Name** Identifies the subscriber from the enrollment group.
	N101	Entity Identifier Code	P5	
	N102	Plan Sponsor Name		Subscriber's Name
	N103	Identification Code Qualifier	FI or 94	
	N104	Sponsor Identifier		When N103 = FI, value is Subscriber's Social Security Number (SSN), if available When N103 = 94, value is the Exchange Assigned Subscriber ID

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
1000B	N1 – Payer			Payer = Insurance Company/ Issuer
	N101	Entity Identifier Code	IN	
	N102	Insurer Name		Issuer Organization Name
	N103	Identification Code Qualifier	FI	
	N104	Insurer Identification Code		Issuer Taxpayer ID
1000C	N1 – TPA/Broker Name			This loop will only be included if an Agent or Broker (A/B) assisted with enrollment in coverage
	N101	Entity Identifier Code	BO	
	N102	TPA or Broker Name		
	N103	Identification Code Qualifier	94	
	N104	TPA or Broker Identification Code		National Producer Number (NPN)
2000	INS – Member Level Detail			
	INS01	Subscriber Indicator	Y or N	The appropriate value is assigned to each covered individual
	INS02	Individual Relationship Code	18	When INS01 = Y, value is 18 When INS01 = N, the value identifies the relationship to the subscriber. See TR3 for the list of acceptable values
	INS03	Maintenance Type Code	021	

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
	INS04	Maintenance Reason Code	EC	
	INS05	Benefit Status Code	A	
	INS08	Employment Status Code	AC	Will be sent with the Subscriber only
2000	**REF – Subscriber Identifier**			
	REF01	Reference Identifier Qualifier	0F	
	REF02	Subscriber Identifier		Exchange Assigned Subscriber ID
2000	**REF – Member Supplemental Identifier**			
	REF01	Reference Identifier Qualifier	17 6O	17 – Always sent 6O – Included, If available
	REF02	Member Supplemental Identifier		When REF01 = 17, the value is Exchange Assigned Member ID When REF01 = 6O, the value is Payment Transaction ID
2000	**DTP – Member Level Dates**			
	DTP01	Date/Time Qualifier	356	
	DTP02	Date Time Period Format Qualifier	D8	
	DTP03	Status Information Effective Date		Eligibility Begin Date

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
2100A	NM1 – Member Name			
	NM01	Entity Identifier Code	IL	
	NM02	Entity Type Qualifier	1	
	NM03	Member Last Name		
	NM04	Member First Name		
	NM05	Member Middle Name		
	NM07	Member Name Suffix		
	NM08	Identification Code Qualifier	34	
	NM09	Member Identifier		Member's SSN, if available
2100A	PER – Member Communications Number			Will transmit up to three communication contacts, when the information is available
	PER01	Contact Function Code	IP	
	PER03	Communication Number Qualifier	TE	Primary Phone Number
	PER04	Communication Number		
	PER05	Communication Number Qualifier	AP	Secondary Phone Number
	PER06	Communication Number		
	PER07	Communication Number Qualifier	EM BN	Email (EM) or Beeper Number (BN), if no email and if available (see Section 6.2 for an explanation)

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
	PER08	Communication Number		
2100A	**N3 – Member Residence Street Address**			
	N301	Member Address Line		
	N302	Member Address Line		
2100A	**N4 – Member City, State, Zip Code**			
	N401	Member City Name		
	N402	Member State Code		
	N403	Member Zip Code		Code Source: 51
	N405	Location Qualifier	CY	
	N406	Location Identifier		The FFE uses this element to transmit the County Code
2100A	**DMG – Member Demographics**			
	DMG01	Date Time Period Format Qualifier	D8	
	DMG02	Member Birth Date		
	DMG03	Gender	M or F	
	DMG04	Marital Status Code	M or U or R	The FFE will only send M, U or R and it will only be included in the subscriber loop
	DMG05-2	Code List Qualifier	:RET	
	DMG05-3	Race or Ethnicity Code		See Appendix B for current values from Code Source 859 Up to 10 values may be sent

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
2100A	**HLH – Member Health Information**			
	HLH01	Health Related Code	T or N	T (Tobacco Use) or N (No Tobacco Use)
2100A	**LUI – Member Language**			Language will be sent for the household contact member only, if available. If the household contact member is not enrolled on the policy, information will not be sent.
	LUI01	Identification Code Qualifier	LD	
	LUI02	Language Code		NISO Z39.53 language codes will be sent
	LUI04	Language Use Indicator	6 and/or 7	The FFE will only send written and spoken language information, if available
2100C	**N3 – Member Mail Street Address**			Only included if mailing address is different than residence address
	N301	Address Information		
	N302	Address Information		
2100C	**N4 – Member Mail City, State, Zip Code**			
	N401	Member Mail City Name		
	N402	Member Mail State Code		
	N403	Member Postal Code		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
2100F	**NM1 – Custodial Parent**			Only included if Subscriber is under 18 and if provided on application.
	NM101	Entity Identifier Code	S3	
	NM102	Entity Type Qualifier	1	
	NM103	Custodial Parent Name Last		
	NM104	Custodial Parent Name First		
	NM105	Custodial Parent Middle Name		
	NM107	Custodial Parent Suffix		
2100F	**N3 – Custodial Parent Street Address**			Will be sent, if applicable
	N301	Custodial Parent Address Line		
	N302	Custodial Parent Address Line		
2100F	**N4 – Custodial Parent City, State, Zip Code**			Will be sent, if applicable
	N401	Custodial Parent City Name		
	N402	Custodial Parent State Code		
	N403	Custodial Parent Postal Code		Code Source: 51

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
2100G	**NM1 – Responsible Person**			Only sent if the Subscriber is younger than 18 and the RP is different than the Custodial Parent information provided on the application
	NM101	Entity Identifier Code	S1	
	NM102	Entity Type Qualifier	1	
	NM103	Responsible Party Last Name		
	NM104	Responsible Party First Name		
	NM105	Responsible Party Middle Name		
	NM107	Responsible Party Name Suffix		
2100G	**N3 – Responsible Person Street Address**			Will be sent, if applicable
	N301	Responsible Party Address Line		
	N302	Responsible Party Address Line		
2100G	**N4 – Responsible Person City, State, Zip Code**			Will be sent, if applicable
	N401	Responsible Party City Name		
	N402	Responsible Party State Code		
	N403	Responsible Party Zip Code		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
2300	**HD – Health Coverage**			
	HD01	Maintenance Type Code	021	
	HD03	Insurance Line Code	HLT DEN	HLT = Health DEN = Dental Only one value sent as applicable to plan ID
2300	**DTP – Health Coverage Dates**			
	DTP01	Date Time Qualifier	348	
	DTP02	Date Time Period Format Qualifier	D8	
	DTP03	Coverage Period		Benefit Begin Date
2300	**REF- Health Coverage Policy Number**			
	REF01	Reference Identifier Qualifier	CE 1L	The FFE will send both CE and 1L
	REF02	Member Group or Policy Number		When REF01 = CE, the value is the 16-digit plan ID When REF01 = 1L, the value is the Exchange Assigned Policy ID
2700	**LS – Additional Reporting Categories**			
2710	**LX – Member Reporting Categories**			

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
2750	N1 – Reporting Categories			
	N101	Entity Identifier Code	75	
	N102	Member Reporting Category Name	REQUEST SUBMIT TIMESTAMP APTC AMT* PRE AMT 1 PRE AMT TOT* TOT RES AMT* RATING AREA* ADDL MAINT REASON SEP REASON SOURCE EXCHANGE ID APPLICATION ID AND ORIGIN	ADDL MAINT REASON and SEP REASON are situational. *Only sent on Subscriber Record
2750	REF – Reporting Category Reference			
	REF01	Reference Identification Qualifier	17	When N102 = REQUEST SUBMIT TIMESTAMP or SOURCE EXCHANGE ID or ADDL MAINT REASON or SEP REASON
			9V	When N102 = APTC AMT or TOT RES AMT
			9X	When N102 = PRE AMT 1 or PRE AMT TOT or RATING AREA
			6M	When N102 = APPLICATION ID AND ORIGIN

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
	REF02	Member Reporting Category Reference ID	CCYYMMDDHHMMSSss	When N102 = REQUEST SUBMIT TIMESTAMP
			Numeric with explicit decimal	When N102 = APTC AMT or PRE AMT 1 or PRE AMT TOT or TOT REST AMT
			R-Exchange Rating Area ID (Ex: VA010)	When N102 = RATING AREA 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.
			CIC	When N102 = ADDL MAINT REASON See Section 6.6 for more information
			2-digit alpha numeric	When N102 = Special Enrollment Period (SEP) SEP codes can be found in Appendix A
			Coverage State + 0 (Ex: VA0)	When N102 = SOURCE EXCHANGE ID
			Alpha numeric with hyphen (Ex: 123456789-00)	When N102 = APPLICATION ID AND ORIGIN Origin codes can be found in Appendix A
2750	DTP - Reporting Category Date			
	DTP01	Date Time Qualifier	007	
	DTP02	Date Time Period Format Qualifier	D8	
	DTP03	Member Reporting Category Effective Date(s)		Sent with all N102 elements except REQUEST SUBMIT TIMESTAMP

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

7.2.4. Effectuations

FFE to FFE Issuer	FFE Issuer to FFE	Description
N/A	✓	An Effectuation transaction is confirmation that coverage for the enrollee is now in effect and is sent after the enrollee has made the binder payment.

