Washington Health Benefit Exchange
Individual Market
Companion Guide
834 Enrollment Transaction
2023 Plan Year

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

Preface

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

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

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

Contents

1   Overview

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

1.1   Health Insurance Portability and Accountability Act

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

1.2   Affordable Care Act

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

The ACA creates new competitive private health insurance markets – called Health Benefit Exchanges (HBEs) – that provide millions of Americans and small businesses access to affordable healthcare coverage. HBEs help individuals and small employers shop for, select, and enroll in high quality, affordable private health plans that fit their needs at competitive prices.[1]

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

1.3   Washington Health Benefit Exchange

The ACA gave states the option of establishing a State Based Exchange (SBE) or participating in the Federally Facilitated Marketplace (FFM). The Washington State Legislature made the decision to establish an SBE, called the Washington Health Benefit Exchange, or WAHBE.[2]

1.4   Companion Guide Intended Audience and Use

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

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[1] The Washington Health Benefit Exchange no longer offers the Small Business Health Options Program (SHOP).
2 RCW 43.71.020

This Companion Guide contains detailed information about how WAHBE uses the **Benefit Enrollment and Maintenance (834) Technical Report Type 3** (834 TR3) and is intended to be used in conjunction with the information contained in the 834 TR3, to address the 834 EDI requirements for the Individual Market.

1.5   Amendments to Companion Guide

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

Once the final version of the Companion Guide is published any clarifications or updates to the Companion Guide will be issued via supplemental bulletins. WAHBE will publish bulletins prior to the finalization of decisions and will provide carriers with the opportunity for feedback. WAHBE will issue finalized supplemental bulletins to carriers following this comment period.

1.6   Relationship to the Carrier Enrollment and Payment Process Guide and 820 Companion and Process Guide

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

For guidance related to 820 functionality and processes introduced for plan year 2023, a standalone 820 Companion and Process Guide should be referenced. This guide serves as the primary technical and process-related document for carriers receiving Cascade Care Savings payments. Detailed policy and eligibility requirements that inform processes within this guide can be found in the WAHBE's State Premium Assistance Policy.

1.7   Additional Resources

The following table contains additional resource information and locations:

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

2   Eligibility and Enrollment Standards

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

2.1   Federal Data Services Hub

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

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

2.2   Eligibility Determinations

Additional Information used in eligibility determinations includes:

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

2.3   Healthplanfinder Enrollments

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

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

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

An 834 Add transaction from WAHBE is sent to the carrier. The carrier processes the transaction and creates member and coverage records in their enrollment system. If a binder payment is required by the carrier to initiate coverage, and the binder payment is received within the specified time frame, an 834 Confirm transaction is generated and sent from the carrier to WAHBE. [3] The 834 Confirm transaction is processed by WAHBE and the household's coverage status in Healthplanfinder is changed to active (confirmed or effectuated).

2.4   Eligibility for Advanced Premium Tax Credit, Cascade Care Savings and Cost Sharing Reductions

WAHBE makes eligibility determinations for Advanced Premium Tax Credits (APTC), Cascade Care Savings, and Cost Sharing Reductions (CSR). Individuals and families who are not eligible for other coverage may be eligible for APTC and/or Cascade Care Savings for plan year 2023. Individuals and families determined eligible for APTC or Cascade Care Savings will only receive the premium assistance if they enroll in a QHP through WAHBE. [4]

The primary applicant is informed they are eligible for APTC, Cascade Care Savings, and the amounts prior to shopping and selecting a QHP. The individual may adjust the amount of APTC they want to apply to their monthly premium, not to exceed the cost of the plan premium, and receive the remaining balance when they file their federal taxes. If an applicant is eligible for APTC and Cascade Care Savings, the full APTC amount must be applied to accept Cascade Care Savings premium assistance. WAHBE reports the APTC amounts to the carrier and CMS to facilitate payment of APTC amounts from CMS directly to the carriers.

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

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

APTC and CSR payments come directly from the CMS to the carriers. Carriers will receive Cascade Care Savings payments directly from WAHBE.

2.5   American Indians and Alaska Natives

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

- The option to change plans one time per month.
- No cost sharing for AI/AN individuals with incomes under three hundred percent (300%) of the federal poverty level.

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[3] See Carrier Enrollment and Payment Process Guide for binder payment requirements and guidelines.

[4] Specific eligibility and plan selection requirements must be met for individuals to qualify for Cascade Care Savings. See the 2023 Guidance for Participation for program requirements.

- No cost sharing for items or services furnished through Indian Health Care Providers regardless of federal poverty level.

