The WellCare Group of Companies
EDI TRANSACTION SET

834 X12N HEALTH CARE BENEFIT ENROLLMENT AND MAINTENANCE ASCX12N (05010X220A1)

Companion Guide

Version 5.0

Outbound

834 Benefit Enrollment Reporting

TABLE OF CONTENTS

REVISION HISTORY

Date	Rev #	Author	Description
06/11/2010	1.0 Review	Lisa Bouabid	State Review
2011	1.0	Lisa Bouabid	Added MOOP AMT segment in 2100A loop Add REF '3H' value in 2000 loop
03/16/2012	2.0	Lisa Bouabid	Updated COB segment in 2320 loop Added COB Benefit Dates DTP segment in 2320 loop Added 'COB Address' N3 segment in 2330 loop Added 'COB City, Zip, St' N4 segment in 2330 loop Added 'Phone Number' PER04 segment in 2330 loop
10/17/2012	3.0	Lisa Bouabid	For KY lob's updated REF*17 segment in 2300 loop to determine MOOP. (MT# 920699) Updated AMT segment in 2100A loop to determine MOOP. For GMD updated REF*17 segment in 2300 loop to determine "COPAY". (MT# 920688)
11/16/2012	3.1	Lisa Bouabid	For KY and GA updated REF*ZZ segment in 2300 loop to indicate whether there copay has been waived.
09/27/2013	3.2	Lisa Bouabid	Added REF*XX1 segment in 2300 loop to populate special needs indicator.
05/15/15	3.3	Lisa Bouabid	Added Ethnicity codes and Loop 2750 for Rider code values
04-07/16	3.4	Lisa Bouabid	Add new rider code description for MEDIKIDS population (FM) page 31.

01/17/2017	3.5	David Schoonmaker	1. Added 2750 Rider Code Description *See Attachment G. 2. 2750 Loop for Member Redetermination date (aka Recertification date). 3. 2750 Loop for Estimated Delivery Date (EDD).
02/28/2017	3.6	Cliff Peters	1. Added Medhok new values 2000 Loop Ref ZZ Alt Member ID 2750 Loop Ref ZZ Other Status Code 2100G Loop added J6 for Power of Attorney address 2750 Loop added supplemental LOB 2750 Loop added hospice, ESRD and PARTB indicators. 2100A added Pharm Lang LUI03 & LUI04 2750 Loop Ref ZZ Contract Number Attachment D added PDG
8/7/2017	3.7	Cliff Peters	2300 Loop Ref X9 seq hist ID
8/10/2017	3.8	Cliff Peters	2300 Loop Ref ZZ, indicator for No Copay, value is NC.
10/6/2017	3.9	Kevin Skair	2750 Loop, TOC Indicator Added
2/8/2018	4.0	Kevin Skair	2750 Loop, Dental Info Added
2/8/2018	4.0	Cliff Peters	2000 Loop BMI User Defined 3 ID Added
2/8/2018	4.0	Cliff Peters	2750 Loop Waiver Code Added
2/8/2018	4.0	Cliff Peters	2750 Loop Identified Gender Added
2/8/2018	4.0	Cliff Peters	2000 Loop Date of Death Added
2/8/2018	4.0	Cliff Peters	2750 Loop Temp Elig Status Indicator
4/16/2018	4.1	Cliff Peters	2750 Loop PBP Indicator
4/16/2018	4.1	Cliff Peters	2100H Loop Drop off Location
4/16/2018	4.1	Lisa Bouabid	Added TO TOC 2750 loop
5/22/2018	4.2	Kevin Skair	2750, Financial Reporting Group (FRG)
6/7/2018	4.2	Lisa Bouabid	2750 Rate Code
6/14/2018	4.2	Lisa Bouabid	Added DTP segment to 2750 loops that need period of time associated to the data, this is important for MULTI LOOP 834 CHANGE file when multiple spans can be sent. Added CRS reporting category Added INCARCERATED indicator
7/9/2018	4.2	David Schoonmaker	2750 Patient Responsibility
7/10/2018	4.3	Kevin Skair	2750 added Elig Spans for each Reporting Category except TOC and Dental Info
8/6/2018	4.4	Kerry Christie/Kevin Skair	2750 Term Reason, Earliest Eligibility Date, Updated LOB list and Logos

9/26/2018	4.4	David Schoonmaker	Attachment H Identified Gender Code table.
10/02/018	4.5	Kevin Skair	Island, Re-Evaluation Date an Acuity Level
06/17/2019	5.0	Kevin Skair	Added Termed by Absence info (Page 8) and Dual Member Information in Loop 2000 Member Level Detail REF Segment with 60 Qualifier

DOCUMENT APPROVERS

Role	Name	Title	Approval	Date
Business Owner	Robert Lassiter	Director Vendor and Service Ops		
IT Owner	Salina Messman	Mgr, Application Development		

CONTACT ROSTER

Trading Partners and Providers: For questions, concerns, testing information, etc., please email the following:

EDI Coordinator	
IT@wellcare.com	Multi group supported email distribution
EDI Testing	
#EDIAnalyst@wellcare.com	Multi group supported email distribution
EDI Dev Support	
#EDIAnalyst@wellcare.com	Multi group supported email distribution

INTRODUCTION

The WellCare Group of Companies ("the Plan") has determined the need to use the standard format for outbound Benefit Enrollment and Maintenance for Providers or Trading Partners (TPs). This X12N 834 Benefit Enrollment and Maintenance Companion Guide are intended for use by all of the Plan's Providers and TPs in conjunction with the ANSI ASC X12N National Implementation Guide. It has been written to assist those Receivers who will be implementing the standard X12N 834 EDI inbound transaction. This "Plan" Companion Guide clarifies the HIPAA-designated standard usage and must be used in conjunction with the following document:

The 834 Benefit Enrollment and Maintenance Implementation Guides (IG)

To purchase the IG, contact the Washington Publishing company at **www.wpc-edi.com/hipaa/** or call **1-800-972-4334**.

This Companion Guide contains data clarifications derived from specific business rules that apply to individual subcontractors and will be extracted and sent by the Plan.

GENERAL INFORMATION

The outbound enrollment batch file is transmitted from the Plan to the trading partner. The 834 Benefit Enrollment transactions will be sent monthly unless otherwise contracted, with the option of a daily Change file.

Additional Items of Note

The normal process is that vendors should receive an Audit file once monthly that contains all the vendors eligible members contracted with WellCare for a specific line of business. A daily Change file is sent that will include changes in member eliglibty data as well as termed members. The audit file will not contain termed members.

Termed By Absence Members
If one month a member is on the Audit File and then the subsequent month, the member does not appear in the Audit file, the member should be "Termed By Absence" in the vendors system. The term date of the TBA member should be the last day of the previous month

Provider Information (Loop 2310)
In compliance with the NPI implementation and guidelines, the Plan will send Provider's applicable NPI number in loop 2310.NM109.

Delimiters

A delimiter is a character used to separate two (2) data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, the ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are then used as data element separators elsewhere in the transaction. The following characters are used as data delimiters for all transaction segments:

CHARACTER	PURPOSE
* Asterisk	Data Element Separator
: Colon	Sub-Element Separator
~ Tilde	Segment Terminator

Electronic Submission

The Plan will send 834 Enrollment files electronically using the ANSI ASC X12N 834 format.

File Transmission

834 Transaction files for production will be sent to Trading Partner specific site using secure File Transfer Protocol; see section FTP Process.

Submission Frequency

The files will be sent per negotiated agreements with the Plan's Trading Partners. The normal process is that Audit Files are sent monthly and change files are sent daily. Change files only contain the specific changes that occur in membership in the previous day.

FTP PROCESS

Secure File Transfer Protocol

MOVEit® is the Plan's preferred file transfer method of transferring electronic transactions over the Internet. It has the FTP option or online Web interface.