Inbound Submission Guidelines*

Effectuation transactions must include the same information transmitted in the Initial Enrollment sent by the FFE.

- If an issuer receives a maintenance transaction from the FFE prior to submitting an effectuation, the most recent QTY values and/or updated enrollment information must be submitted on the inbound effectuation.

Updates to member information or FFE data is not permitted through the 834-submission process. Issuers must use the reconciliation or dispute process to request a change in member or FFE data. Please refer to the Recon Education Suite in zONE here.

Issuers should submit an Issuer Assigned Subscriber ID, Issuer Assigned Member ID and Issuer Assigned Policy ID but may choose to submit these values via a Maintenance transaction.

The following enrollments received from the FFE require an effectuation. Refer to the BAR section for more information about Passive and Active enrollment transactions.

- CIC (unless it is the same subscriber and HIOS and the prior year policy is effectuated)
- Passive - Initial
- Passive Reenroll – New to Issuer
- Passive – New Subscriber
- Active Reenroll – Initial

IMPORTANT: Policies not requiring payment due to 100% APTC still require an Enrollment Effectuation transaction.

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Information specific to the FFE Effectuation transactions are outlined in Table 18 below:

Table 18. Effectuation

Loop	X12 Segment and Element Name		Inbound Value	CMS Exchange Comments
1000A	**N1 – Sponsor Name**			**Sponsor Name = Subscriber Name** Identifies the subscriber from the enrollment group.
	N101	Entity Identifier Code	P5	
	N102	Plan Sponsor Name		Subscriber's Name
	N103	Identification Code Qualifier	FI or 94	Issuers are only required to submit one qualifier and the applicable identifier in N104. The FFE recommends sending 94 and the EASID.
	N104	Sponsor Identifier		When N103, = FI, value is the Subscriber's Social Security Number (SSN), if available OR When N103, = 94, value is the Exchange Assigned Subscriber ID (recommended) The value submitted must match the value sent by the FFE.
1000B	**N1- Payer**			**Payer = Insurance Company/ Issuer**
	N101	Entity Identifier Code	IN	
	N102	Insurer Name		Issuer Organization Name
	N103	Identification Code Qualifier	FI	
	N104	Insurer Identification Code		Issuer Taxpayer TID

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	CMS Exchange Comments
2000	**INS – Member Level Detail**			Issuers must include all individuals covered under the policy.
	INS01	Subscriber Indicator	Y or N	
	INS02	Individual Relationship Code	18	When INS01 = Y, the value 18 must be used When INS01 = N, the value identifies the relationship to the subscriber. See TR3 for the list of acceptable values
	INS03	Maintenance Type Code	021	
	INS04	Maintenance Reason Code	28	
	INS05	Benefit Status Code	A	
	INS08	Employment Status Code	AC	Must be transmitted with the Subscriber only
2000	**REF- Subscriber Identifier**			
	REF01	Reference Identifier Qualifier	0F	
	REF02	Subscriber Identifier		Exchange Assigned Subscriber ID
2000	**REF- Member Supplemental Identifier**			
	REF01	Reference Identifier Qualifier	17 23 ZZ 6O	17 is required 23 and ZZ are optional The FFE strongly recommends Issuer assigned Identifiers be sent. However, they can be added later through an Inbound Maintenance transaction 6O is optional

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	CMS Exchange Comments
	REF02	Member Supplemental Identifier		When REF01 = 17, value is Exchange Assigned Member ID When REF01 = 23, value is Issuer Assigned Member ID When REF01 = ZZ, value is Issuer Assigned Subscriber ID When REF01 = 6O, value is Payment Transaction ID
2000	DTP- Member Level Dates			
	DTP01	Date/Time Qualifier	356	
	DTP02	Date Time Period Format Qualifier	D8	
	DTP03	Status Information Effective Date		The value submitted must match Eligibility Begin Date sent by FFE
2100A	NM1- Member Name			
	NM01	Entity Identifier Code	IL	
	NM02	Entity Type Qualifier	1	
	NM03	Member Last Name		
	NM04	Member First Name		
	NM05	Member Middle Name		
	NM07	Member Suffix		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	CMS Exchange Comments
2100A	DMG - Member Demographics			
	DMG01	Date Time Period Format Qualifier	D8	
	DMG02	Member Birth Date		
	DMG03	Gender	M F	
2300	HD – Health Coverage			
	HD01	Maintenance Type Code	021	
	HD03	Insurance Line Code	HLT DEN	HLT = Health DEN = Dental Submit the appropriate value sent by the FFE
2300	DTP – Health Coverage Dates			
	DTP01	Date Time Qualifier	348 543	Both the Benefit Begin Date (348) and the Last Premium Paid Date (543) must be sent 543 is required and should only be sent with the Subscriber
	DTP02	Date Time Period Format Qualifier	D8	
	DTP03	Coverage Period		When DTP01 = 348, date must be the Benefit Begin Date sent by the FFE. When DTP01 = 543, date should be the most recent premium paid date.

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	CMS Exchange Comments
2300	REF- Health Coverage Policy Number			
	REF01	Reference Identifier Qualifier	CE 1L X9	CE and 1L are required. X9 is optional but it is strongly recommended
	REF02	Member Group or Policy Number		When REF01 = CE, the value must be 16-digit plan ID sent by the FFE When REF01 = 1L, the value must be the Exchange Assigned Policy ID sent by the FFE When REF01 = X9, the value should be Issuer Assigned Policy ID
2700	LS – Additional Reporting Categories			
2710	LX – Member Reporting Categories			
2750	N1 – Reporting Categories			
	N101	Entity Identifier Code	75	
	N102	Member Reporting Category Name	REQUEST SUBMIT TIMESTAMP ADDL MAINT REASON	Issuers are required to submit these reporting categories. All other reporting categories are optional but if sent must include the values sent by the FFE.

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	CMS Exchange Comments
2750	REF – Reporting Category Reference			
	REF01	Reference Identification Qualifier	17	When N102 = REQUEST SUBMIT TIMESTAMP
	REF02	Member Reporting Category Reference ID	CONFIRM	When N102 = ADDL MAINT REASON Note: The AMRC value must be paired with the specific MTC and MRC combination reported in Loop 2000. See Appendix C for a Quick Reference Guide of MTC/MRC/AMRC combinations.

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

7.2.5. Cancellations

FFE to FFE Issuer	FFE Issuer to FFE	Description
✓	✓	A Cancellation transaction is generated when the enrollment is to be ended with **no actual coverage.** A cancellation will result in the health and dental coverage being cancelled for the entire Enrollment group.
Inbound Submission Guidelines*		
Cancellation transactions require only the loops, segments and elements indicated in Table 19 below. Do not submit loop 2300 or the transaction will be rejected. The Eligibility End Date of a cancellation transaction must be equal to or one day prior to the Eligibility Begin Date. A cancellation may be reinstated. See Section 7.2.6 for instructions on submitting reinstatements. When an FFE Issuer is sending cancellation information for an entire Enrollment group that has coverage for both Medical and Dental polices, it must be clear which coverage type is being cancelled by transmitting the appropriate Exchange Assigned Policy Number. FFE initiated cancellations as the result of the Cancel Carry Forward process during Batch Auto Renewal (BAR) is covered in Section 7.2.8.		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Information specific to inbound and outbound Cancellation transactions are outlined in Table 19 below:

Table 19. Cancellations

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
1000A	**N1 – Sponsor Name**		**Sponsor Name = Subscriber Name** Identifies the subscriber from the enrollment group.		
	N101	Entity Identifier Code	P5		
	N102	Plan Sponsor Name			Subscriber's Name
	N103	Identification Code Qualifier	FI or 94		Issuers are only required to submit one qualifier and the applicable identifier in N104. The FFE recommends sending 94 and the EASID.
	N104	Sponsor Identifier			When N103, = FI, the value is the Subscriber's Social Security Number (SSN), if available When N103, = 94, the value is the Exchange Assigned Subscriber ID (recommended) The value transmitted must match the value sent by the FFE.
1000B	**N1- Payer**		**Payer = Insurance Company/ Issuer**		
	N101	Entity Identifier Code	IN		
	N102	Name			Organization Name
	N103	Identification Code Qualifier	FI		
	N104	Identification Code			Issuer Taxpayer ID

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2000	**INS – Member Level Detail**		Only the subscriber information is sent on inbound and outbound cancellations, however, all covered non-subscribers on the policy will also be cancelled.		
	INS01	Subscriber Indicator	Y		
	INS02	Individual Relationship Code	18		
	INS03	Maintenance Type Code	024		
	INS04	Maintenance Reason Code	MRCs must be paired with the applicable AMRC reported in Loop 2750 as indicated later in this section. See Appendix C for acceptable MTC/MRC/AMRC combinations.		
			N/A	03	03 – Death only
			07	07	07 – Inbound: Fraud or Rescission Only 07 – Outbound: No Longer Eligible
			14	14	14 – Inbound: End of Free Look period only 14 – Outbound: Voluntary Cancellation or Cancel due to Change in Circumstance (CIC)
			26	N/A	26 –HICS case only
			59	N/A	59 – Non-payment of premium
			Null	Null	Null – Inbound: Anti-duplication, Out of Area or Other reason not indicated Null – Outbound: Other reason not indicated
	INS05	Benefit Status Code	A		
	INS08	Employment Status Code	TE		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2000	**REF- Subscriber Identifier**				
	REF01	Reference Identifier Qualifier	0F		
	REF02	Subscriber Identifier			Exchange Assigned Subscriber ID
2000	**REF- Member Policy Number**				
	REF01	Reference Identifier Qualifier	1L		
	REF02	Member Group or Policy Number			Inbound: Exchange Assigned Policy ID or Issuer Assigned Policy ID Outbound: Exchange Assigned Policy ID
2000	**REF- Member Supplemental Identifier**				
	REF01	Reference Identifier Qualifier	17 23 ZZ		Inbound: 17 is required; 23 and ZZ are optional Outbound: FFE will always include 17 and, when available, 23 and ZZ
	REF02	Member Supplemental Identifier			When REF01 = 17, value is Exchanged Assigned Member ID When REF01 = 23, value is Issuer Assigned Member ID When REF01 = ZZ, value is Issuer Assigned Subscriber ID