2.6   Enrollment Standards

One of the eligibility requirements for those receiving APTC is the individual does not have access to other minimum essential coverage (MEC), which includes Medicaid, Medicare, Peace Corps, TriCare, affordable Employer Sponsored Insurance (ESI) and some VA benefits. To qualify for Cascade Care Savings, individuals must meet program criteria including having income up to 250% of the FPL and must enroll in a qualifying Cascade Care plan.[5]

There will be instances when an individual is enrolled in a QHP and Medicaid for a limited duration. This occurs when there is a change of circumstance that moves an individual to Medicaid from an existing QHP subsidized enrollment. When there is dual QHP and Medicaid coverage, it will not exceed two months in duration. Medicaid coverage is retroactive to the first day of the month, while QHP coverage follows the enrollment cutoff date rules.[6]

2.7   Enrollment Changes

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

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

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[5] See **WAHBE State Premium Assistance Policy** Section 4 for detailed Cascade Care Savings requirements.

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

3   Getting Started

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

3.1   EDI Testing Process

Carriers and vendors must successfully complete the onboarding testing process before they are certified to move into production. Testing is conducted to ensure transactions meet X12 guidelines and HBE specific format, content, and business requirements. WAHBE also conducts testing for carriers and vendors entering their second year on the Exchange. This testing provides a refresher of targeted onboarding scenarios in addition to renewal scenarios to prepare for the second-year experience. Additional testing may be scheduled with carriers to support new initiatives as they develop. WAHBE may also modify test scenarios annually to meet evolving business needs and test scenarios may be end-to-end, or targeted to specific EDI functionality, whichever is needed.

3.2   EDI File Transfer Protocol

WAHBE sends and receives EDI transmissions using Secure File Transfer Protocol (sFTP).

3.3   EDI Directory and Folder Structure

The following section outlines the root and sub folders used by HBE and the carriers to submit and receive EDI files.

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

Root Folder	Description
UAT	The root folder where carriers submit and receive test files[7].
PRD	The root folder where carriers submit and receive production files.

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

Sub Folder Name	Description
Inbound_834	Where carriers drop 834 and Full Carrier Audit files for HBE.
Outbound	Where HBE drops 834 files for the carriers.
Outreports	Where HBE drops reports (including Full Carrier Audit Comparison Analysis Reports) for the carriers.
Ack	Where carriers drop 834 file TA1 and 999 files for HBE.

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

Sub Folder Name	Description
Ack_Outbound	Where HBE drops daily 834 TA1, 999, and Full Carrier Audit Acknowledgment files for the carriers.
Error	Where carriers drop reconciliation error reports for HBE.
Outbound_820	Where HBE drops outbound 820 files for carriers.
820_ Ack	Where carriers drop 820 TA1 files for HBE.

WAHBE places files in the specified outbound folders for the carrier to pick up. It is at the carrier's discretion to delete those files once they have been picked up or leave them in the folder. Files are automatically removed from the sFTP by WAHBE after 30 days have elapsed.

3.4   834 File Naming Conventions

The following table outlines the component identifiers that make up the file name for each EDI transaction.[8]

Component	Description
<TPId>	Trading Partner ID. This is the carrier's Federal Tax ID number
<Market>	"I" for the Individual Market
<QHPId>	CMS Plan ID (QHP or QDP ID) (first 14 digits)
<datetimestamp>	MMDDYYYYHHMMSS
<TxID>	834 Transaction Type
<Frequency>	Frequency of the generated file; D = Daily
<O> or <I>	Signifies outbound transaction or inbound transaction in relation to HBE[9]
<Acknowledgement Type>	This additional file name component does not apply to 834 files. It is only present on TA1 or 999 acknowledgement files. The acknowledgement type TA1 or 999 is appended to the original file name prior to the .edi extension.
.edi	Signifies the file type. EDI is for all HIPAA transactions.

The following table provides example formats and file names:

[8] WAHBE will generate both positive and negative TA1 acknowledgements in response to files received from the carriers. Carriers are only expected to generate a negative TA1 acknowledgement to WAHBE although this may change in the future.
[9] The exception is for acknowledgements. Since the TA1 and 999 are linked to the original transaction using the original file name appended with the acknowledgment type, the original I for Inbound or O for Outbound are retained in the file name.

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

3.5   834 File Structure

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

3.5.1   WAHBE Generated 834 File Structure

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

WAHBE generated 834 file structure is as follows:

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

3.5.2   Carrier Generated 834 File Structure

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

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

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

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

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

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

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

  o If the household appears more than once in the file, the INS03 value must be different for the subscriber, and/or the Enrollment ID (identified by unique identifiers in 2000 REF02 when REF01 = 1L) must be different. For example, in a WAHBE generated transaction, the file may contain an INS03 value of 001 for 834 Change, and it may also contain an INS03 value of 024 for 834 Term. Or, if the INS03 values are the same, the enrollments will include a unique Enrollment ID. Both conditions will be reported in separate Transaction Sets (ST-SE).[10]

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

3.6 834 Transaction Delimiters

WAHBE uses the ASC X12 standard delimiters:

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

3.7 834 Transaction Segment Terminators

Files must have the following segment terminators to be processed. Values include a tilde (~), CR for Carrier Return, and LF for Line Feed.