Secure File Transfer Protocol (SFTP) is specifically designed to handle large files and sensitive data. The Plan utilizes Secure Sockets Layer (SSL) technology, the standard Internet security, and SFTP ensures unreadable data transmissions over the Internet without a proper digital certificate.

- Registered users are assigned a secure mailbox where all reports are posted. Upon enrollment, they will receive a login and password.

In order to send files to the Plan, submitters need to have an FTP client that supports AUTH SSL encryption.

The AUTH command allows the Plan to specify the authentication mechanism name to be used for securing the FTP session. Sample FTP client examples are:

- WS_FTP PRO® (The commercial version supports automation and scripting)
  - WS_FTP PRO® has instructions on how to connect to a WS_FTP Server using SSL.
- Core FTP Lite® (The free version supports manual transfers)
  - Core FTP Lite® has instructions on how to connect to a WS_FTP Server. Additionally, the Plan can provide setup assistance.

FILE TEST PROCESS

The Plan will send test files on a case-by-case basis. The Testing Coordinator will contact Vendor to coordinate a testing schedule.

Testing

1. The Plan will create test files in the ANSI ASC X12N 834 format.

    - Files will include all multiple member record; adds, changes, terms.
    - Batch files by 834 type and group by month.
    - Set Header Loops for Production:
        - Header ISA15 will be set to **''P'**
        - Header REF02 will be set to **'005010X220A1'** (834)
        - Header BGN08 value will be **"4"** = Verify (full audit)
        - Header BGN08 value will be **"2"** = Change file

2. Each batch file will be named according to the File Naming Standards listed below:

    - Node One equals Enroll834
    - Node Two equals Vendor name (e.g. JoeVendor)
    - Node Three equals Line of Business (i.e. WMR, GMR, OAB, etc.)
    - Node Four equals "AUDIT" or "CHANGE"
    - Node Five equals Date test file is created (CCYYMMDDHHMM)
    - **Example:** Enroll834_JoeVendor_WMR_AUDIT_200806041115.txt
      Enroll834_JoeVendor_WMR_CHANGE_200909231012.txt

Production

For Production processing, the Plan will send a monthly full file 834 Benefit Enrollment to the specified FTP site negotiated with each receiver and if requested, also send an 834 daily Benefit Enrollment Change file. As stated previously, members who do not appear in the Audit file are deemed not eliglbity for benefits at that time.

Naming Standards: The Plan uses the file name to help track each batch file sent to the SFTP drop off site.

Name each batch file according to the File Naming Standards listed below:

- Node One equals Enroll834
- Node Two equals Vendor name (e.g. JoeVendor)
- Node Three equals Line of Business (i.e. WMR, GMR, OAB, etc.)
- Node Four equals "AUDIT" or "CHANGE"
- Node Five equals Date test file is created (CCYYMMDDHHMM)
- **Example:** Enroll834_JoeVendor_WMR_AUDIT_200806041115.edi

THE PLAN VALIDATION PROCESS

When 834 Enrollment files are created by the Plan's enterprise system, that process calls the HIPAA validation process to ensure every file passes WEDI/SNIP levels. The Data Edit Program will:

- Validate using a HIPAA X12 validation tool. ****Note**** only SNIP Level 1 and 2 validation is performed**.
- Edit the transactions for content against X12 Standards, eligibility history, Medicaid, and valid dates.
    - All dates are in the CCYYMMDD format.
    - All date/times are in the CCYYMMDDHHMM format.
    - Provider Ids are edited per line of business contract.

See the 834 IG for additional information about the response coding and Addendum C in this Guide.

FURTHER ENROLLMENT FIELD DESCRIPTION

Refer to the IG for the initial mapping information. The grid below further clarifies additional information the Plan will send.

Interchange Control Header:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
	ISA06	Interchange Sender ID	M	1		Set to **'WELLCARE-LOB'** *For LOB refer to Attachment D*
	ISA08	Interchange Receiver ID	M	1		Set to a Unique ID assigned by the Plan for the TP.
	ISA14	Acknowledgment Requested	M	1		Set to: **0** – Interchange Acknowledgment not necessary – as per crosswalk it's set to 1.
	ISA16	Component Element Separator	M	1		Set to: **:** - Colon

Functional Group Header:

	GS02	Senders Code	M	1		Set to **'WELLCARE-LOB'**
	GS03	Receivers Code	M	1		Matches ISA08

Transaction Set Header:

329	**ST02**	Transaction set Control Number	M	1		ST02 will be unique and identical to SE02
1705	**ST03**	Implementation Convention Reference	O	1		Set to same value as GS08

Header:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
353	**BGN01**	Code identifying purpose of transaction set	R	1		Set to: **00** – Original
306	**BGN08**	Action Code	R	1		Set to: **4** – Audit (full file) **2** – Change file
	REF		S	1		This segment will only be sent in certain Medicaid Lines of business.
128	**REF01**	Master Policy Qualifier	R	1		Set to: **38**
127	**REF02**	Master Policy Number	R	1		
374	**DTP01**	Date/Time Qualifier	R	1		Set to: **303** – Maintenance Effective (date)
	QTY	Transaction Set Control Totals	S	1		Segment that will indicate to number of members being

					sent in the file.
673	**QTY01**	Quantity Qualifier	R	1	Set to: **TO**
380	**QTY02**	Quantity	R	1	Total number of INS segments within the file

LOOP ID 1000A – Sponsor Name					**1**
98	**N101**	Sponsor Entity Identifier Code	R		Set to: **P5** – Plan Sponsor
93	**N102**	Sponsor Name	S		Set to Wellcare Sponsor name (based upon the Line of Business/vendor).
66	**N103**	Sponsor Identification Code Qualifier	R		Set to: **FI** – Federal Id
67	**N104**	Sponsor Identification	R		Federal Taxpayer's Id

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID 1000B – Payer Name					**1**	
98	**N101**	Payer Entity Identifier Code	R			Set to: **IN** – Insurer
93	**N102**	Payer Name	S			Set to "**WELLCARE**"
66	**N103**	Payer Identification Code Qualifier	R			Set to: **FI** – Federal Taxpayer's Id Number
67	**N104**	Payer Identification	R			Payer's Federal Taxpayer Id
LOOP ID 2000 – Member Level Detail					**>1**	
1073	**INS01**	Member Name	R	1		Set to **Y** – Yes
1069	**INS02**	Individual Relationship Code	R	1		Set to: 18 – Self
875	**INS03**	Maintenance Type Code	R	1		Set to: **030** – Audit or Compare (full roster) **001** – for Change file Changes **021** – Change file Adds **024** – Change file Terms
1216	**INS05**	Benefit Status Code	R	1		Set to **A** – Active
C052	**INS06**	Medicare Plan Code	S	1		***For Medicare only.*** Set to: **D** – Medicare Part – Unknown
584	**INS08**	Employment Status Code	R	1		Set to: **AC** – Active
1250	**INS11**	Date of Death Qualifier	R	1		Set to: **D8**
1251	**INS12**	Date of Death	R	1		Set to: **CCYYMMDD** INS*Y*18*030**A*D**AC***D8*20180207~
128	**REF01**	Member Policy Number Reference Identification Qualifier	S			Set to: **1L** – Group or Policy Number