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2000	DTP- Member Level Dates				
	DTP01	Date/Time Qualifier	357		
	DTP02	Date Time Period Format Qualifier	D8		
	DTP03	Status Information Effective Date			Inbound: Eligibility End Date must be equal to or one day prior to Eligibility Begin Date sent on initial enrollment transaction Outbound: Eligibility End Date will always be equal to Eligibility Begin Date
2100A	NM1- Member Name				
	NM01	Entity Identifier Code	IL		
	NM02	Entity Type Qualifier	1		
	NM03	Member Last Name			
	NM04	Member First Name			
	NM05	Member Middle Name			
	NM07	Member Suffix			
2100A	DMG - Member Demographics				
	DMG01	Date Time Period Format Qualifier	D8		
	DMG02	Member Birth Date			
	DMG03	Gender	M or F		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2300	HD – Health Coverage				Do not submit loop 2300
2700	LS – Additional Reporting Categories				
2710	LX – Member Reporting Categories				
2750	N1 – Reporting Categories				
	N101	Entity Identifier Code	75		
	N102	Member Reporting Category Name	REQUEST SUBMIT TIMESTAMP ADDL MAINT REASON	REQUEST SUBMIT TIMESTAMP ADDL MAINT REASON SOURCE EXCHANGE ID APPLICATION ID AND ORIGIN	
2750	REF – Reporting Category Reference				
	REF01	Reference Identification Qualifier	17	17	When N102 = REQUEST SUBMIT TIMESTAMP or ADDL MAINT REASON or SOURCE EXCHANGE ID
			N/A	6M	When N102 = APPLICATION ID AND ORIGIN

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	REF02	Member Reporting Category Reference ID	CANCEL CANCEL-ANTIDUPLICATION CANCEL-FLC CANCEL-FRD CANCEL-HICS CANCEL-OTH CANCEL-OUT-OF-AREA CANCEL-RESCIND	CANCEL CANCELCIC CANCEL-NLE CANCEL-OTH CANCEL-OTH-COVERAGE CANCEL-PDM *CANCEL-FRD	When N102 = ADDTL MAINT REASON NOTE: The AMRC value must be submitted with a specific MTC and MRC combination reported in Loop 2000. See Appendix C or acceptable MTC/MRC/AMRC combinations. For more information about when to submit each Cancellation reason see Section 6.10. *Tentative to go live Q2 of 2025
			N/A	CCYYMMDDHHMMSSss	When N102 = REQUEST SUBMIT TIMESTAMP
			N/A	aan	When N102 = SOURCE EXCHANGE ID
			N/A	nnnnnnnnnn-nn	When N102 = APPLICATION ID AND ORIGIN
2750	DTP - Reporting Category Date				
	DTP01	Date Time Qualifier	007		
	DTP02	Date Time Period Format Qualifier	D8		
	DTP03	Member Reporting Category Effective Date(s)			Sent with all N102 elements except REQUEST SUBMIT TIMESTAMP

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

7.2.6. Terminations

FFE to FFE Issuer	FFE Issuer to FFE	Description
✓	✓	A Termination transaction is generated when the enrollee was covered by the FFE Issuer for some period oftime and the coverage will end after the initial effective date. FFE Issuer grace period policies must meet applicable state and federal requirements for grace periods. A termination will result in the health coverage being terminated for the entire enrollment group.
Inbound Submission Guidelines*		
Termination transactions should only include the loops, segments and elements indicated in Table 20 below. Do not submit loop 2300 or the transaction will be rejected. A termination may be resubmitted with a new Eligibility End Date as long as the new date is *earlier* than the previously submitted Eligibility End Date. • If an Eligibility End Date needs to be *later* than the previously submitted date a reinstatement transaction must first be submitted followed by a new termination. See Section 7.2.6 for instructions on submitting reinstatements. Issuers should not send Termination transactions with a prospective Eligibility End Date of 12/31 unless sending an AMRC of TERM-ANTIDUPLICATION or TERM-HICS. • Sending a prospective date of 12/31 will result in the Do Not Bar indicator of the policy to be set to True at the FFE and will prevent re-enrollment during the Batch Automatic Re-enrollment (BAR) process. Although such transactions will set the Do Not BAR indicator to True, this action can be undone by the Issuer by sending an IC834 Reinstatement transaction.		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Information specific to the FFE Termination transactions are outlined in Table 20 below:

Table 20. Terminations

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
1000A	**N1 – Sponsor Name**		**Sponsor Name = Subscriber Name** Identifies the subscriber from the enrollment group.		
	N101	Entity Identifier Code	P5		
	N102	Plan Sponsor Name			Subscriber's Name
	N103	Identification Code Qualifier	FI or 94		Issuers are only required to submit one qualifier and the applicable identifier in N104. The FFE recommends sending 94 and the EASID.
	N104	Sponsor Identifier			When N103, = FI, the value is the Subscriber's Social Security Number (SSN), if available OR When N103, = 94, the value is the Exchange Assigned Subscriber ID (recommended) The value transmitted must match the value sent by the FFE.
1000B	**N1- Payer**		**Payer = Insurance Company/ Issuer**		
	N101	Entity Identifier Code	IN		
	N102	Name			Organization Name
	N103	Identification Code Qualifier	FI		
	N104	Identification Code			Issuer Taxpayer ID

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2000	**INS – Member Level Detail**		Only the subscriber information is sent on inbound and outbound terminations, however, all covered non-subscribers on the policy will be terminated.		
	INS01	Subscriber Indicator	Y		
	INS02	Individual Relationship Code	18		
	INS03	Maintenance Type Code	024		
	INS04	Maintenance Reason Code	MRCs must be paired with the applicable AMRC reported in Loop 2750 as indicated later in this section. See Appendix C for acceptable MTC/MRC/AMRC combinations.		
			N/A	03	03 – Death only
			N/A	07	07 – No Longer Eligible
			N/A	14	14 – Voluntary withdrawal or enrolled in other coverage
			26	N/A	26 –HICS case only
			59	N/A	59 –non-payment of premium
			Null	Null	Null – Inbound: Anti-duplication or Other reason not indicated Null – Outbound: Other reason not indicated
	INS05	Benefit Status Code	A		
	INS08	Employment Status Code	TE		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2000	REF- Subscriber Identifier				
	REF01	Reference Identifier Qualifier	0F		
	REF02	Subscriber Identifier			Exchange Assigned Subscriber ID
2000	REF- Member Policy Number				
	REF01	Reference Identifier Qualifier	1L		
	REF02	Member Group or Policy Number			Inbound: Exchange Assigned Policy ID or Issuer Assigned Policy ID Outbound: Exchange Assigned Policy ID
2000	REF- Member Supplemental Identifier				
	REF01	Reference Identifier Qualifier	17 23 ZZ		Inbound: 17 is required; 23 and ZZ are optional Outbound: FFE will always include 17 and, when available, 23 and ZZ
	REF02	Member Supplemental Identifier			When REF01 = 17, value is Exchanged Assigned Member ID When REF01 = 23, value is Issuer Assigned Member ID When REF01 = ZZ, value is Issuer Assigned Subscriber ID

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2000	DTP- Member Level Dates				
	DTP01	Date/Time Qualifier	357		
	DTP02	Date Time Period Format Qualifier	D8		
	DTP03	Status Information Effective Date			Inbound: Eligibility End Date must be greater than Eligibility Begin Date on initial enrollment transaction NOTE: Do not submit a future date of 12/31 unless submitting an AMRC of TERM-ANTIDUPLICATION or TERM-HICS as this will prevent auto-reenrollment during BAR.
2100A	NM1- Member Name				
	NM01	Entity Identifier Code	IL		
	NM02	Entity Type Qualifier	1		
	NM03	Member Last Name			
	NM04	Member First Name			
	NM05	Member Middle Name			
	NM07	Member Suffix			

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2100A	DMG - Member Demographics				
	DMG01	Date Time Period Format Qualifier	D8		
	DMG02	Member Birth Date			
	DMG03	Gender	M or F		
2300	HD – Health Coverage				Do not submit loop 2300
2700	LS – Additional Reporting Categories				
2710	LX – Member Reporting Categories				
2750	N1 – Reporting Categories				
	N101	Entity Identifier Code	75		
	N102	Member Reporting Category Name	REQUEST SUBMIT TIMESTAMP ADDL MAINT REASON	REQUEST SUBMIT TIMESTAMP ADDL MAINT REASON SOURCE EXCHANGE ID APPLICATION ID AND ORIGIN	