Segment Terminator	Acceptable
~	Yes
~ + CR + LF	Yes

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[10] See matrix in section titled **Enrollment Identifier** for detail related to when WAHBE will assign a unique Enrollment ID per enrollment group.

Segment Terminator	Acceptable
CR + LF	Yes
CR	Yes
LF	Yes
~ + CR	No
~ + LF	No

3.8   834 Data Validation SNIP Levels

Currently, 834 transaction files are validated against SNIP levels 1, 2, and 7.[11][12] These are defined as:

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

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

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

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

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

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

4   WAHBE Standards and Business Rules

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

4.1   834 Transaction Validation Process

There are five stages of validation that occur:

1. **File Location:** If the file is not placed in the appropriate sFTP folder it will not be picked up for processing by WAHBE's automation. If the carrier has not received acknowledgment files within 24 hours of placing your files on the sFTP, please notify the Carrier Operations Team via email (carrier@wahbexchange.org) for assistance with triage. Files will need to be placed in the correct sFTP folder to be processed.

2. **File Naming Convention**: If the file name is not formatted according to the requirements for file naming conventions as outlined in the Companion Guide, the file cannot be processed by Edifecs. If the carrier has not received acknowledgment files within 24 hours of placing your files on the sFTP, please notify the Carrier Operations Team via email for assistance with triage. The file name should be corrected and resubmitted.

3. **File cannot be Read; Sender cannot be Identified**: Normally a TA1 is generated if there are issues with the interchange file header information (ISA/IEA) and the file cannot be parsed and read. Even before this processing step, if the file cannot be read to the degree the sender can be identified, the file is marked as a "bad file". If the carrier has not received acknowledgment files within 24 hours of placing your files on the sFTP, please notify the Carrier Operations Team via email for assistance with triage. The files should be corrected and resubmitted with a different file name.

4. **File cannot be Parsed and Read; cannot be Processed**: If there are issues with the interchange file header information (ISA/IEA) and file cannot be parsed and read, it cannot be processed in Edifecs. A negative TA1 is generated and placed in the SFTP location for the carrier to retrieve and make corrections to the file.[13] Once corrections have been made, the file should be resubmitted with a different file name.

5. **Enrollment Transactions Rejected for HIPAA Errors**: If the file generates a positive TA1, a 999 is generated and placed in the SFTP location for the carrier to retrieve and make corrections to enrollment transactions rejected for HIPAA validation errors[14]. Note: if a threshold of 100 errors is reached, the entire file will be rejected and a negative TA1 will generate. Enrollment transactions that are corrected should be sent in a new file with a new file name.

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

[14] See next section, **834 Transaction Acknowledgments**, for detailed information.

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

4.2 834 Transaction Acknowledgments

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

When a file is received by WAHBE and processed, acknowledgement files TA1 and 999 will be generated and placed in the carriers sFTP folder for pick up. Either a positive (Accept) or negative (Reject) TA1 is generated by WAHBE. The 999 contains Accept/Reject status by Transaction Set (ST/SE).

WAHBE recommends you check your SFTP folder for acknowledgement files within 24 hours of submitting 834 files to WAHBE. You should have one TA1 and one 999 per 834 file submitted to WAHBE. If you do not find acknowledgement files within 24 hours of submitting your file contact the Carrier Operations Team.

4.2.1 TA1 Acknowledgement

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

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

For negative (rejected) TA1s received, this indicates your file failed at the file header level and could not be processed by WAHBE. Contact the Carrier Operations Team for assistance with error triage.

4.2.2 999 Acknowledgement

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

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

A functional group acknowledge code is included the functional group response trailer of the 999. A 999 with a functional group acknowledge code of "R" means the entire file was rejected due to HIPAA validation errors. A 999 with a functional group acknowledge code of "P" means some enrollment transactions were processed and some were not processed due to HIPAA validation errors. When an enrollment transaction has been rejected, the subscriber ID is supplied within the 999 when available as well as information about where the error occurred within the transaction. Correct the enrollment and resubmit the transaction in a new file to WAHBE to complete the full processing cycle.

Transaction Set Response Trailer	Transaction Set Acknowledgment Code
IK5-01	A – Accepted E – Accepted but errors were noted; The transaction set indicated in this AK2 loop contained errors, but was forwarded for further processing. R – Rejected; The transaction set indicated in this AK2 loop contained errors, and was NOT forwarded for further processing. It will need to be corrected and resubmitted.
Functional Group Response Trailer	Functional Group Acknowledge Code
AK9-01	A – Accepted E – Accepted but errors were noted; The functional group indicated in this 999 contained errors, but was forwarded for further processing. P – Partially Accepted, at least one transaction set was rejected. R – Rejected; The functional group indicated in this 999 contained error, and was NOT forwarded for further processing. It will need to be corrected and resubmitted.