127	**REF02**	Reference Identification	S			Set to insured Group or Policy Number
128	**REF01**	Client Number Reference Identification Qualifier	S	5		***For Medicaid only or Dual Members only.*** Set to: **23** – Client Number
127	**REF02**	Reference Identification	S	5		Set to the Recipient's Medicaid Number. If the member is a dual member, this will appear as well as the Medicare number. See Dual Member Idenfication below.
128	**REF01**	Medicare Eligibility Reference Identification Qualifier	S	5		***For Medicare or Dual Members only.*** Set to: **F6** – Health Insurance Claim Number (Hic Number). If the member is a dual member, this will appear as well as the Medicaaid number. See Dual Member Idenfication below
127	**REF02**	Reference Identification	S	5		Set to the member's HIC number or Medicaid #
128	**REF01**	Case number Reference Identification Qualifier	S	5		***For Dual Member Identification.*** Set to: **6O** – Cross Identification Number
127	**REF02**	Reference Identification	S	5		Set to – "DUAL MEMBER"
128	**REF01**	Case number Reference Identification Qualifier	S	5		***For Medicaid only.*** Set to: **3H** – Case number
127	**REF02**	Reference Identification	S	5		Set to the member's Case number, this is identifier which ties families together
128	**REF01**	Client ID Identification Qualifier	S	5		For Medicaid only. Set to: ZZ – Alt Member Identifier.
127	**REF02**	Reference Identification	S	5		Set to the members alt id if pharm info configuration turned on - Y
128	**REF01**	Client ID Identification Qualifier	S	5		For Medicare only. Set to: Q4 – BMI- User Defined 3 HICN ID
127	**REF02**	Reference Identification	S	5		BMI Switch REF*Q4*4561237892A

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2100A – Member Name						***This loop will contain the member's primary address except for Medicare lines of business – for Medicare only, this is the secondary address. See 2100G loop for Medicare primary address.***
98	**NM101**	Entity Identifier Code	R	1		Set to: **IL** – Insured or Subscriber
1065	**NM102**	Entity Type Qualifier	R	1		Set to: **1** – Person
1035	**NM103**	Name Last or Organization Name	R	1		Subscriber Last Name
1036	**NM104**	Name First	R	1		Subscriber First Name
1037	**NM105**	Name Middle	R	1		Subscriber Middle Initial
366	**PER01**	Contact Function Code	S	1		Set to: **IP** – Insured Party
365	**PER03**	Communication Number Qualifier	S	1		Set to: **HP** – HomeTelephone **CP** – Cell Phone **EM** - Email
364	**PER04**	Communication Number	S	1		Set to Member's Telephone Number or Email Address
166	**N301**	Address Information	S	1		Set to Member's Primary Address Line 1
166	**N302**	Address Information	S	1		Set to Member's Primary Address Line 2
19	**N401**	City Name	S	1		Set to Member's Primary City
156	**N402**	State or Province Code	S	1		Set to Member's Primary State
116	**N403**	Postal Code	S	1		Set to Member's Postal Code
309	**N405**	Location Qualifier	S	1		Set to: **CY** – County/Parish
310	**N406**	Location Identifier	S	1		Set to Member's County or Island
1250	**DMG01**	Date Time Period Format Qualifier	S	1		Set to: **D8** – CCYYMMDD
1251	**DMG02**	Date Time Period	S	1		Set to Member's Birth Date
1068	**DMG03**	Gender Code	S	1		Set to one of the following: **F** – Female

						M – Male **U** – Unknown
C056	**DMG05**	Race or Ethnicity Code	S	1		Set to: **See values in ATTACHMENT F.**
522	**AMT01**	Amount Qualifier	S	1		This segment will be sent ONLY for Medicare lines of business or Kentucky Medicaid lines of business for members who have reached the Maximum Out of Pocket Amount. Value is set to: **B9** which identifies Co-pay amount
782	**AMT02**	Amount Monetary Amount	S	1		Set to the Maximum Out of Pocket value.
66	**LUI01**	Member Language Identification Code Qualifier	S	1		Set to: **LD**
67	**LUI02**	Member Language Id. Code	S	1		NISO Z39.53 Language Codes (i.e, **ENG**, **SPA)** found at http://xml.coverpages.org/nisoLang3-1994.html
352	**LUI03**	Description	S	1		BLANK
1303	**LUI04**	Use of Language Ind.	S	1		Code indicating the use of a language 5 Language Reading 6 Language Writing 7 Language Speaking 8 Native Language

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2100C– Postal Mailing Address						**This segment only sent when requested by trading partner.**
98	**NM101**	Entity Identifier Code	S	1		Set to 31 – Insured or Subscriber Postal Mailing Address
1065	**NM102**	Entity Type Qualifier	S	1		Set to: **1** – Person
166	**N301**	Address Information	S	1		Set to Member's Mailing Address Line 1
166	**N302**	Address Information	S	1		Set to Member's Mailing Address Line 2
19	**N401**	City Name	S	1		Set to Member's Mailing City
156	**N402**	State or Province Code	S	1		Set to Member's Mailing State
116	**N403**	Postal Code	S	1		Set to Member's Mailing Postal Code

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2100G – Responsible Person						***For Medicare only, this address should be used as the primary address. If not sent, then default to address in 2100A loop. For Pharm only, this address would be used for power of attorney qualified with J6.***
98	**NM101**	Entity Identifier Code	S	1		Set to: **E1** – Person or Other Entity Legally Responsible for a Child (under age 18 or 21 depending on state) **QD** – Responsible Party **J6** – Power of Attorney
1065	**NM102**	Entity Type Qualifier	S	1		Set to: **1** – Person
1035	**NM103**	Name Last or Organization Name	S	1		Set to Responsible Party's Last Name
1036	**NM104**	Name First	S	1		Set to Responsible Party's First Name
1037	**NM105**	Name Middle	S	1		Set to Responsible Party's Middle Initial
1039	**NM107**	Name Suffix	S	1		Set to Responsible Party's Suffix
366	**PER01**	Contact Function Code	S	1		Set to: **RP** – Responsible Person
365	**PER03**	Communication Number Qualifier	S	1		Set to: **TE** –Telephone
364	**PER04**	Communication Number	S	1		Set to Telephone Number
166	**N301**	Address Information	S	1		Set to Responsible Party's Address Line 1
166	**N302**	Address Information	S	1		Set to Responsible Party's Address Line 2
19	**N401**	City Name	S	1		Set to Responsible Party's City
156	**N402**	State or Province Code	S	1		Set to Responsible Party's State

116	**N403**	Postal Code	S	1		Set to Responsible Party's Postal Code 52484

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2100H – Drop Off location						***This loop is being repurposed to send Temporary Address. It will still be qualified with 45.***
98	**NM101**	Entity Identifier Code	S	1		Set to: **45** – **Temporary Address, verify if true**
1065	**NM102**	Entity Type Qualifier	S	1		Set to: **1** – Person
1035	**NM103**	Name Last or Organization Name	S	1		Set to Member Last Name
1036	**NM104**	Name First	S	1		Set to Member First Name
1037	**NM105**	Name Middle	S	1		Set to Member Middle initial
1039	**NM107**	Name Suffix	S	1		
366	**PER01**	Contact Function Code	S	1		Set to: **45** – Temporary
365	**PER03**	Communication Number Qualifier	S	1		Set to: **CE** – **Cell Phone** **HP – Home Phone** **EM – email address**
364	**PER04**	Communication Number	S	1		Set to appropriate Telephone Number or email address
166	**N301**	Address Information	S	1		Set to Temporary Address Line 1
166	**N302**	Address Information	S	1		Set to Temporary Address Line 2
19	**N401**	City Name	S	1		Set to Temporary City
156	**N402**	State or Province Code	S	1		Set to Temporary State
116	**N403**	Postal Code	S	1		Set to Temporary Postal Code

LOOP ID			Req	Max Use	Loop Repeat	NOTES
2300 Health Coverage	**Segment Name**				99	
875	HD01	Maintenance Type Code	S	**1**		Set to: **030**-Audit/Compare **001** – for Change file Change **002** – for Change Void **021** – Change file Adds