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2750	REF – Reporting Category Reference				
	REF01	Reference Identification Qualifier	17	17	When N102 = REQUEST SUBMIT TIMESTAMP or ADDL MAINT REASON or SOURCE EXCHANGE ID
			N/A	6M	When N102 = APPLICATION ID AND ORIGIN
	REF02	Member Reporting Category Reference ID	TERM TERM-ANTIDUPLICATION TERM-HICS TERM-OTH	TERM TERMCIC TERM-NLE TERM-OTH TERM-OTH-COVERAGE TERM-PDM	When N102 = ADDTL MAINT REASON NOTE: The AMRC value must be submitted with a specific MTC and MRC combination reported in Loop 2000. See Appendix C for acceptable MTC/MRC/AMRC combinations. For more information about when to submit each Termination reason see Section 6.10.
			N/A	CCYYMMDDHHMMSSss	When N102 = REQUEST SUBMIT TIMESTAMP
			N/A	aan	When N102 = SOURCE EXCHANGE ID
			N/A	nnnnnnnnnn-nn	When N102 = APPLICATION ID AND ORIGIN
2750	DTP - Reporting Category Date				
	DTP01	Date Time Qualifier	007		
	DTP02	Date Time Period Format Qualifier	D8		
	DTP03	Member Reporting Category Effective Date(s)			Sent with all INS02 elements except REQUEST SUBMIT TIMESTAMP

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

7.2.7. Reinstatements

FFE to FFE Issuer	FFE Issuer to FFE	Description
N/A	✓	A reinstatement is sent to reverse a previously submitted Cancellation or Termination transaction initiated by the issuer thereby reactivating enrollment coverage. A reinstatement will result in the entire enrollment group being reinstated. Reinstatements will restore all original coverage from the initial Benefit Begin Date of each covered individual including any additions, removals or maintenance actions that occurred during the policy plan year being reinstated.

Inbound Submission Guidelines*

The FFE will use the identifiers below to match the policy being reinstated. If the identifiers on the reinstatement transaction do not match the FFE values, the reinstatement will be rejected.

- Tenant ID, EAPID, EASID, Eligibility Start Date and 16-digit QHP/QDP ID

QHP and QDP issuers are permitted to reinstate policies for the following *issuer-initiated* cancellations and terminations:

TERM	CANCEL	CANCEL-FLC
TERM-HICS	CANCEL-HICS	CANCEL-FRD
TERM-OTH	CANCEL-OTH	CANCEL-RESCIND
TERM-ANTIDUPLICATION	CANCEL-ANTIDUPLICATION	CANCEL-OUT-OF-AREA

Issuers may not reinstate the following:

- Terminations or cancellations *initiated by the FFE*
  - Exception: QDP Issuers may reinstate *FFE initiated* CANCEL, CANCELCIC, TERM and TERM CIC transactions
- Policies previously submitted with a future termination date including 12/31
- Policies that would create overlapping coverage in the same product (QHP or SADP) for *any member*
- Only certain individuals covered under a policy

Issuers who need to update enrollment in one of the categories above must submit a request to ER&R

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Information specific to the FFE Issuer Reinstatement transactions are outlined in Table 21 below:

Table 21. Reinstatements

Loop	X12 Segment and Element Name		Inbound Value	CMS Exchange Comments
1000A	**N1 – Sponsor Name**			**Sponsor Name = Subscriber Name** Identifies the subscriber from the enrollment group.
	N101	Entity Identifier Code	P5	
	N102	Plan Sponsor Name		Subscriber's Name
	N103	Identification Code Qualifier	FI or 94	Issuers are only required to submit one qualifier and the applicable identifier in N104. The FFE recommends sending 94 and the EASID.
	N104	Sponsor Identifier		When N103, = FI, value is the Subscriber's Social Security Number (SSN), if available OR When N103, = 94, value is the Exchange Assigned Subscriber ID (recommended) The value transmitted must match the value sent by the FFE.
1000B	**N1- Payer**			**Payer = Insurance Company/ Issuer**
	N101	Entity Identifier Code	IN	
	N102	Name		Organization Name
	N103	Identification Code Qualifier	FI	
	N104	Identification Code		Issuer Taxpayer ID

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	CMS Exchange Comments
2000	**INS – Member Level Detail**			Only the subscriber information is sent on inbound reinstatements. All covered non-subscribers on the policy will be reinstated.
	INS01	Subscriber Indicator	Y	
	INS02	Individual Relationship Code	18	
	INS03	Maintenance Type Code	025	
	INS04	Maintenance Reason Code	Null	A null value must be submitted for this element MRCs must be paired with the applicable AMRC indicated in Loop 2750 later in this table. See also Appendix C for acceptable combinations.
	INS05	Benefit Status Code	A	
	INS08	Employment Status Code	AC	Will be transmitted with the Subscriber only.
2000	**REF- Subscriber Identifier**			
	REF01	Reference Identifier Qualifier	0F	
	REF02	Subscriber Identifier		Exchange Assigned Subscriber ID

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	CMS Exchange Comments
2000	REF- Member Supplemental Identifier			
	REF01	Reference Identifier Qualifier	17 23 ZZ	17 is required 23 and ZZ are optional
	REF02	Member Supplemental Identifier		When REF01 = 17, value is Exchange Assigned Member ID When REF01 = 23, value is Issuer Assigned Member ID When REF01 = ZZ, value is Issuer Assigned Subscriber ID
2000	DTP- Member Level Dates			
	DTP01	Date/Time Qualifier	356	
	DTP02	Date Time Period Format Qualifier	D8	
	DTP03	Status Information Effective Date		The value submitted must match the *initial* Eligibility Begin Date of the Subscriber sent by the FFE
2100A	NM1- Member Name			
	NM01	Entity Identifier Code	IL	
	NM02	Entity Type Qualifier	1	
	NM03	Member Last Name		
	NM04	Member First Name		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	CMS Exchange Comments
	NM05	Member Middle Name		
	NM07	Member Suffix		
2100A	DMG - Member Demographics			
	DMG01	Date Time Period Format Qualifier	D8	
	DMG02	Member Birth Date		
	DMG03	Gender	M F	
2300	HD – Health Coverage			
	HD01	Maintenance Type Code	025	
	HD03	Insurance Line Code	HLT DEN	HLT = Health DEN = Dental Submit the appropriate value sent by the FFE
2300	DTP – Health Coverage Dates			
	DTP01	Date Time Qualifier	348	
	DTP02	Date Time Period Format Qualifier	D8	
	DTP03	Coverage Period		Benefit Begin Date sent by the FFE on the initial enrollment of the Subscriber

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	CMS Exchange Comments
2300	REF- Health Coverage Policy Number			
	REF01	Reference Identifier Qualifier	CE 1L X9	CE and 1L are required X9 is optional
	REF02	Member Group or Policy Number		When REF01 = CE, the value must be 16-digit plan ID sent by the FFE When REF01 = 1L, the value must be the Exchange Assigned Policy ID sent by the FFE When REF01 = X9, the value should be Issuer Assigned Policy ID All values submitted should be the most recent values sent by the FFE prior to the cancel/term.
2700	LS – Additional Reporting Categories			
2710	LX – Member Reporting Categories			
2750	N1 – Reporting Categories			
	N101	Entity Identifier Code	75	
	N102	Member Reporting Category Name	REQUEST SUBMIT TIMESTAMP ADDL MAINT REASON	

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	CMS Exchange Comments
2750	REF – Reporting Category Reference			
	REF01	Reference Identification Qualifier	17	When N102 = REQUEST SUBMIT TIMESTAMP
	REF02	Member Reporting Category Reference ID	ISSUER - REINSTATEMENT	When N102 = ADDL MAINT REASON– Note: The AMRC value must be paired with the specific MTC and MRC combination reported in Loop 2000.
2750	DTP - Reporting Category Date			
	DTP01	Date Time Qualifier	007	
	DTP02	Date Time Period Format Qualifier	D8	
	DTP03	Member Reporting Category Effective Date(s)		Send with the ADDL MAINT REASON N102 element Not required with REQUEST SUBMIT TIMESTAMP

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

7.2.8. Maintenance

FFE to FFE Issuer	FFE Issuer to FFE	Description
✓	✓	An outbound maintenance transaction is generated when certain types of changes to the consumer's policy need to occur. These transactions include certain demographic, financial, or member changes initiated by a consumer either online or through an FFE representative (ie. agent/broker, call center representative or eligibility support worker). Some changes to the enrollment group will be sent as paired CIC transactions rather than as a single Maintenance transaction. Refer to Section 6.6 for information about the types of changes resulting in paired CIC changes. The M834 Operations Manual explains in detail how maintenance transactions are created and includes many examples. The FFE strongly recommends issuers use the M834 Operations Manual when building their processes for submitting and accepting these transactions.
Inbound Submission Guidelines*		
Inbound Maintenance transactions are restricted to changes in Issuer Assigned Subscriber IDs, Issuer Assigned Member IDs and Issuer Assigned Policy IDs and may only be submitted after an Effectuation transaction has been successfully submitted.		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Information specific to the FFE Issuer Maintenance transactions are outlined in Table 22 below:

Table 22. Maintenance

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
1000A	**N1 – Sponsor Name**				**Sponsor Name = Subscriber Name** Identifies the subscriber from the enrollment group.
	N101	Entity Identifier Code	P5		
	N102	Plan Sponsor Name			Subscriber's Name
	N103	Identification Code Qualifier	FI or 94		Issuers are only required to submit one qualifier and the applicable identifier in N104. The FFE recommends sending 94 and the EASID.
	N104	Sponsor Identifier			When N103 = FI, value is Subscriber's Social Security Number (SSN), if available OR When N103 = 94, value is the Exchange Assigned Subscriber ID (recommended) The value transmitted must match the value sent by the FFE.
1000B	**N1- Payer**				**Payer = Insurance Company/ Issuer**
	N101	Entity Identifier Code	IN		
	N102	Insurer Name			Issuer Organization Name
	N103	Identification Code Qualifier	FI		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	N104	Insurer Identification Code			Issuer Taxpayer ID
2000	Member Level Detail				
	INS01	Subscriber Indicator	Y or N		
	INS02	Individual Relationship Code	18		When INS01 = Y, the value 18 must be used When INS01 = N, the value identifies the relationship to the subscriber. See TR3 for the list of acceptable values
	INS03	Maintenance Type Code	001	001 021 024	Inbound: 001 must always be sent with the subscriber and all non-subscribers Outbound: 001 is always transmitted with the subscriber and all non-subscribers not being added or removed 021 = a new non-subscriber being added 024 = a non-subscriber who is being removed from the policy

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	INS04	Maintenance Reason Code	Null 25	Null EC 07 14 25 43	Inbound: MRC 25 is only transmitted with the Member whose information is changing. If there is no change to the member the MRC should be null. Outbound: Null – used to indicate a CSR Variant change (Subscriber only), Financial change (Subscriber only), Demographic Change (affected Subscriber or Non-Subscriber), Agent Broker change (Subscriber only) and No Change (sent with Subscriber or Non-Subscriber when a change does not apply to the individual) EC – only used for addition of new non-subscriber 07 and 14 used for non-subscriber removals only 25 used to identify a change to identification elements for a subscriber or non-subscriber 43 used to identify a residential address change Each MRC is combined with a specific MTC (INS03 element) and AMRC (Loop 2750 – REF 02) that is dependent upon the type of maintenance transaction being sent. See Appendix C for these combinations. The M834 Operations Manual includes detailed information about transmission of maintenance transactions from the FFE to Issuers including a variety of scenarios and examples.
	INS05	Benefit Status Code	A		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	INS08	Employment Status Code	AC		Sent with the Subscriber only
2000	**REF- Subscriber Identifier**				
	REF01	Reference Identifier Qualifier	0F		
	REF02	Subscriber Identifier			Exchange Assigned Subscriber ID
2000	**REF- Member Supplemental Identifier**				
	REF01	Reference Identifier Qualifier	17 6O 23 ZZ ABB Q4	17 6O 23 ZZ	Inbound: 17 is required 6O is optional 23 and ABB must both be sent to update the FFE ZZ and Q4 must both be sent to update the FFE Outbound: 17 is always sent 6O is sent, if available 23 and ZZ are sent, if previously provided

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	REF02	Member Supplemental Identifier			When REF01 = 17, value is Exchange Assigned Member ID When REF01 = 6O, value is Payment Transaction ID Inbound: When REF01 = 23, value is **new** Issuer Assigned Member ID and REF01 = ABB *should* also be submitted with the **old** Issuer Assigned Member ID When REF01 = ZZ, value is **new** Issuer Assigned Subscriber ID and REF01 = Q4 *should* also be submitted with the **old** Issuer Assigned Subscriber ID Outbound: When REF01 = 23, value is the Issuer Assigned Member ID, if available When REF01 = ZZ, value is Issuer Assigned Subscriber ID, if available
2000	DTP- Member Level Dates				
	DTP01	Date/Time Qualifier	303 356	303 356	Inbound: 356 – Send with all members even if there is a change 303 – Send only with members that have a change. Outbound: 303 is only sent with the Subscriber 356 is only sent with the member being added No DTP will be sent in this Loop by the FFE when the member is being removed

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	DTP02	Date Time Period Format Qualifier	D8		
	DTP03	Status Information Effective Date			When DTP01 = 303, the value is the Maintenance Effective Date When DTP01 = 356, the value is the Eligibility Begin Date For **Inbound** transactions the Eligibility Begin Date must match the date sent in the 2300 Loop
2100A	NM1- Member Name				
	NM01	Entity Identifier Code	IL		
	NM02	Entity Type Qualifier	1		
	NM03	Member Last Name			
	NM04	Member First Name			
	NM05	Member Middle Name			
	NM07	Member Name Suffix			
	NM08	Identification Code Qualifier	N/A	34	
	NM09	Member Identifier	N/A		Member's SSN, if available Not required on IB transactions

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2100A	**PER- Member Communications Number**				Will transmit up to three communication contacts, when the information is available
	PER01	Contact Function Code	N/A	IP	
	PER03	Communication Number Qualifier	N/A	TE	Primary Phone Number
	PER04	Communication Number	N/A		
	PER05	Communication Number Qualifier	N/A	AP	Secondary Phone Number
	PER06	Communication Number	N/A		
	PER07	Communication Number Qualifier	N/A	EM BN	Email (EM) or Beeper Number (BN), if applicable
	PER08	Communication Number	N/A		
2100A	**N3- Member Residence Street Address**				
	N301	Member Address Line	N/A		
	N302	Member Address Line	N/A		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2100A	N4 - Member City, State, Zip Code				
	N401	Member City Name	N/A		
	N402	Member State Code	N/A		
	N403	Member Zip Code	N/A		Code Source: 51
	N405	Location Qualifier	N/A	CY	
	N406	Location Identifier	N/A		County Code
2100A	DMG - Member Demographics				
	DMG01	Date Time Period Format Qualifier	N/A	D8	
	DMG02	Member Birth Date	N/A		
	DMG03	Gender	N/A	M F	
	DMG04	Marital Status Code	N/A	M U R	The FFE will only send M, U or R and it will only be included in the subscriber loop
	DMG05-2	Code List Qualifier	N/A	:RET	
	DMG05-3	Race or Ethnicity Code	N/A		See Appendix B for current values from Code Source 859. Up to 10 values may be sent

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2100A	HLH – Member Health Information				
	HLH01	Health Related Code	N/A	T N	
2100A	LUI – Member Language				Language will be sent for the household contact member only, if available. If the household contact member is not enrolled on the policy, information will not be sent.
	LUI01	Identification Code Qualifier	N/A	LD	
	LUI02	Language Code	N/A		
	LUI04	Language Use Indicator	N/A	6 7	The FFE will only send written and spoken language information, if available
2100B	NM1- Incorrect Member Name				This loop is only included if there is a change to member demographic data. The members full name will be included.
	NM01	Entity Identifier Code	N/A	IL	
	NM02	Entity Type Qualifier	N/A	1	
	NM03	Member Last Name	N/A		
	NM04	Member First Name	N/A		
	NM05	Member Middle Name	N/A		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	NM07	Member Name Suffix	N/A		
	NM08	Identification Code Qualifier	N/A	34	
	NM09	Member Identifier	N/A		Original Member SSN – only included if a new SSN is reported in the 2100A Loop
2100B	**DMG – Incorrect Member Demographics**				This loop is only included if there is a change to a specific member demographic element reported in this loop. This loop will contain the original/old value with the updated/new value being reported in the 2100A DMG loop.
	DMG01	Date Time Period Format Qualifier	N/A	D8	
	DMG02	Member Birth Date	N/A		
	DMG03	Gender	N/A	M or F	
	DMG04	Marital Status Code	N/A	M or U or R	The FFE will only send M, U or R and it will only be included in this loop if the change applied to the Subscriber
	DMG05-2	Code List Qualifier	N/A	:RET	
	DMG05-3	Race or Ethnicity Code	N/A		See Appendix B for current values from CDC Code Source 859 Up to 10 values may be sent If any of the original set of codes is changed, all of the original codes will be sent in this loop. The updated set of codes will be sent in 2100A DMG

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2100C	**N3- Member Mail Street Address**				Only included if mailing address is different than residence address
	N301	Address Information	N/A		
	N302	Address Information	N/A		
2100C	**N4- Member Mail City, State, Zip Code**				
	N401	Member Mail City Name	N/A		
	N402	Member Mail State Code	N/A		
	N403	Member Postal Code	N/A		
2100F	**NM1 - Custodial Parent**				Only included if Subscriber is under 18 and if provided on application.
	NM101	Entity Identifier Code	N/A	S3	
	NM102	Entity Type Qualifier	N/A	1	
	NM103	Custodial Parent Name Last	N/A		
	NM104	Custodial Parent Name First	N/A		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	NM105	Custodial Parent Middle Name	N/A		
	NM107	Custodial Parent Suffix	N/A		
	NM108	Identification Code Qualifier	N/A	34	
2100F	PER- Custodial Parent Communications Numbers				Will be sent, if applicable
	PER01	Contact Function Code	N/A	PQ	
	PER03	Communication Number Qualifier	N/A	TE	Primary Phone Number
	PER04	Communication Number	N/A		
	PER05	Communication Number Qualifier	N/A	AP	Secondary Phone Number
	PER06	Communication Number	N/A		
	PER07	Communication Number Qualifier	N/A	EM BN	Email or Beeper Number if no email and if available (see Business Guide for explanation)
	PER08	Communication Number	N/A		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2100F	N4- Custodial Parent City, State, Zip Code				Will be sent, if applicable
	N401	Custodial Parent City Name	N/A		
	N402	Custodial Parent State Code	N/A		
	N403	Custodial Parent Postal Code	N/A		Code Source: 51
2100G	NM1 – Responsible Person				Only sent if the Subscriber is younger than 18 and there is no Custodial Parent information provided on the application.
	NM101	Entity Identifier Code	N/A	S1	
	NM102	Entity Type Qualifier	N/A	1	
	NM103	Responsible Party Last Name	N/A		
	NM104	Responsible Party First Name	N/A		
	NM105	Responsible Party Middle Name	N/A		
	NM107	Responsible Party Name Suffix	N/A		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2100G	N3 – Responsible Person Street Address				Will be sent, if applicable
	N301	Responsible Party Address Line	N/A		
	N302	Responsible Party Address Line	N/A		
2100G	N4 – Responsible Person City, State, Zip Code				Will be sent, if applicable
	N401	Responsible Party City Name	N/A		
	N402	Responsible Party State Code	N/A		
	N403	Responsible Party Zip Code	N/A		
2100G	PER – Responsible Person Communication Numbers				Will be sent, if applicable
	PER01	Contact Function Code	N/A		
	PER03	Communication Number Qualifier	N/A		
	PER04	Communication Number	N/A		
	PER05	Communication Number Qualifier	N/A		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	PER06	Communication Number	N/A		
	PER07	Communication Number Qualifier	N/A		
	PER08	Communication Number	N/A		
2300	HD – Health Coverage				
	HD01	Maintenance Type Code	001	001 021 024	Inbound: 001 must always be transmitted with the subscriber and all active non-subscribers Outbound: 001 is always transmitted with the subscriber and all non-subscribers not being added or removed 021 = a new non-subscriber being added 024 = a non-subscriber who is being removed from the policy
	HD03	Insurance Line Code	HLT DEN		HLT = Health DEN = Dental Only one value sent as applicable to plan ID