In the example to the left, transaction set control number 3827002 for subscriber number 12345 was rejected. The segment ID code for the segment is error is "REF" and the position of this segment in the transaction set is 53. The Loop ID is 2750 and the code "8" identifies that this segment has data element errors. A copy of the bad data element, "REINSTATEMENT" is present in IK404. The functional group acknowledge code "P" indicates that the file was partially accepted; at least one transaction set was rejected.[15]

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ST*999*0001*005010X231A1~
AK1*BE*1*005010X220A1~
AK2*834*3827001*005010X220A1~
IK5*A~
AK2*834*3827002*005010X220A1~
IK3*REF*53*2750*8~
CTX*SUBSCRIBER NUMBER REF02:12345~
IK4*2*127*6*REINSTATEMENT~
IK5*R*I5~
AK9*P*2*2*1~
SE*15*0001~
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[15] Additional information can be found in the ASC X12C/005010X231 Implementation Acknowledgment for Health Care Insurance (999).

4.2.3   Acknowledgement File Naming Conventions

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

Transaction Type	From	To	Example
Daily 834 File	HBE	Carrier	165760000.I.12345WA8999999.12262022211315.834.D.O.edi **Carrier responds with acknowledgements**: 165760000.I.12345WA8999999.12262022211315.834.D.O.TA1.edi (negative only) 165760000.I.12345WA8999999.12262022211315.834.D.O.999.edi
Daily 834 File	Carrier	HBE	165760000.I.12345WA8999999.12262022211315.834.D.I.edi **WAHBE responds with acknowledgements**: 165760000.I.12345WA8999999.12262022211315.834.D.I.TA1.edi (positive or negative) 165760000.I.12345WA8999999.12262022211315.834.D.I.999.edi
Full Carrier Audit	Carrier	HBE	165760000.12345WA8999999.2021.20220316042292.FCA.xml **WAHBE responds with acknowledgement:** 165760000.12345WA8999999.2021.20220316T04229202.ACK.xml

4.3   Transaction Types

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

Transaction Type	Description
834 Add	The 834 Add is an enrollment transaction sent from WAHBE to the carrier. An 834 Add is sent by WAHBE to the carrier when there is a break in coverage, when the household moves from one plan to another, when there is an active or passive renewal, or when the household enrolls in a different plan due to an SEP. For more information, see section titled **834 Add Transaction from WAHBE and 834 Confirm Transaction from the Carrier**.
834 Confirm	The 834 Confirm is the 834 Effectuation Confirmation Transaction that is sent by the carrier to WAHBE in response to receipt of an 834 Add from WAHBE and a binding payment for the enrollment. For more information, see section titled **834 Add Transaction from WAHBE and 834 Confirm Transaction from the Carrier**.
834 Change	The 834 Change is sent for a dependent Add when there is continuous coverage with the same QHP, dependent Term, when there is a substantive change in household income that impacts the amount of APTC , Cascade Care Savings, and/or CSR, when there is a change in household or dependent start date, when there is a change in third party sponsorship status, when there is a change to broker information, and for other reasons. For more information, see section titled **834 Change Transaction from WAHBE**.
834 Cancel (WAHBE Initiated)	WAHBE sends an 834 Cancel to the carrier when coverage for a household is canceled prior to the coverage start date. In some cases the transaction may be sent after the coverage start date, but the transaction cancels coverage as never effective. For more information, see section titled **WAHBE Initiated 834 Cancel**.
834 Cancel (Carrier Initiated)	Carriers send an 834 Cancel to WAHBE when the subscriber fails to make the required binder payment prior to the carrier's premium payment due date. For more information, see section titled **Carrier Initiated 834 Cancel**.

Transaction Type	Description
834 Term (WAHBE Initiated)	WAHBE sends an 834 Term to the carrier when the subscriber voluntarily terminates coverage, when the subscriber is terminated due to death, when the household moves to a different plan due to a special enrollment period, and for other reasons. For more information, see section titled **WAHBE Initiated 834 Term**.
834 Term (Carrier Initiated)	Carriers send an 834 Term to WAHBE when the subscriber fails to make the required premium payment prior to the carrier's premium payment due date and their grace period expires. For more information, see section titled **Carrier Initiated 834 Term**.
834 Reinstatement[16] (WAHBE initiated)	WAHBE sends an 834 Reinstatement to the carrier to retract a previously sent Term or Cancel transaction and return the enrollment to an 'Active' state. For more information, see section titled **WAHBE Initiated 834 Reinstate.**
834 Reinstatement (Carrier initiated)	Carriers send an 834 Reinstatement to WAHBE when they wish to retract a previously sent Term or Cancel transaction and return the enrollment to an 'Active' state. For more information, see the section titled **Carrier Initiated 834 Reinstatement**.
Full Carrier Audit File (Carrier Generated)	Carriers generate and send a Full Carrier Audit File to WAHBE on a monthly basis. For more information, see section titled **Full Carrier Audit Reconciliation Process.**

4.4 General EDI Transaction Information

The following sections outline general EDI transaction information.