					024 – Change file Terms Set to: **HMO** – Care Management Organ.
1205	**HD03**	Insurance Line Code	S	1	
1204	**HD04**	Plan Coverage Description	S	1	Set to member's Plan Code. Note the plan code may indicate the member is Special Needs for every Line of Business except WMC, MOD and JMD.
1207	**HD05**	Coverage Level Code	S	1	Set to: **IND** – Individual
374	**DTP01**	Health Coverage Date/Time Qualifier	R	1	Set to: **348** – Benefit Begin **349** – Benefit End
1250	**DTP02**	Date Time Period Format Qualifier	R	1	Set to: **D8** – CCYYMMDD
1251	**DTP03**	Date Time Period	R	1	Set to one of the following: Benefit Begin Date Benefit End Date
128	**REF01**	Reference Identification Qualifier	S	1	Category 17 is used for the following cases: behavioral health exclusion, indicator for those having met quarterly MOOP. Set to: **17**
127	**REF02**	Payment Methodology Indicator	S	1	Note: For Kentucky lines of business, if the value in this field is "KQ" then it means the member has met maximum out of pocket for the quarter (MOOP). If value in this field is "BH" then member is excluded from Behavioral Health benefits. All other values see external documents listed below for details regarding this value: Step Actions for Access Claims Payment

					Methodology Step Actions for Access and Select Dual Capitation Claims Payment Methodology Contact Provider Representative with any specific questions.
998	**REF01**	Reference Identification Qualifier	S	1	Category ZZ, mutually defined qualifier – copay indicator.
999	**REF02**	Unique Span Identifier	S	1	Value NC no copay.
1000	**REF01**	Reference Identification Qualifier	S	1	Category X9 is used for the following cases: Unique span identifier Set to: **X9**
1001	**REF02**	Unique Span Identifier	S	1	Value is unique Sequential Eligibility History Value
128	**REF01**	Reference Identification Qualifier	S	1	Special Program Code set to: XX1 is used to qualify the Special Needs Indicator. Set to: **XX1**
127	**REF02**	Special Needs Indicator	S	1	Multiple Special Needs Indicator will be separated by # *For Special Needs ID value refer to Attachment . Note for some states the Special Needs Indicator is the Plan Code itself. You will need a crosswalk at*

LOOP ID - 2310 – Provider Information					
554	**LX01**	Assigned Number	S	1	Set to **001** and increment by 1 for each repetition of the 2310 Loop.
98	**NM101**	Entity Identifier Code	R	1	Set to: **P3** – Primary Care Provider
1065	**NM102**	Entity Type Qualifier	R	1	Set to one of the following **1** – Person **2** – Entity

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2310 – Provider Information						
66	**NM108**	Identification Code Qualifier	R	1		Set to: **XX** – National Provider ID or SV – where NPI is not found
67	**NM109**	Identification Code	R	1		Set to National Provider ID (NPI)
320	**NM110**	Entity Relationship Code	R	1		Set to: **25** – Established Patient
166	**N301**	Provider Address Information	S	1		Set to Provider's address
366	**PER01**	Contact code	S	1		Set to: **IC** – Information Contact
365	**PER03**	Communication Qualifier	S	1		Set to: **TE** – Telephone number
364	**PER04**	Provider Communication number	S	1		Set to: Provider's Telephone number
LOOP ID - 2310 – Provider Information						
554	**LX02**	Assigned Number	S	1		Set to **001** and increment by 1 for each repetition of the 2310 Loop.
98	**NM101**	Entity Identifier Code	R	1		Set to: **P3** – Primary Care Provider
1065	**NM102**	Entity Type Qualifier	R	1		Set to one of the following

1 – Person
2 – Entity

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2310 – Provider Information						
66	**NM108**	Identification Code Qualifier	R	1		Set to: **SV** – Service Provider Number
67	**NM109**	Identification Code	R	1		Set to Service Provider Number
320	**NM110**	Entity Relationship Code	R	1		Set to: **25** – Established Patient
166	**N301**	Provider Address Information	S	1		Set to Provider's address
366	**PER01**	Contact code	S	1		Set to: **IC** – Information Contact
365	**PER03**	Communication Qualifier	S	1		Set to: **TE** – Telephone number
364	**PER04**	Provider Communication number	S	1		Set to: Provider's Telephone number
LOOP ID - 2320 – Coordination of Benefits					<= 5	
1138	**COB01**	Payer Responsibility Sequence Number Code	S	1		Set to: **P** – Primary **S** – Secondary **T** – Tertiary
1143	**COB02**	Policy Number	S	1		Set to: Member's policy number
1143	**COB03**	Coordination of Benefits Code	S	1		Set to: **1** – Coordination of Benefits
128	**REF01**	Reference Identification Qualifier	S	1		Set to one of the following: **6P –** Group Number
127	**REF02**	Reference Identification	S	1		Set to Member's Employer's group ID
374	**DTP01**	COB Benefits date	S	1		Set to one of the following: **344 –** COB benefits begin **345** – COB benefits end
1250	**DTP02**	Date Time Period Format Qualifier	S	1		Set to one of the following:

					D8 – Date Expressed in Format CCYYMMDD
1251	**DTP03**	Date Time Period	S	1	Set to Coordination of Benefits Date: Effective and Term date
LOOP ID - 2330 – Coordination of Benefits Related Entity					
98	**NM101**	Entity Identifier Code	R	1	Set to: **IN** – Insurer
1065	**NM102**	Entity Type Qualifier	R	1	Set to: **2** – Non-Person Entity
1035	**NM103**	Name Last or Organization Name	S	1	Set to: Full Name
166	**N301**	COB Entity related Address	R	1	Set to: Carrier Address Line 1
166	**N302**	COB Entity related Address	S	1	Set to: Address Line 2
19	**N401**	City	S	1	Set to: Carrier City Name
156	**N402**	State	S	1	Set to: Carrier State
116	**N403**	Zip code	S	1	Set to: Carrier Zip code
366	**PER01**	Administrative Comm. Contact	R	1	Set to: **CN** – General Contact
365	**PER03**	Communication Number Qualifier	R	1	Set to: **TE** – Telephone
364	**PER04**	Communication Number	R	1	Set to: Carrier Phone Number
LOOP ID - 2750 – Reporting Category					
98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Rider Code Description *See Attachment G
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ**
127	**REF02**	Reference Identification	R	1	Rider Code Value
374	**DTP01**	Date/Time Qualifier	R	1	Set to: **007**
1250	**DTP02**	Date Format Qualifier	R	1	Set to: **D8 or RD8** depending on whether it is single effective date or range of dates **CCYYMMDD or CCYYMMDD - CCYYMMDD**
1251	**DTP03**	Date Period	R	1	Effective date or span for Reporting category
LOOP ID - 2750 – Reporting Category – Redetermination data aka Recertification date					
98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant

93	**N102**	Name	R	1	Set to: **Redetermination**
128	**REF01**	Reference Qualifier	R	1	Set to: **17** – Client Reporting Category
127	**REF02**	Reference Identification	R	1	Redetermination Date, expressed as CCYYMMDD
374	**DTP01**	Date/Time Qualifier	R	1	Set to: **007**
1250	**DTP02**	Date Format Qualifier	R	1	Set to: **D8 or RD8** depending on whether it is single effective date or range of dates **CCYYMMDD or CCYYMMDD - CCYYMMDD**
1251	**DTP03**	Date Period	R	1	Effective date or span for Reporting category

LOOP ID - 2750 – Reporting Category

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Member Estimated Delivery Date (EDD)
128	**REF01**	Reference Qualifier	R	1	Set to: **17** – Client Reporting Category
127	**REF02**	Reference Identification	R	1	EDD, expressed as CCYYMMDD
374	**DTP01**	Date/Time Qualifier	R	1	Set to: **007**
1250	**DTP02**	Date Format Qualifier	R	1	Set to: **D8 or RD8** depending on whether it is single effective date or range of dates **CCYYMMDD or CCYYMMDD - CCYYMMDD**
1251	**DTP03**	Date Period	R	1	Effective date or span for Reporting category

LOOP ID - 2750 – Reporting Category – map when pharm info = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Other Status Code