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2300	DTP – Health Coverage Dates				
	DTP01	Date Time Qualifier	303 348	303 348 349	Inbound: 303 – Optional - Send only with members being updated 348 – Required - Send with all members Outbound: 303 - Sent on the subscriber record and any *previously* sent non-subscribers included on the policy. 303 is not included with a newly added or removed non-subscriber. 348 - Sent with the subscriber and all current enrolled non-subscribers including newly added non-subscribers. 349 - Sent with a non-subscriber being removed.
	DTP02	Date Time Period Format Qualifier	D8		
	DTP03	Coverage Period			When DTP01 = 303, the value is the Maintenance Effective Date When DTP01 = 348, the value is the Benefit Begin Date When DPT01 = 349, the value is the Benefit End Date For **Inbound** transactions, the Benefit Begin Date must match the Eligibility Begin Date sent in the 2000 Loop

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
2300	REF- Health Coverage Policy Number				
	REF01	Reference Identifier Qualifier	CE 1L X9 XM	CE 1L X9	Inbound: At least one value must be included. If changing the Issuer Policy ID, FFE Issuers should submit both X9 and XM. Outbound: CE and 1L will be sent; X9 will be sent if previously provided
	REF02	Member Group or Policy Number			When REF01 = CE, the value is the 16-digit plan ID When REF01 = 1L, the value is the Exchange Assigned Policy ID When REF01 = X9, the value is the new Issuer Assigned Policy ID When REF01 = XM, the value is the old/previous Issuer Assigned Policy ID
2700	LS – Additional Reporting Categories				
2710	LX – Member Reporting Categories				
2750	N1 – Reporting Categories				
	N101	Entity Identifier Code	75		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	N102	Member Reporting Category Name	ADDL MAINT REASON	REQUEST SUBMIT TIMESTAMP APTC AMT* PRE AMT 1 PRE AMT TOT* TOT RES AMT* RATING AREA* ADDL MAINT REASON SEP REASON SOURCE EXCHANGE ID APPLICATION ID AND ORIGIN	*Only sent on Subscriber Record
2750	REF - Reporting Category Reference				
	REF01	Reference Identification Qualifier	17		When N102 = REQUEST SUBMIT TIMESTAMP or SOURCE EXCHANGE ID or ADDL MAINT REASON or SEP REASON
			9V		When N102 = APTC AMT or TOT RES AMT
			9X		When N102 = PRE AMT 1 or PRE AMT TOT or RATING AREA
			6M		When N102 = APPLICATION ID AND ORIGIN

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	REF02	Reference Identification	CCYYMMDDHHMMSSss		When N102 = REQUEST SUBMIT TIMESTAMP
			Numeric with explicit decimal		When N102 = APTC AMT or PRE AMT 1 or PRE AMT TOT or TOT REST AMT
			R-Exchange Rating Area ID (Ex: VA010)		When N102 = RATING AREA
			ISSUER MAINT NO CHANGE	CSR VARIANT CHANGE FINANCIAL CHANGE AGENT BROKER INFO DEMOGRAPHIC CHANGE NO CHANGE TERM TERM-NLE TERM-OTH-COVERAGE CANCEL CANCEL-NLE CANCEL-OTH-COVERAGE Null	When N102 = ADDL MAINT REASON Inbound: ISSUER MAINT – Send only with member being updated NO CHANGE – Send with members who are not being updated Outbound: CSR VARIANT CHANGE, FINANCIAL CHANGE and AGE BROKER INFO will only be sent with the Subscriber DEMOGRAPHIC CHANGE – Sent with the member being changed NO CHANGE – Sent with the any member to whom the change being made does not apply TERM and CANCEL reasons and a Null value will only be sent with a Non-Subscriber to indicate new addition (null) or reason for removal Null – Sent with non-subscriber add only

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Inbound Value	Outbound Value	CMS Exchange Comments
	REF02	Reference Identification			NOTE: The AMRC value must be submitted with a specific MTC and MRC combination reported in Loop 2000. See Appendix C for acceptable MTC/MRC/AMRC combinations. The M834 Operations Manual includes detailed information about transmission of maintenance transactions from the FFE to Issuers including a variety of scenarios and examples.
			2-digit alpha numeric		When N102 = SEP SEP codes can be found in Appendix A
			Coverage State + 0 (Ex: VA0)		When N102 = SOURCE EXCHANGE ID
			Alpha numeric with hyphen (Ex: 123456789-0)		When N102 = APPLICATION ID AND ORIGIN Origin codes can be found in Appendix A
2750	**DTP - Reporting Category Date**				
	DTP01	Date Time Qualifier	007		
	DTP02	Date Time Period Format Qualifier	D8		
	DTP03	Date Time Period			Included with all N102 elements except REQUEST SUBMIT TIMESTAMP All dates are the effective start date of the associated value. For scenarios and examples, see the M834 Operations Manual.

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

7.2.9. Batch Auto Re-enrollment

Batch Auto Re-enrollment (BAR) is an annual Open Enrollment (OE) process that occurs when the FFE generates enrollment rosters for active Enrollment Groups to be rolled over (ie. auto re-enrolled) from one plan year to another. This does not include when the consumer with or without assistance returns to "Actively" re-enroll for next plan year coverage. The BAR process generates a separate set of ASC X12 834 transactions from the daily ASC X12 834 traffic. There is also a separate EFT Function Code used to segregate the payload from the normal daily traffic. See the File Naming Convention Guide for specific information related to the I834AR EFT Function Code and the annual Open Enrollment Transaction Summary posted on zONE

The Annual BAR transaction files, contains the same data elements transmitted on a new Initial Enrollment transaction with a few exceptions including the INS element of the 2000 Loop and elements reported in the 2750 Loop. The technical specifications are provided in Table 23 below.

During OE, an enrollee or Issuer may terminate or cancel the current year coverage after the FFE has sent the passive reenrollment for future year coverage, such as terminations for nonpayment. The Cancel Carry Forward process cancels auto-reenrollments that are linked to a prior year enrollment that has been cancelled or terminated after auto-renewal. Issuers must be aware that the Cancel Carry Forward process will cancel auto re-enrollments that are subsequently ineligible for BAR due to late terminations of current year Marketplace coverage. Active re-enrollments or auto re-enrollments that have been updated by the enrollee will not be cancelled in this job, though in some scenarios Issuers may still cancel active re-enrollment (see Exchange Enrollment Manual, Chapter 6).

Late terminations can come in the form of consumer-requested terminations (i.e., when an enrollee voluntarily elects to end coverage), or through an Issuer sending a Termination transaction to the FFE with a December 31 end date. In both cases, the Do Not BAR indicator of the policy will be set to True at the FFE and Cancel Carry Forward will recognize that policy as ineligible for BAR and send a Cancellation transaction to the Issuer for the BAR enrollment with an AMRC of CANCEL-CARRYFORWARD. Because policies in the prior coverage year can be cancelled through IC834 and reconciliation after the end of the prior coverage year, FFE Issuers can receive Cancel Carry Forward transactions several months into the new plan year.

Please note, when a consumer with or without assistance returns to "actively" re-enroll for next plan year coverage, this overrides the BAR process.