4.4.1 834 DTP01 Qualifiers by Transaction Type

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

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

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

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

Loop	DTP01 Qualifier Values	Description	Add	Confirm	Change	Cancel (WAHBE or Carrier Initiated)	Term (WAHBE or Carrier Initiated)	Reinstate (WAHBE or Carrier Initiated)
2000	356	Coverage Start Date	X	X	X	X	X	X
2000	357	Coverage End Date	X	X	X	X	X	X
2300	303	Maintenance Effective Date			X			
2300	348	Coverage Start Date	X	X				X
2300	349	Coverage End Date				X	X	

4.4.2   834 Maintenance Action Code and Maintenance Reason Code Combinations

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

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

4.4.2.1   WAHBE Generated Transactions

834 Element	WAHBE 834 Add	WAHBE 834 Change	WAHBE 834 Cancel	WAHBE 834 Term	WAHBE 834 Reinstate
2000, INS03 Maintenance Type Code	021 = Add	001 = Change	024 = Cancel or Term	024 = Cancel or Term	025 = Reinstate
2000, INS04 Maintenance Reason Code	EC = Member Benefit Selection 41 = Re-enrollment (Renewal)[17]	25 = Change in identifying elements[18] 33 = Personnel data 43 = Change of location AI = No reason given	14 = Voluntary Withdrawal 26 = Conditional eligibility verification failure	03 = Death 07 = Termination of Benefits 26 = Conditional eligibility verification failure	EC = Member Benefit Selection
2000, INS08 Employment Status Code	AC = Active	AC = Active	TE = Term	TE = Term	AC = Active

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[17] See section titled **Open Enrollment and Renewals** for detailed renewal/re-enrollment scenarios and special maintenance action code and maintenance reason code combinations.

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

4.4.2.2   Carrier Generated Transactions

834 Element	Carrier 834 Confirm	Carrier 834 Cancel	Carrier 834 Term	Carrier 834 Reinstate
2000, INS03 Maintenance Type Code	021 = Add	024 = Cancel or Term	024 = Cancel or Term	025 = Reinstate
2000, INS04 Maintenance Reason Code	28 = Initial enrollment	59 = Non Payment of binder	59 = Non Payment of premium	Optional[19]
2000, INS08 Employment Status Code	AC = Active	TE = Term	TE = Term	AC = Active

4.4.3   LS Loop

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

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

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

4.4.4   Family vs. Dependent Coverage

WAHBE does not use the Responsible Person loop (2100G) or Custodial Parent loop (2700F) to communicate a subscriber that is part of a household but does not have health or dental coverage. This information is communicated using the 2300, HD05 element, Coverage Level Code. The subscriber may or may not have coverage. If Coverage Level Code (2300, HD05) is "FAM", it indicates that all the members of the household, including the subscriber, have coverage. If the Coverage Level Code (2300, HD05) is "DEP", it indicates that only the dependents have coverage and the subscriber does not have coverage. Dependent only coverage applies to pediatric dental[20], and can also apply to health and family dental coverage.[21]

4.4.5   Enrollment Identifier

When a family enrolls via Washington Healthplanfinder, the enrollment group is assigned an Enrollment ID. The Enrollment ID is unique per enrollment group per plan per benefit year. It is not related to the CMS Plan ID and it should not be altered when reported on carrier generated transactions (834 Confirm,

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

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

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

carrier initiated 834 Cancel, carrier initiated 834 Term). The Enrollment ID is similar to a Subscriber ID in that it can be used to associate the members within a single enrollment group. The Enrollment ID is used as part of the key that links an enrollment group reported on the 834 transaction to the enrollment group in the EDI system. A subscriber may be associated with one or more Enrollment IDs, when the Coverage Level Code (2300, HD05) varies or coverage start and end dates do not overlap.

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

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

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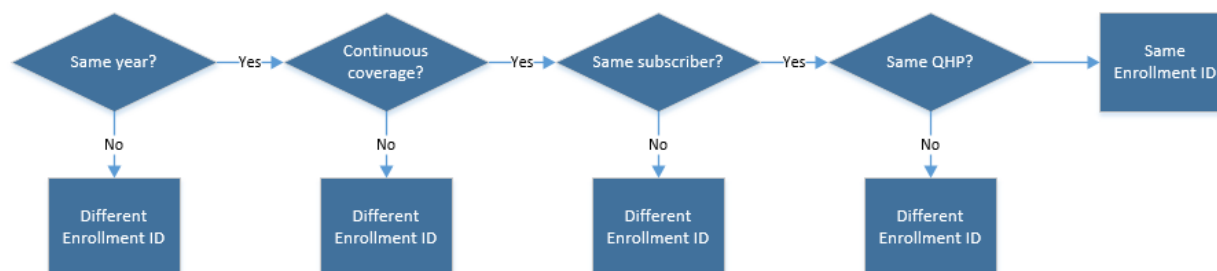
4.4.6   Member Identifiers