128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting Category
127	**REF02**	Reference Identification	R	1	Value of other status
374	**DTP01**	Date/Time Qualifier	R	1	Set to: **007**
1250	**DTP02**	Date Format Qualifier	R	1	Set to: **D8 or RD8** depending on whether it is single effective date or range of dates **CCYYMMDD or CCYYMMDD - CCYYMMDD**
1251	**DTP03**	Date Period	R	1	Effective date or span for Reporting category

LOOP ID - 2750 – Reporting Category – map when pharm info = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Supplemental LOB
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting Category
127	**REF02**	Reference Identification	R	1	Value of Supplemental LOB
374	**DTP01**	Date/Time Qualifier	R	1	Set to: **007**
1250	**DTP02**	Date Format Qualifier	R	1	Set to: **D8 or RD8** depending on whether it is single effective date or range of dates **CCYYMMDD or CCYYMMDD - CCYYMMDD**
1251	**DTP03**	Date Period	R	1	Effective date or span for Reporting category

LOOP ID - 2750 – Reporting Category – map when pharm info = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Supplemental PLAN
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting Category
127	**REF02**	Reference Identification	R	1	Value of Supplemental Plan

374	**DTP01**	Date/Time Qualifier	R	1	Set to: **007**
1250	**DTP02**	Date Format Qualifier	R	1	Set to: **D8 or RD8** depending on whether it is single effective date or range of dates **CCYYMMDD or CCYYMMDD - CCYYMMDD**
1251	**DTP03**	Date Period	R	1	Effective date or span for Reporting category

LOOP ID - 2750 – Reporting Category – map when pharm info = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	TRR TYPE
128	**REF01**	Reference Qualifier	R	1	Set to: **17** – Client Reporting Category
127	**REF02**	Reference Identification	R	1	Value HOSPICE, TRANSPLANT, DIALYSIS
374	**DTP01**	Date/Time Qualifier	R	1	Set to **007** - Effective
1250	**DTP02**	Date Time Period Format Qualifier	R	1	Set to **D8/RD8** – Date Expressed Format CCYYMMDD Depending on if term date Is available.
1251	**DTP03**	Date Time Period	R	1	System Date, expressed as CCYYMMDD-CCYYMMDD Depending on it term date Is available.

LOOP ID - 2750 – Reporting Category – map when pharm info = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Medicare Part B Flag
128	**REF01**	Reference Qualifier	R	1	Set to: **17** – Client Reporting Category
127	**REF02**	Reference Identification	R	1	Value = PARTB
374	**DTP01**	Date/Time Qualifier	R	1	Set to **007** - Effective
1250	**DTP02**	Date Time Period Format Qualifier	R	1	Set to **D8/RD8** – Date Expressed Format CCYYMMDD Depending on if term date Is available.

1251	**DTP03**	Date Time Period	R	1	System Date, expressed as CCYYMMDD-CCYYMMDD Depending on it term date Is available.

LOOP ID - 2750 – Reporting Category – map when pharm info = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Contract Number
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting Category
127	**REF02**	Reference Identification	R	1	Value = Value of Contract #
374	**DTP01**	Date/Time Qualifier	S	1	Set to: 007
1250	**DTP02**	Date Format Qualifier	S	1	Set to: D8 or RD8 depending on effective date or range of dates CCYYMMDD or CCYYMMDD - CCYYMMDD
1251	**DTP03**	Date Period	S	1	Effective date or span for Reporting category

LOOP ID - 2750 – Reporting Category – map when Include TOC = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Member Transition of Care Indicator
128	**REF01**	Reference Qualifier	R	1	Set to: **17**
127	**REF02**	Reference Identification	R	1	Set to: **TOC** - Transition of Care
1250	**DTP02**	Date Time Period Format Qualifier	R	1	Set to **RD8 if there is a term date** – Date Expressed Format CCYYMMDD Set to **D8** if there is no term date
1251	**DTP03**	Date Time Period	R	1	Date range TOC Effective Date – TOC Term Date, expressed as CCYYMMDD – CCYYMMDD **if there is a term date** TOC Effective Date **if there is no term date**

LOOP ID - 2750 – Dental Info Assignment Reason– map when Dental_Info = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant

93	**N102**	Name	R	1	Assignment Reason
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting Category
1250	**DTP02**	Date Time Period Format Qualifier	R	1	Set to **D8** – Date Expressed Format CCYYMMDD
1251	**DTP03**	Date Time Period	R	1	Assignment Reason Date, expressed as CCYYMMDD - CCYYMMDD

LOOP ID - 2750 – Dental Info Geo Prox– map when Dental_Info = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Geo Prox
128	**REF01**	Reference Qualifier	R	1	Set to: **GE** – Client Reporting Category
127	**REF02**	Reference Identification	R	1	Set to: **Geo Prox Value Y or N**
1251	**DTP03**	Date Time Period	R	1	Assignment Reason Date, expressed as CCYYMMDD - CCYYMMDD

LOOP ID - 2750 – Dental Info Vendor Tin– map when Dental_Info = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Vendor Tin
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting Category
127	**REF02**	Reference Identification	R	1	Set to: **Vendor Tin Value**
1251	**DTP03**	Date Time Period	R	1	Assignment Reason Date, expressed as CCYYMMDD - CCYYMMDD

LOOP ID - 2750 – Dental Info DPCP ID – map when Dental_Info = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Vendor Tin
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting Category

127	**REF02**	Reference Identification	R	1	Set to: **DPCP value**
1251	**DTP03**	Date Time Period	R	1	Assignment Reason Date, expressed as CCYYMMDD - CCYYMMDD
LOOP ID - 2750 – Reporting Category					
98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Alternate Member ID
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting Category
127	**REF02**	Reference Identification	R	1	Set to: **Value of Alternate Member ID. EG. N1*75*Alternate Member ID~ REF*ZZ*35623546~**
LOOP ID - 2750 – Reporting Category					
98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Waiver code
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting Category
127	**REF02**	Reference Identification	R	1	Set to: **Value of Waiver Code. EG. N1*75*Waiver Code~ REF*ZZ*LT~**
374	**DTP01**	Date/Time Qualifier	S	1	Set to: **007**
1250	**DTP02**	Date Format Qualifier	S	1	Set to: **D8 or RD8** depending on whether it is single effective date or range of dates **CCYYMMDD or CCYYMMDD - CCYYMMDD**
1251	**DTP03**	Date Period	S	1	Effective date or span for Reporting category
LOOP ID - 2750 – Reporting Category					
98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Identified Gender
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting category

127	**REF02**	Reference Identification	R	1	Set to: **Value of Identified Gender.** **EG. N1*75*Identified Gender~** **REF*ZZ*B~** (See Attachment H: Identified Gender Codes)

LOOP ID - 2750 – Reporting Category when TOC_TO = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	MCO TO
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting category
127	**REF02**	Reference Identification	R	1	Set to: Value TOC_TO (user_defined_2) **Eg. N1*75*TOC TO~** **REF*ZZ*MOLINA~**

LOOP ID - 2750 – Reporting Category

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	PBP
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting category
127	**REF02**	Reference Identification	R	1	Set to: Value **PBP value from Middle of plan code** **Eg. Plan code 444-123-000** **Eg. N1*75*PBP~** **REF*ZZ*123~**
374	**DTP01**	Date/Time Qualifier	S	1	Set to: 007
1250	**DTP02**	Date Format Qualifier	S	1	Set to: D8 or RD8 depending on whether it is single effective date or range of dates CCYYMMDD or CCYYMMDD - CCYYMMDD
1251	**DTP03**	Date Period	S	1	Effective date or span for Reporting category

LOOP ID - 2750 – Reporting Category when INCLUDE-FRG = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant

93	**N102**	Name	R	1	Set to: **FRG –** Financial Reporting Group
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting category
127	**REF02**	Reference Identification	R	1	Set to: Value of FRG