Information specific to the FFE Issuer BAR transactions are outlined in Table 23 below:

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Table 23. BAR

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
1000A	**N1 – Sponsor Name**			**Sponsor Name = Subscriber Name** Identifies the subscriber from the enrollment group.
	N101	Entity Identifier Code	P5	
	N102	Plan Sponsor Name		Subscriber's Name
	N103	Identification Code Qualifier	FI or 94	
	N104	Sponsor Identifier		When N103 = FI, value is Subscriber's Social Security Number (SSN), if available When N103 = 94, value is the Exchange Assigned Subscriber ID
1000B	**N1- Payer**			**Payer = Insurance Company/ Issuer**
	N101	Entity Identifier Code	IN	
	N102	Insurer Name		Issuer Organization Name
	N103	Identification Code Qualifier	FI	
	N104	Insurer Identification Code		Issuer Taxpayer ID
1000C	**N1- TPA/Broker Name**			This loop will only be included if an Agent or Broker (A/B) assisted with enrollment in coverage
	N101	Entity Identifier Code	BO	
	N102	TPA or Broker Name		
	N103	Identification Code Qualifier	94	
	N104	TPA or Broker Identification Code		National Producer Number (NPN)

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
2000	INS – Member Level Detail			
	INS01	Subscriber Indicator	Y N	
	INS02	Individual Relationship Code	18	When INS01 = Y, the value 18 must be used When INS01 = N, the value identifies the relationship to the subscriber. See TR3 for the list of acceptable values
	INS03	Maintenance Type Code	021 024	021 is sent for *Passive* re-enrollments transactions only. *Active* re-enrollments are transmitted on the I834 files as Initial Enrollments. 024 is sent for Cancel Carryforward transactions only.
	INS04	Maintenance Reason Code	41 EC Null	41 is used for Passive enrollment EC is used for Passive re-enrollment Null is sent with Cancel Carryforward transactions.
	INS05	Benefit Status Code	A	
	INS08	Employment Status Code	AC TE	AC is transmitted for Passive re-enrollment transactions. TE is transmitted for Cancel Carryforward transactions. AC and TE will only be transmitted with the Subscriber.
2000	REF- Subscriber Identifier			
	REF01	Reference Identifier Qualifier	0F	

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
	REF02	Subscriber Identifier		Exchange Assigned Subscriber ID
2000	REF- Member Supplemental Identifier			
	REF01	Reference Identifier Qualifier	17 6O	17 – Required 6O – Included, If available
	REF02	Member Supplemental Identifier		When REF01 = 17, the value is Exchange Assigned Member ID When REF01 = 6O, the value is Payment Transaction ID
2000	DTP- Member Level Dates			
	DTP01	Date/Time Qualifier	356	
	DTP02	Date Time Period Format Qualifier	D8	
	DTP03	Status Information Effective Date		Eligibility Begin Date
2100A	NM1- Member Name			
	NM01	Entity Identifier Code	IL	
	NM02	Entity Type Qualifier	1	
	NM03	Member Last Name		
	NM04	Member First Name		
	NM05	Member Middle Name		
	NM07	Member Name Suffix		
	NM08	Identification Code Qualifier	34	
	NM09	Member Identifier		Member's SSN, if available

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
2100A	**PER- Member Communications Number**			Will transmit up to three communication contacts, when the information is available
	PER01	Contact Function Code	IP	
	PER03	Communication Number Qualifier	TE	Primary Phone Number
	PER04	Communication Number		
	PER05	Communication Number Qualifier	AP	Secondary Phone Number
	PER06	Communication Number		
	PER07	Communication Number Qualifier	EM BN	Email (EM) or Beeper Number (BN), if no email and if available (see Business Guide for explanation)
	PER08	Communication Number		
2100A	**N3- Member Residence Street Address**			
	N301	Member Address Line		
	N302	Member Address Line		
2100A	**N4 - Member City, State, Zip Code**			
	N401	Member City Name		
	N402	Member State Code		
	N403	Member Zip Code		Code Source: 51
	N405	Location Qualifier	CY	
	N406	Location Identifier		The FFE uses this element to transmit the County Code

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
2100A	DMG - Member Demographics			
	DMG01	Date Time Period Format Qualifier	D8	
	DMG02	Member Birth Date		
	DMG03	Gender	M F	
	DMG04	Marital Status Code	M U R	The FFE will only send M, U or R and it will only be included in the subscriber loop
	DMG05-2	Code List Qualifier	:RET	
	DMG05-3	Race or Ethnicity Code		See Appendix C for current values from Code Source 859 Up to 10 values may be sent
2100A	HLH – Member Health Information			
	HLH01	Health Related Code	T N	The FFE will only send a value of T (Tobacco Use) or N (No Tobacco Use)

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
2100A	**LUI – Member Language**			Language will be sent for the household contact member only, if available. If the household contact member is not enrolled on the policy, information will not be sent.
	LUI01	Identification Code Qualifier	LD	
	LUI02	Language Code		NISO Z39.53 language codes will be sent
	LUI04	Language Use Indicator	6 7	The FFE will only send written and spoken language information, if available
2100C	**N3- Member Mail Street Address**			Only included if mailing address is different than residence address
	N301	Address Information		
	N302	Address Information		
2100C	**N4- Member Mail City, State, Zip Code**			
	N401	Member Mail City Name		
	N402	Member Mail State Code		
	N403	Member Postal Code		
2100F	**NM1 - Custodial Parent**			Only included if Subscriber is under 18 and if provided on application.
	NM101	Entity Identifier Code	S3	
	NM102	Entity Type Qualifier	1	
	NM103	Custodial Parent Name Last		
	NM104	Custodial Parent Name First		
	NM105	Custodial Parent Middle Name		
	NM107	Custodial Parent Suffix		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
2100F	N3- Custodial Parent Street Address			Will be sent, if applicable
	N301	Custodial Parent Address Line		
	N302	Custodial Parent Address Line		
2100F	N4- Custodial Parent City, State, Zip Code			Will be sent, if applicable
	N401	Custodial Parent City Name		
	N402	Custodial Parent State Code		
	N403	Custodial Parent Postal Code		Code Source: 51
2100G	NM1 – Responsible Person			Only sent if the Subscriber is younger than 18 and the RP is different than the Custodial Parent information provided on the application.
	NM101	Entity Identifier Code	S1	
	NM102	Entity Type Qualifier	1	
	NM103	Responsible Party Last Name		
	NM104	Responsible Party First Name		
	NM105	Responsible Party Middle Name		
	NM107	Responsible Party Name Suffix		
2100G	N3 – Responsible Person Street Address			Will be sent, if applicable
	N301	Responsible Party Address Line		
	N302	Responsible Party Address Line		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
2100G	N4 – Responsible Person City, State, Zip Code			Will be sent, if applicable
	N401	Responsible Party City Name		
	N402	Responsible Party State Code		
	N403	Responsible Party Zip Code		
2300	HD – Health Coverage			
	HD01	Maintenance Type Code	021	
	HD03	Insurance Line Code	HLT DEN	HLT = Health DEN = Dental Only one value sent as applicable to plan ID
2300	DTP – Health Coverage Dates			
	DTP01	Date Time Qualifier	348	
	DTP02	Date Time Period Format Qualifier	D8	
	DTP03	Coverage Period		Benefit Begin Date
2300	REF- Health Coverage Policy Number			
	REF01	Reference Identifier Qualifier	CE 1L	The FFE will send both CE and 1L
	REF02	Member Group or Policy Number		When REF01 = CE, the value is the 16-digit plan ID When REF01 = 1L, the value is the Exchange Assigned Policy ID

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

Loop	X12 Segment and Element Name		Outbound Value	CMS Exchange Comments
2750	REF – Reporting Category Reference			
	REF02	Member Reporting Category Reference ID	PASSIVE* PASSIVE – INITIAL* PASSIVE – B2S* PASSIVE – NEW SUBSCRIBER* PASSIVE – NEW SUBSCRIBER (B2S)* PASSIVE REENROLL – NEW TO ISSUER* PASSIVE REENROLL – NEW TO ISSUER (B2S)* CANCEL – CARRYFORWARD	When N102 = ADDL MAINT REASON *These transactions are assigned Function Code I834AR. While CANCEL – CARRYFORWARD transactions are only generated for BAR enrollments, they are assigned Function Code I834. All M834s generated on BAR enrollments are also assigned Function Code I834. Only initial transactions from BAR are assigned Function Code I834AR.
			2-digit alpha numeric	When N102 = Special Enrollment Period (SEP) SEP codes can be found in Appendix A
			Coverage State + 0 (Ex: VA0)	When N102 = SOURCE EXCHANGE ID
			Alpha numeric with hyphen (Ex: 123456789-0)	When N102 = APPLICATION ID AND ORIGIN The origin code for BAR will always be 11.
2750	DTP - Reporting Category Date			
	DTP01	Date Time Qualifier	007	
	DTP02	Date Time Period Format Qualifier	D8	
	DTP03	Member Reporting Category Effective Date(s)		

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

7.2.10. Retransmissions

Occasionally, outbound transactions generated by the FFE fail and are not sent to issuers. These transactions are aggregated weekly and sent to issuers in a retransmission file with a function code of I834RT.

If an enrollment transaction fails, all subsequent transactions related to that enrollment will be included on the I834RT file in the correct order of processing. However, if the initial transaction failed and it was followed by a cancellation prior to the creation of the I834RT file, neither the initial transaction nor cancellation transaction will be transmitted.

During BAR, some failed transactions are excluded from the I834RT file and are sent as an I834AR file as shown in Table 24. In other words, the reason code combinations below are always sent with the I834AR function code while all other combinations are sent with the I834 or I834RT function codes depending on if they are retransmissions. Because the I834AR files include the initial transactions, they should always be processed first, followed by I834RT files, and finally I834 files.

Table 24. BAR Transaction Reason Code Combinations

MTC	MRC	AMRC	Function Code Assigned
021	41	PASSIVE - INITIAL	I834AR
021	41	PASSIVE - NEW SUBSCRIBER/PASSIVE – NEW SUBSCRIBER (B2S)	I834AR
021	41	PASSIVE/PASSIVE – B2S	I834AR
021	EC	PASSIVE REENROLL – NEW TO ISSUER/NEW TO ISSUER (B2S)	I834AR

8 Resolving Rejected Transactions

The FFE will send Business Application Acknowledgements (BAAs) for each 834 transaction that was rejected using Extensible Markup Language (XML). Issuers can use the information in the BAA to identify the transaction submitted on the inbound 834. The BAA includes, but is not limited to, the original transaction control number, Exchange Assigned Subscriber ID, Exchange Assigned Member ID, Exchange Assigned Policy ID, the element in error (where applicable), the X12 industry error code and X12 error description.