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

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

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

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

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

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

4.4.6.1   834 Member Identifiers by Transaction Type

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

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

Member Identifier Qualifier (REF01)	Description	WAHBE 834 Add	Carrier 834 Confirm	WAHBE 834 Change	WAHBE 834 Cancel	WAHBE 834 Term	WAHBE 834 Reinstate	Carrier 834 Cancel	Carrier 834 Term	Carrier 834 Reinstate
0F	WAHBE assigned subscriber identifier	X	X	X	X	X	X	X	X	X
17	WAHBE assigned member identifier	X	X	X	X	X	X	X	X	X
ZZ	Optional Carrier assigned subscriber identifier		X						X	X
23	Optional Carrier assigned member identifier		X						X	X

Member Identifier Qualifier (REF01)	Description	WAHBE 834 Add	Carrier 834 Confirm	WAHBE 834 Change	WAHBE 834 Cancel	WAHBE 834 Term	WAHBE 834 Reinstate	Carrier 834 Cancel	Carrier 834 Term	Carrier 834 Reinstate

4.5   Business Rules

834 EDI transactions are generated following plan selection logic and follow standardized business rules. The following sub-sections detail business rules related to date and financial logic.

4.5.1   Coverage Start and End Date Business Rules

There are several business rules related to coverage start and end dates. A few examples are listed below. There are many more than these[22]:

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

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

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

4.5.2   Enrollment Cutoff Date and Coverage Effective Date Business Rules

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

- Enrollments completed between (and including) the 1st and the 15th of the month will have a coverage effective date of the 1st of the following month.[23]

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

Enrollment Completed Date	Coverage Effective Date
10/15/22	11/1/22
10/25/22	12/1/22

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[22] Refer to the Carrier Enrollment and Payment Process Guide for additional business rules.

[23] Certain qualifying life events permit a customer a Special Enrollment Period to enroll and may allow different enrollment start dates. Refer to Appendix A of the **Carrier Enrollment and Payment Process Guide** for more details.

4.5.3   Premium Balancing Business Rules

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

2700/2750 Loops for the Subscriber
N1*75*PRE AMT TOT **REF***9X***500** **DTP***007*D8*20220101
N1*75*APTC AMT **REF***9V***100** **DTP***007*D8*20220101
N1*75*STATE SUBSIDY AMT **REF***9V***50** **DTP***007*D8*20220101
N1*75*TOT RES AMT **REF***9V***350** **DTP***007*D8*20220101

The balancing equation is:

Total Responsibility Amount = Premium Amount Total - APTC Amount – Cascade Care Savings Amount (State Subsidy Amount)

5 834 File Format and Data Element Requirements

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

WAHBE	Carrier
Add	Confirm
Change	Cancel
Cancel	Term
Term	Reinstatement
Reinstatement	

5.1 834 Add Transaction from WAHBE and 834 Confirm Transaction from the Carrier

834 Confirm transactions are required in response to any 834 Add transaction (INS03 = 021) where the Add is reported for the subscriber (with one exception).[24] They are **NOT** expected in response to the following transactions received from WAHBE:

- WAHBE 834 Change[25]
- WAHBE 834 Change with a dependent Add or dependent Term
- WAHBE Initiated 834 Cancel
- WAHBE Initiated 834 Term
- WAHBE Initiated 834 Reinstatement

The following table outlines the data elements that are on the 834 Add transaction from WAHBE to the carrier, and the data elements that are returned on the 834 Confirm from the carrier to WAHBE.[26] [27]

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

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[24] If you receive an 834 Add and the subscriber fails to make their binder payment by the required due date, it is not necessary to send an 834 Confirm prior to sending a carrier initiated 834 Cancel. If you are reversing a previously sent carrier initiated 834 Cancel by sending a carrier initiated 834 Reinstate, you must also sent an 834 Confirm to effectuate the enrollment.