LOOP ID - 2750 – Reporting Category when INCLUDE-RATE-CD = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Set to: **Rate Code**
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting category
127	**REF02**	Reference Identification	R	1	Set to: Value of rate code **Eg. REF*ZZ*2205~**
374	**DTP01**	Date/Time Qualifier	S	1	Set to: **007**
1250	**DTP02**	Date Format Qualifier	S	1	Set to: **D8 or RD8** depending on whether it is single effective date or range of dates **CCYYMMDD or CCYYMMDD - CCYYMMDD**
1251	**DTP03**	Date Period	S	1	Effective date or span for Reporting category

LOOP ID - 2750 – Reporting Category when INCLUDE-INCARCERATED = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Set to: **INCARCERATED**
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting category
127	**REF02**	Reference Identification	R	1	Set to: Value of UDF2 **Eg. REF*ZZ*DOCMAT~** **Eg. REF*ZZ*CTYPRI~**
374	**DTP01**	Date/Time Qualifier	S	1	Set to: **007**
1250	**DTP02**	Date Format Qualifier	S	1	Set to: **D8 or RD8** depending on whether it is single effective date or range of dates **CCYYMMDD or CCYYMMDD - CCYYMMDD**
1251	**DTP03**	Date Period	S	1	Effective date or span for Reporting category

LOOP ID - 2750 – Reporting Category when INCLUDE-CRS = Y

98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Set to: **CRS** Which is Childrens Rehab Services
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting category
127	**REF02**	Reference Identification	R	1	Set to: CRS plan Comments **Eg. REF*ZZ*ABC123CRS~**
374	**DTP01**	Date/Time Qualifier	S	1	Set to: **007**
1250	**DTP02**	Date Format Qualifier	S	1	Set to: **D8 or RD8** depending on whether it is single effective date or range of dates **CCYYMMDD or CCYYMMDD - CCYYMMDD**
1251	**DTP03**	Date Period	S	1	Effective date or span for Reporting category

LOOP ID - 2750 – Reporting Category Patients Responsibility when PAT-RESP = Y					
98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Set to: **PATIENT_RESPONSIBILITY** Which is Childrens Rehab Services
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting category
127	**REF02**	Reference Identification	R	1	Set to: Value of Patient Responsibility ratio. **Eg. REF*ZZ*0.00~**
374	**DTP01**	Date/Time Qualifier	S	1	Set to: **007**
1250	**DTP02**	Date Format Qualifier	S	1	Set to: **D8 or RD8** depending on whether it is single effective date or range of dates **CCYYMMDD or CCYYMMDD - CCYYMMDD**
1251	**DTP03**	Date Period	S	1	Effective date or span for Reporting category

LOOP ID - 2750 – Reporting Category					Earliest Effective Date (EED)
98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Set to: **EARLIEST EFF DT** Member Earliest Effective Date (EED) - for a contiguous coverage span
374	**DTP01**	Date/Time Qualifier	R	1	Set to: **007**
1250	**DTP02**	Date Format Qualifier	R	1	Set to: **D8 or RD8** depending on whether it is single effective date or range of dates **CCYYMMDD or CCYYMMDD - CCYYMMDD**
1251	**DTP03**	Date Period	R	1	Effective date or span for Reporting category

LOOP ID - 2750 – Reporting Category					Term Reason Code
98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Set to: Term Reason Code
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting Category
127	**REF02**	Reference Identification	R	1	Set to: Value of Term Reason Code **E.g. REF*ZZ*STATE~**
374	**DTP01**	Date/Time Qualifier	R	1	Set to: **007**

1250	**DTP02**	Date Format Qualifier	R	1	Set to: **D8 or RD8** depending on whether it is single effective dateor range of dates **CCYYMMDD or CCYYMMDD - CCYYMMDD**
1251	**DTP03**	Date Period	R	1	Effective date or span for Reporting category

LOOP ID - 2750 – Reporting Category					**Acuity Level**
98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Set to: Acuity Level
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting Category
127	**REF02**	Reference Identification	R	1	Set to: Value of Acuity Level **E.g. REF*ZZ*1~**
374	**DTP01**	Date/Time Qualifier	R	1	Set to: **007**
1250	**DTP02**	Date Format Qualifier	R	1	Set to: D8 or RD8 depending on whether it is single effective dateor range of dates CCYYMMDD or CCYYMMDD - CCYYMMDD
1251	**DTP03**	Date Period	R	1	Effective date or span for Reporting category

LOOP ID - 2750 – Reporting Category					**Re-Evaluation Date**
98	**N101**	Entity Identifier Code	R	1	Set to: **75** – Participant
93	**N102**	Name	R	1	Set to: Re-Evaluation Date
128	**REF01**	Reference Qualifier	R	1	Set to: **ZZ** – Client Reporting Category
374	**DTP01**	Date/Time Qualifier	R	1	Set to: **007**
1250	**DTP02**	Date Format Qualifier	R	1	Set to: D8 or RD8 depending on whether it is single effective dateor range of dates CCYYMMDD or CCYYMMDD - CCYYMMDD
1251	**DTP03**	Date Period	R	1	Effective date or span for Reporting category

ATTACHMENT A

Glossary

Term	Definition
HIPAA	In 1996, Congress passed into federal law the Health Insurance Portability and Accountability Act (HIPAA) in order to improve the efficiency and effectiveness of the entire health care system. The provisions of HIPAA, which apply to health plans, health care providers, and health care clearinghouses, cover many areas of concern including: preventing fraud and abuse, preventing pre-existing condition exclusions in health care coverage, protecting patients' rights through privacy and security guidelines, and mandating the use of a national standard for EDI transactions and code sets.
SSL	SSL is a commonly used protocol for managing the security of a message transmission through the Internet. SSL uses a program layer

Term	Definition
(Secure Sockets Layer)	located between the HTTP and TCP layers. The" sockets" part of the term refers to the sockets method of passing data back and forth between a client and a server program in a network or between program layers in the same computer. SSL uses the public-and-private key encryption system from RSA, which also includes the use of a digital certificate.
Secure FTP (SFTP)	Secure FTP, as the name suggests, involves a number of optional security enhancements such as encrypting the payload or including message digests to validate the integrity of the transported files to name two examples. Secure FTP uses Port 21 and other Ports, including SSL.
AUTH SSL	AUTH SSL is the explicit means of implementing secure communications as defined in RFC 2228. AUTH SSL provides a secure means of transmitting files when used in conjunction with an FTP server and client that both support AUTH SSL.
Required Segment	A required segment is a segment mandated by HIPAA as mandatory for exchange between trading partners.
Situational Segment	A situational segment is a segment mandated by HIPAA as optional for exchange between trading partners.
Required Data Element	A mandatory data element is one that must be transmitted between trading partners with valid data.
Situational Data Element	A situational data element may be transmitted if data is available. If another data element in the same segment exists and follows the current element, the character used for missing data should be entered.
N/U (Not Used)	An N/U (Not Used) data element included in the shaded areas if the Implementation Guide is NOT USED according to the standard and no attempt should be made to include these in transmissions.
ATTENDING PROVIDER	The primary individual provider who attended to the client/member during an in-patient hospital stay. Must be identified in 837I, Loop 2310A, REF02 Segment, by their assigned Medicaid/Medicare ID number assigned by State to the individual provider while the client was an inpatient.
BILLING PROVIDER	The Billing Provider entity may be a health care provider, a billing service, or some other representative of the provider.
IMPLEMENTATION GUIDE (IG)	Instructions for developing the standard ANSI ASC X12N Health Care transaction sets. The Implementation Guides are available from the Washington Publishing Company.
PAY-TO-PROVIDER	This entity may be a medical group, clinic, hospital, other institution, or the individual provider who rendered the service.
REFERRING PROVIDER	Identifies the individual provider who referred the client or prescribed Ancillary services/items such as Lab, Radiology and Durable Medical Equipment (DME). Report this provider in Loop 2310A, REF02 Segment using the Medicaid/Medicare ID number assigned by State to the referring provider.
RENDERING PROVIDER	The primary individual provider who attended to the client/member.