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

The FFE has created a BAA Error Code Listing document, published in CMS zONE, that explains how the FFE translates the X12 error codes and provides guidance to FFE Issuers on how to resolve the errors and resubmit corrected transactions. Issuers should utilize the BAA XMLs and BAA Error Code Listing to promptly identify errors, make corrections and submit them via 834 rather than resubmitting the transactions via the monthly reconciliation file whenever possible.

The BAA Error Code Listing includes the following:

- Error Code(s): The specific X12 industry standard error code, or error code combinations, included on the FFE XML
- X12 Reason(s): The X12 industry standard error code description included on the FFE XML
- Element(s) in Error: The FFE identified element that has resulted in the error and rejection. This is included on the XML, when possible.
- CSM Error Description: The FFE description including transaction type, element and loop that resulted in the error and rejection. This is not included with the XML.
- Issuer Action to Resolve: FFE instructions describing the action needed to be taken by the FFE Issuer to resolve the error and resubmit the transaction. This is not included with the XML.

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

The example in Table 25 illustrate the information provided in the BAA Error Code Listing

Table 25. BAA Acknowledgement Error Listing Example

Error Code(s)	X12 Reason(s)	Element(s) in Error	CMS Error Description	Issuer Action to Resolve
E046	Not Matching	Eligibility Begin Date	**Effectuation** or **Maintenance** IC834 transaction sent in which the IC834 *Eligibility Begin Date* is not equal to the FFE *Eligibility Begin Date*	Update the *Eligibility Begin Date* that was submitted to match the FFE *Eligibility Begin Date* received in the 2000 loop of the outbound 834 from the FFE and resubmit
E148, E158, E160, E161	Termination Transaction, Coverage End Date, One Day Coverage, Invalid	N/A	**Termination** transactions not accepted for one day policies. Termination transaction *Eligibility End Date* should have a value that is after the *Eligibility Begin Date* and before the current *Eligibility End Date*	A termination transaction cannot have the same Eligibility Begin and Eligibility End Date unless it is the result of a HICS case. If it is the result of a HICS case resubmit the termination with an AMRC of "TERM-HICS". If there was no HICS case and no period of coverage resubmit as a cancellation transaction.

Transactions will be created according to the instructions in the ASC X12 005010X220 TR3 and its associated A1 Addenda, please refer to the TR3 for a complete understanding of 834 transaction requirements.

9 Appendices

9.1 Appendix A – Special Enrollment Period and Origin Codes

Table 26. Special Enrollment Period Reason Codes

Position	Code Value and Extended Definition	Code Value Description
REF02	**02**-BIRTH	Addition of individual due to birth
	05-ADOPTION	Addition of individual due to adoption
	07- TERMINATION OF BENEFITS	Loss of Minimum Essential Coverage (MEC) or denied Medicaid or CHIP
	32- MARRIAGE	Addition of individual due to marriage
	43- CHANGE OF LOCATION	New QHPs available due to a permanent move
	FC – FINANCIAL CHANGE	Change to Financial Information (APTC or CSR)
	NE – NEWLY ELIGIBLE	Individual is released from incarceration, gains lawful presence status, or is a member of a federally recognized American Indian tribe or an Alaskan native
	QS - QSEHRA	Individual is newly eligible for a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)
	HR- ICHRA	Individual is newly eligible for an Individual Coverage Health Reimbursement Arrangement (ICHRA)

Table 27. Origin Codes

Origin Code	Origin of Application
1	FFE Online
2	DE/EDE Consumer
3	DE/EDE Agent/Broker
4	Enrollment Support Desk (ESD) Worker
5	Call Center Worker
6	Inbound Account Transfer
11	Auto Re-Enrollment
12	Periodic Data Matching
18	Advanced Resolution (Appeals or Casework)

9.2 Appendix B – Race and Ethnicity Codes

Table 28. Race and Ethnicity Codes

Race Choices for the FFE Application On-Line Selection	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
Cuban	2182-4
Filipino	2036-2
Guamanian or Chamorro	2086-7
Hispanic, Latino, or Spanish Origin	2135-2
Japanese	2039-6
Korean	2040-4
Mexican, Mexican American, or Chicano/a	2148-5
Native Hawaiian	2079-2
Not Hispanic	2186-5
Other Asian	2028-9
Other Pacific Islander	2500-7
Puerto Rican	2180-8
Samoan	2080-0
Vietnamese	2047-9
White	2106-3
Other Race	2131-1

9.3 Appendix C – Transaction Reason Code Combinations

The table below is a quick reference tool outlining the required combinations of Maintenance Type Code (MTC), Maintenance Reason Code (MRC) and Additional Maintenance Reason Code (AMRC) for the FFE to accept the transaction.

Table 29. Inbound Transaction Combinations

TRANSACTION TYPE	Maintenance Type Code (2000 Loop - INS03)	Maintenance Reason Code (2000 Loop - INS04)	Additional Maintenance Reason Code (2750 Loop – REF02)	CMS Exchange Comments
EFFECTUATION	021	28	CONFIRM	
CANCELLATION	024	59	CANCEL	See Section 6.10 for details on the applicable use for each AMRC
	024	14	CANCEL-FLC	
	024	07	CANCEL-FRD	
	024	07	CANCEL-RESCIND	
	024	NULL	CANCEL-OTH	
	024	26	CANCEL-HICS	
	024	NULL	CANCEL-ANTIDUPLICATION	
	024	NULL	CANCEL-OUT-OF-AREA	
TERMINATION	024	59	TERM	See Section 6.10 for details on the applicable use for each AMRC
	024	NULL	TERM-OTH	
	024	26	TERM-HICS	
	024	NULL	TERM-ANTIDUPLICATION	
MAINTENANCE	001	25	ISSUER MAINT	
	001	NULL	NO CHANGE	
REINSTATEMENT	025	NULL	ISSUER – REINSTATEMENT	

Table 30 is a quick reference tool outlining the combinations of Maintenance Type Code (MTC), Maintenance Reason Code (MRC) and Additional Maintenance Reason Code (AMRC) sent by the FFE to Issuers to convey the type of transaction being sent.

Table 30. Outbound Transaction Combinations

TRANSACTION TYPE	Maintenance Type Code (2000 Loop - INS03)	Maintenance Reason Code (2000 Loop - INS04)	Additional Maintenance Reason Code (2750 Loop – REF02)	CMS Exchange Comments
INITIAL ENROLLMENT	021	EC	NULL	
	021	EC	CIC	
BAR	021	41	PASSIVE	BAR Only B2S = Bronze to Silver
	021	41	PASSIVE – B2S	
	021	41	PASSIVE – INITIAL	
	021	41	PASSIVE – NEW SUBSCRIBER	
	021	41	PASSIVE – NEW SUBSCRIBER (B2S)	
	021	EC	PASSIVE REENROLL – NEW TO ISSUER	
	021	EC	PASSIVE REENROLL – NEW TO ISSUER (B2S)	
CANCELLATION	024	14	CANCEL	See Section 6.10 for details on the applicable use for each AMRC
	024	14	CANCELCIC	
	024	07	CANCEL-NLE	
	024	07	CANCEL-FRD*	*Tentative to go live Q2 of 2025
	024	14	CANCEL-OTH-COVERAGE	
	024	03	CANCEL-PDM	
	024	NULL	CANCEL-CARRYFORWARD	
TERMINATION	024	14	TERM	See Section 6.10 for details on the applicable use for each AMRC

	024	14	TERMCIC	See Section 6.10 for details on the applicable use for each AMRC
	024	07	TERM-NLE	
	024	14	TERM-OTH-COVERAGE	
	024	03	TERM-PDM	
MAINTENANCE	024	14	CANCEL	Non-Subscriber Only
	024	07	CANCEL-NLE	
	024	14	CANCEL-OTH-COVERAGE	
	024	14	TERM	
	024	07	TERM-NLE	
	024	14	TERM-OTH-COVERAGE	
	021	EC	NULL	
	001	NULL	AGENT BROKER INFO	Subscriber Only
	001	NULL	CSR VARIANT CHANGE	
	001	NULL	FINANCIAL CHANGE	
	001	43	DEMOGRAPHIC CHANGE	Subscriber or Non-Subscriber – Residential Address
	001	25	DEMOGRAPHIC CHANGE	Subscriber or Non-Subscriber – Identifying data elements
	001	NULL	DEMOGRAPHIC CHANGE	Subscriber or Non-Subscriber – Other change not indicated
	001	NULL	NO CHANGE	Subscriber or Non-Subscriber – No change to the specific covered individual with whom it is included

Document Versioning Page

Author	Version	Rev. date	Summary of Changes	Section	Page(s)
MSI	7.1	7/1/2024	EFT File Naming Convention Update	3.4	10
DFC/CCIIO	7.2	8/30/2024	Removed CSR AMT element; Added Section 6.13 on Origin Codes; Added CANCEL-FRD AMRC to Outbound Cancellation transactions; Updated Section References made to FFE Enrollment Manual	6.11; 6.13; 7.2.5	19-21, 24, 60, 112