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

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

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

Loop	Seg	Element	Description	834 Add from WAHBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
Interchange File Header	**ISA**		**Interchange File Header[28]**				
		ISA01	Authorization Information Qualifier	00	Echo		
		ISA02	Authorization Information	Spaces	Echo		
		ISA03	Security Information Qualifier	00	Echo		
		ISA04	Security Information	Spaces	Echo		
		ISA05	Interchange Sender ID Qualifier	30	Echo		Federal Tax ID Qualifier
		ISA06	Interchange Sender ID	454846258	Carrier's Federal Tax ID Number		The Sender is switched on the 834 Confirm from the carrier. This data element is required to be 15 digits so the FTIN is followed by 6 spaces to meet this requirement.
		ISA07	Interchange Receiver ID Qualifier	30	Echo		Federal Tax ID Qualifier
		ISA08	Interchange Receiver ID	Carrier's Federal Tax ID Number	454846258		The Receiver is switched on the 834 Confirm from the carrier. This data element is required to be 15 digits so the FTIN is followed by 6 spaces to meet this requirement.
		ISA09	Interchange Date (YYMMDD)	Date the 834 file was generated by WAHBE	Date the 834 Confirm file was generated by the carrier		
		ISA10	Interchange Time (HHMM)	Time the 834 file was generated by WAHBE	Time the 834 Confirm file was generated by the carrier		
		ISA11	Repetition Separator	^ (caret)	Echo		
		ISA12	Interchange Control Version Number	00501	Echo		
		ISA13	Interchange Control Number	WAHBE System Generated	Carrier System Generated		
		ISA14	Acknowledgement Requested	0	Echo		Indicates a TA1 and a 999 acknowledgement are requested.
		ISA15	Interchange Usage Indicator	T = Test P = Production	Echo		
		ISA16	Component Element Separator	: (colon)	Echo		
Functional Group Header	**GS**		**Functional Group Header**				
		GS01	Functional Identifier Code	BE	Echo		BE = Benefit Enrollment
		GS02	Application Sender's Code	454846258	Carrier's Federal Tax ID Number		The Sender is switched on the 834 Confirm from the carrier.
		GS03	Application Receiver's Code	Carrier's Federal Tax ID Number	454846258		The Receiver is switched on the 834 Confirm from the carrier.

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

Loop	Seg	Element	Description	834 Add from WAHBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
		GS04	System Date (CCYYMMDD)	Date the 834 Add transaction was generated by WAHBE	Date the 834 Confirm transaction was generated by the carrier		
		GS05	System Time (HHMMSSDD)	Time the 834 Add transaction was generated by WAHBE	Time the 834 Confirm transaction was generated by the carrier		
		GS06	Group Control Number	WAHBE system generated	Carrier system generated		
		GS07	Responsible Agency Code	X	Echo		Indicates "X12".
		GS08	Version/Release	005010X220A1	Echo		The 834 version number.
Transaction Set Header	ST		**Transaction Set Header**				
		ST01	Transaction Set Identifier Code	834	Echo		Type of EDI transaction.
		ST02	Transaction Set Control Number	WAHBE assigned ST-SE transaction set control number	Carrier assigned ST-SE transaction set control number		
		ST03	Implementation Convention Reference	005010X220A1	Echo		The 834 version number.
Transaction Set Header Cont'd	BGN		**Transaction Set Beginning Segment**				
		BGN01	Transaction Set Purpose Code	00	Echo		Original submission
		BGN02	Reference Identification	WAHBE assigned BGN control number	Carrier assigned BGN number		
		BGN03	System Date (CCYYMMDD)	Date the 834 file was generated by WAHBE	Date the 834 Confirm transaction was generated by the carrier		
		BGN04	System Time (HHMMSS)	Time the 834 file was generated by WAHBE	Time the 834 Confirm file was generated by the carrier		
		BGN08	Action Code	2 = Change (Update)	Echo		This is the standard Action Code assigned to all 834 transactions for Adds, Changes, Cancels, and Terms.
Transaction Set Header Cont'd	REF		**Transaction Set Policy Number**				
		REF01	Reference Identification Qualifier	38 = Master Policy Number	Echo		Qualifier indicates the CMS Plan ID (QHP or QDP ID) will be reported in REF02.
		REF02	Reference Identifier	CMS Plan ID	Echo		The full 16 characters of the CMS Plan ID, which includes the CSR Variant.

Loop	Seg	Element	Description	834 Add from WAHBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
Transaction Set Header Cont'd	**DTP**		**File Effective Date**				
		DTP01	Date/Time Qualifier	382 = Enrollment	Echo		The qualifier that indicates the enrollment effective date will be reported in DTP03.
		DTP03	Enrollment Effective Date (CCYYMMDD)	Enrollment Begin Date	Echo		
Transaction Set Header Cont'd	**QTY**		**Transaction Set Control Totals**				
			Repeat Occurrence				
		QTY01	TO Quantity Qualifier	WAHBE does not send	Optional Carrier calculated member count		Indicates the carrier calculated member count (total number of INS segments in this ST/SE) will be reported in QTY02.
		QTY02	TO Quantity	WAHBE does not send	Optional Carrier calculated member count		Total number of INS segments in this ST/SE.
			Repeat Occurrence				
		QTY01	DT Quantity Qualifier	WAHBE does not send	Optional Carrier calculated dependent count		Indicates the system calculated dependent count (total number of INS segments in this ST/SE set with INS01 = N) will be reported in QTY02.
		QTY02	DT Quantity	WAHBE does not send	Optional Carrier calculated dependent count		Total number of INS segments in this ST/SE with INS01 = N. Value can be 0.
1000A	**N1**		**Sponsor**				
		N102	Subscriber OR Sponsor	Subscriber or Sponsor	Echo	SUB	If the sponsor is the subscriber, contains the subscriber name. If the sponsor is not the subscriber, contains the third party sponsor name.
		N103	FI = Subscriber's SSN OR 94 = WAHBE assigned Sponsor ID	Subscriber or Sponsor ID qualifier	Echo	SUB	If the sponsor is the subscriber, contains qualifier FI indicating the subscriber SSN will be reported in N104. If the sponsor is not the subscriber, contains qualifier 94 indicating WAHBE assigned third party sponsor identifier will be reported in N104.
		N104	Subscriber's SSN OR WAHBE assigned Sponsor ID	Subscriber SSN or WAHBE assigned Sponsor ID	Echo	SUB	If the sponsor is the subscriber, contains the subscriber's SSN. If the sponsor is not the subscriber, contains WAHBE assigned third party sponsor ID.
1000B	**N1**		**Payer**				
		N102	Payer Name	Carrier Name	Echo	SUB	
		N103	Payer Identifier Qualifier	FI = Federal Tax ID Number	Echo	SUB	Qualifier that indicates the carrier's Federal Tax ID Number will be reported in N104.
		N104	Payer Identifier	Carrier's Federal Tax ID Number	Echo	SUB	
1000C	**N1**		**Broker**				
			Repeat Occurrence				