<table>
<tr><th>Term</th><th>Definition</th></tr>
<tr><td></td><td>They must be identified in 83P, Loop 2310B, REF02 Segment, use the Medicaid/Medicare ID number assigned by State to the individual provider while the client was in active status.</td></tr>
<tr><td>TRADING PARTNERS (TPs)</td><td>Includes all of the following; payers, switch vendors, software vendors, providers, billing agents, clearinghouses</td></tr>
<tr><td>DATE FORMAT</td><td>All dates are eight (8) character dates in the format CCYYMMDD. The only date data element that varies from the above standard is the Interchange Date data element located in the ISA segment. The Interchange Data date element is a six (6) character date in the YYMMDD format.</td></tr>
<tr><td>DELIMITERS</td><td>A delimiter is a character used to separate two (2) data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction. The following characters are used as data delimiters for all transaction segments:
<table>
<tr><th>CHARACTER</th><th>PURPOSE</th></tr>
<tr><td>* Asterisk</td><td>Data Element Separator</td></tr>
<tr><td>: COLON</td><td>Sub-Element Separator</td></tr>
<tr><td>~ Tilde</td><td>Segment Terminator</td></tr>
</table>
</td></tr>
</table>

ATTACHMENT B

File Example

834 Outbound Benefit Enrollment and Maintenance file – single transaction

Loop	Transaction Segment
ST	ST*834*0001~
BGN	BGN*00*1*20080531001*20080531*023220****4~
DTP	DTP*303*D8*20070111~
QTY	QTY*TO*1~
1000A	N1*P5*WELLCARE OF XXXXXX*FI*58-1234567~
1000B	N1*IN*WELLCARE*ZZ*121234567~
2000	INS*Y*18*030**A***AC~
2000	REF*0F*111014065934~ Client/Subscriber number
2000	REF*IL*XXX000001~ Group or Policy Number
2000	REF*23*11111111111~ Medicaid Number/All states
2000	REF*F6*111014065934~ HIC Number /Florida or Medicare
2100A	NM1*IL*1*NELLON*INDIA*D~
2100A	PER*IP**CP *8005947324~
2100A	N3*1101 ELM STREET~
2100A	N4*LAGRANGE*OH*302400000**CY*ERIE~
2100A	DMG*D8*19970723*F**7~
2100A	LUI*LD*ENG~
2100G	NM1*QD*1*NELLON*SHERIKA*D~
2100G	N3*1101 ELM STREET~
2100G	N4*LAGRANGE*OH*302400000**CY*ERIE~
2300	HD*030**HMO*OABMAA*IND~
2300	DTP*348*D8*20070401~
2310	LX*1~
2310	NM1*P3*1******XX*8287646150*25~
2310	N3*1 MAIN STREET~
2310	N4*ASHTABULA*OH*44044~
2310	PER*IC**TE*8132895200~
2320	COB*P**1~
2320	REF*6P*AZ12345~
2320	DTP*344*D8*19960401~
2330	NM1*IN*2*ABC INSURANCE CO~
2330	N3*50 ORCHARD STREET~
2330	N4*KANSAS CITY*MO*64108~
2330	PER*CN**TE*8015554321~
SE	**SE*000000029*0001~**

834 Outbound Benefit Enrollment and Maintenance file (including Special Needs Indicator and Service Provider ID) – single transaction

Loop	Transaction Segment
ST	ST*834*0001~
BGN	BGN*00*1*20080531001*20080531*023220****4~
DTP	DTP*303*D8*20070111~
QTY	QTY*TO*1~
1000A	N1*P5*WELLCARE OF XXXXXX*FI*58-1234567~
1000B	N1*IN*WELLCARE*ZZ*121234567~
2000	INS*Y*18*030**A***AC~
2000	REF*0F*111014065934~ Client/Subscriber number
2000	REF*IL*XXX000001~ Group or Policy Number
2000	REF*23*11111111111~ Medicaid Number/All states
2000	REF*F6*111014065934~ HIC Number /Florida or Medicare
2100A	NM1*IL*1*NELLON*INDIA*D~
2100A	PER*IP**TE*8005947324~
2100A	N3*1101 ELM STREET~
2100A	N4*LAGRANGE*OH*302400000**CY*ERIE~
2100A	DMG*D8*19970723*F**7~
2100A	LUI*LD*ENG~
2100G	NM1*QD*1*NELLON*SHERIKA*D~
2100G	N3*1101 ELM STREET~
2100G	N4*LAGRANGE*OH*302400000**CY*ERIE~
2300	HD*030**HMO*OABMAA*IND~
2300	DTP*348*D8*20070401~
2300	REF*XX1*1#2#3~
2310	LX*1~
2310	NM1*P3*1******XX*8287646150*25~
2310	N3*1 MAIN STREET~
2310	N4*ASHTABULA*OH*44044~
2310	PER*IC**TE*8132895200~
2310	LX*2~
2310	NM1*P3*1******SV*687384*25~
2310	N3*1 MAIN STREET~
2310	N4*ASHTABULA*OH*44044~
2310	PER*IC**TE*8132895200~
2320	COB*P**1~
2320	REF*6P*AZ12345~
2320	DTP*344*D8*19960401~
2330	NM1*IN*2*ABC INSURANCE CO~
2330	N3*50 ORCHARD STREET~
2330	N4*KANSAS CITY*MO*64108~
2330	PER*CN**TE*8015554321~
SE	**SE*000000029*0001~**

ATTACHMENT C

999 Interpretations

999 Acknowledgment result types:

A – Accepted
R – Rejected
E – Accepted with errors

Accepted 999

999 Acknowledgment sample data:

ST*999*0001*005010X231A1~
AK1*BE*6454*005010X220A1~
AK2*834*0001~
IK5*A~
AK9*A*1*1*1~
SE*6*0001~

Rejected 999

ST*999*0001*005010X231A1~
AK1*BE*6454*005010X220A1~
AK2*834*0001*005010X220A1~
IK3*N4*120**8~
IK4*1*19*4*P~
IK5*R~
AK9*R*1*1*1~
SE*8*0001~

THE WELLCARE GROUP OF COMPANIES (The Plan)

Easy Choice	WellCare of Connecticut, Inc.	WellCare of Maine, Inc.
Care1st Health Plan Arizona, Inc.	WellCare of Florida, Inc.	WellCare of New York, Inc.
HealthEase of Florida, Inc.	WellCare of Georgia, Inc.	WellCare of North Carolina, Inc.
Harmony Health Plan of Illinois, Inc.	WellCare of Louisiana, Inc.	WellCare of Ohio, Inc
Texan Plus, Inc.	WellCare of Texas, Inc.	WellCare of South Carolina, Inc.
WellCare Health Insurance of Illinois, Inc.	WellCare Health Plans of New Jersey, Inc.	WellCare Health Insurance of New York, Inc.

‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

ATTACHMENT D

List of LOB's

LOB	STATE	PROGRAM
ADD	ARIZONA	MEDICARE
AMD	ARIZONA	MEDICAID
AMR	ARIZONA	MEDICAID
AMP	ARIZONA	MEDICAID
BHP	NEW YORK	MEDICAID
CHP	NEW YORK	MEDICAID
CMR	CONNECTICUT	MEDICARE
FHP	NEW YORK	MEDICAID
GMD	GEORGIA	MEDICAID
GMR	GEORGIA	MEDICARE
GFP	GEORGIA	MEDICAID
IMD	ILLINOIS	MEDICAID
IMR	ILLINOIS	MEDICARE
JMR	NEW JERSEY	MEDICARE
JMD	NEW JERSEY	MEDICAID
KAB	KENTUCKY	MEDICAID
KHK	KENTUCKY	MEDICAID
KMD	KENTUCKY	MEDICAID
KMR	KENTUCKY	MEDICARE
LMR	LOUISIANA	MEDICARE
MER	MAINE	MEDICARE
MOD	MISSOURI	MEDICAID
MMR	MISSOURI	MEDICARE
NMD	NEW YORK	MEDICAID
NMR	NEW YORK	MEDICARE
NED	NEBRASKA	MEDICAID
PDG	PHARMACY	MEDICARE
RMR	CALIFORNIA	MEDICARE
SMD	SOUTH CAROLINA	MEDICAID
SOR	SOUTH CAROLINA	MEDICARE
TMR	TEXAS	MEDICARE
UAR	TEXAS	MEDICARE
UFR	NEW YORK	MEDICARE
UMR	NEW YORK	MEDICARE
UPR	NEW YORK	MEDICARE
USR	TEXAS	MEDICARE
UXR	TEXAS	MEDICARE
WHK	FLORIDA	MEDICAID
WMC	FLORIDA	MEDICAID
WMR	FLORIDA	MEDICARE
ZAB	HAWAII	MEDICAID

ZMD	HAWAII	MEDICAID
ZMR	HAWAII	MEDICARE
ZBH	HAWAII	MEDICAID

ATTACHMENT E

Special Needs ID Value (note these values will only be sent on LINES OF BUSINESS WMC, JMD AND NED). Special needs are based on the plan code sent in the HD04

Special Needs Indicator	Description
0	No Value
1	AIDS
2	Angioedema and AIDS or HIV
3	Angioedema and DDD
4	Angioedema and Hemophilia
5	Angioedema only
6	Asthma
7	Birth Defects
8	Blood Factor/AIDS
9	Blood Factor/DDD
10	Blood Factor/DDD/AIDS
11	Blood Factor/DDD/HIV
12	Blood Factor/HIV
13	Blood Factors
14	Cancer
15	DDD
16	DDD/HIV
17	DDS/AIDS
18	Developmental Delay
19	Diabetes

20	DYFS and ABD
21	DYFS/ABD/AIDS
22	DYFS/ABD/AIDS/DDD
23	DYFS/ABD/AIDS/Factor
24	DYFS/ABD/AIDS/Factor/DDD
25	DYFS/ABD/DDD
26	DYFS/ABD/Factor
27	DYFS/ABD/HIV
28	DYFS/ABD/HIV/DDD
29	DYFS/ABD/HIV/Factor
30	DYFS/ABD/HIV/Factor/DDD
31	Hearing Impaired
32	Heart Disease
33	High Blood Pressure
34	HIV
35	Homeless
36	Kidney Problems
37	Mental Health Condition
38	Other Chronic Illness
39	Pregnancy
40	Recent Surgery
41	Sickle Cell Disease
42	Speech Impaired
43	Visually Impaired
44	Wheelchair Access Req.
45	Developmentally Disabled
46	Foster Care

ATTACHMENT F

Ethnicity Code Values

DMG05-1	Description
7	Not Provided
8	Not Applicable
A	Asian or Pacific Islander
B	Black
C	Caucasian
D	Subcontinet Asian American
E	Other Race of Ethnicity
F	Asian Pacific American
G	Native American
H	Hispanic
I	American Indian or Alaska Native
J	Native Hawaiian
N	Black (Non-Hispanic)
O	White (Non-Hispanic)
P	Pacific Islander
Z	Mutually Defined

ATTACHMENT G

Rider Code Values

RIDER_CODE	DESCRIPTION
1	INVALID
99	ADVOCATE COMPLETE
1A	APPROVED BY CMS
1E	ERROR REPORTED BY CMS
1L	APPLICATION ENTERED
1R	REJECTED BY CMS
1S	SUBMITTED TO CMS
1W	DCOnlyEN - Disenrolled after acc
2A	DC+TA EN-Approved by CMS
2E	DC+TA EN-Error reported by CMS
2L	DC+TA EN-Eligible
2P	DC+TA EN-Pended by CMS
2R	DC+TA EN-Rejected by CMS

2S	DC+TA EN-Submitted, RspnAwaited
2W	DC+TA EN-Disen after accepted
3A	TAOnlyEN-Approved by CMS
3E	TAOnlyEN-Error reported by CMS
3L	TAOnlyEN-Eligible
3P	TAOnlyEN-Pended by CMS
3R	TAOnlyEN-Rejected by CMS
3S	TAOnlyEN-Submitted, RspnAwaited
3W	TAOnlyEN-Disenrolled after acc
4A	DCOnlyDE-Approved by CMS
4E	DCOnlyDE-Error reported by CMS
4L	DCOnlyDE-Eligible
4R	DCOnlyDE-Rejected by CMS
4S	DCOnlyDE-Submitted, RspnAwaited
5A	DC+TA DE-Approved by CMS
5E	DC+TA DE-Error reported by CMS
5L	DC+TA DE-Eligible
5R	DC+TA DE-Rejected by CMS
5S	DC+TA DE-Submitted, Rspn Awaited
7O	OPT OUT
7X	WRITTEN TO MDDC (OPT OUT)
AW	FL TOC BEHAVIORAL HEALTH
BH	CWPMHP Behavioral Health Carve
CB	PDP-COMPLETE BASIC
CE	PDP-COMPLETE ENHANCED
CO	COPAYS GKD AGE 6+
DD	Developmentally Disabled
DV	DENTAL/VISION
EE	PDP-EXTRA
EL	KY Lockin for PCP, CSP, RX, ER
FC	FEDERAL COBRA
FM	MEDIKIDS Population
GA	Going Home Plus Aged Mbr
GD	Going Home Plus Disabled Mbr
GH	Going Home Plus Program
H2	Open to Indians below 300% FPL
H3	Open to Indians above 300%FPL
H4	73% AV Silver Value
H5	87% AV Silver Value

H6	94% AV Silver Value
HH	HOMEHEALTH
HV	HPA VISION RIDER
K3	KCHIP III
KA	KY annual MOOP limit
KI	Kentucky Impact
KM	Mental Health/Psychiatric Hosp
KP	Kentucky Impact Plus
KQ	KY quarterly MOOP limit
KR	Psychiatric Residential Treatm
LB	CLASSIC RX BASIC PREMIUM
M1	MATERNITY PLATINUM PLAN
M2	MATERNITY PLANTINUM PLUS PLAN
M3	MATERNITY ULTIMATE 10 PLAN
M4	MATERNITY ULTIMATE 15 PLAN
M9	Non-Institutionalized Hospice
MA	AMHD Member
MI	Mentally Ill Adult
MK	Mentally Ill Kid
NC	NO-COPAY EXCLUSION
ND	PC Mbr, Not Deemed or Capped
NM	PC Member, Deemed Status
NP	NO PARTD
OA	OPEN ACCESS RIDER
P1	Personal Care home
P2	P2 - PCH IMD (only age 21 - 64
P4	Family Care Home
P6	Elig. Couple 1 w/caretaker svc
P7	Elig. Couple both w/caretaker
PB	PDP-PREMIUM BASIC
PE	PDP-PREMIUM ENHANCED
PL	KY lock-in for PCP, CSP, RX
R3	KY NO COPAY
RB	RX BASIC PREMIUM
RM	Resource Mother Outreach
SB	PDP-SIGNATURE BASCI
SS	SSI NO COPAY APPLICABLE
T1	DC + TA 10%
T5	DC + TA 5%
TF	TANF NO COPAY APPLICABLE
UC	Unprotected Mbr in Dual Plan

V	VISION ONLY
WB	PDP-Rx
19	IMD Title 10 VFC Admin
2O	IMD Title 21 no VFC
SF	IMD State Funded No VFC

ATTACHMENT H

Identified Gender Code Values

GENDER_CODE	DESCRIPTION
IF	Female
IM	Male
NB	Genderqueer
MTF	Transgender Woman
FTM	Transgender Man