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

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

Loop	Seg	Element	Description	834 Add from WAHBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
		REF02	Member Policy Identifier	WAHBE assigned Enrollment Identifier	Echo	BOTH	
2000, Cont'd	DTP		Member Level Dates				
			Repeat Occurrence				
		DTP01	Date Qualifier	356 = Coverage Start Date	Echo	BOTH	Qualifier that indicates the coverage effective date will be reported in DTP03.
		DTP03	Date (CCYYMMDD)	Coverage Start Date	Echo	BOTH	
			Repeat Occurrence				
		DTP01	Date Qualifier	357 = Coverage End Date	Echo	BOTH	Qualifier that indicates the coverage term date will be reported in DTP03.
		DTP03	Date (CCYYMMDD)	Coverage End Date	Echo	BOTH	This date will always be the last day of the benefit year.
2100A	NM1		Member name				
		NM101	Entity Identifier Code Qualifier	IL = Insured or Subscriber	Echo	BOTH	Qualifier that indicates the member name will be reported in NM103.
		NM102	Entity Type Qualifier	1 = Person	Echo	BOTH	Qualifier that indicates the member reported in NM103 is a person.
		NM103	Member Last Name	Member Last name	Echo	BOTH	
		NM104	Member First Name	Member First name	Echo	BOTH	
		NM105	Member Middle Name	Member Middle name	Echo	BOTH	
		NM106	Name Prefix	Name Prefix	Echo	BOTH	If applicable only.
		NM107	Name Suffix	Name Suffix	Echo	BOTH	If applicable only.
		NM108	Member Identifier Qualifier	34 = SSN	Echo	BOTH	Qualifier that indicates the member SSN will be reported in NM109.
		NM109	Member SSN	Member SSN	Echo	BOTH	
2100A, Cont'd	PER		Member Communications[29][30]				See footnotes.
		PER01	Contact Function Code	IP = Insured Party	Echo	SUB	
		PER03	Communication Type Qualifier	TE = Telephone (Primary Number)	Echo	SUB	
		PER04	Communication Number	Telephone Number (Primary Number)	Echo	SUB	
		PER05	Communication Type Qualifier	AP = Alternate Phone Number	Echo	SUB	
		PER06	Communication Number	Alternate Phone Number	Echo	SUB	

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

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

Loop	Seg	Element	Description	834 Add from WAHBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
		PER07	Communication Type Qualifier	EM = Email address	Echo	SUB	
		PER08	Communication Number	Email address	Echo	SUB	
2100A, Cont'd	**N3**		**Member Residence Street³¹³²**				**See footnotes.**
		N301	Address Information Line 1	Address Information Line 1	Echo	SUB	If applicable only.
		N302	Address Information Line 2	Address Information Line 2	Echo	SUB	If applicable only.
2100A, Cont'd	**N4**		**Member Residence City, State, Zip**				
		N401	City name	City name	Echo	SUB	
		N402	State Code	State Code	Echo	SUB	
		N403	Postal Code	Postal Code	Echo	SUB	
		N405	Location Qualifier	CY = County	Echo	SUB	Indicates the County Code will be reported in N406.
		N406	Location Identifier	County Code	Echo	SUB	See **Appendix A, County name to County Code Cross Reference Table.**
2100A, Cont'd	**DMG**		**Member Demographics**				
		DMG02	Date (CCYYMMDD)	Member's Date of Birth	Echo	BOTH	
		DMG03	Gender Code	Gender Code	Echo	BOTH	
		DMG04	Marital Status Code	WAHBE does not send	Optional for carrier to report	SUB	If reported by carrier, report for subscriber only.
		DMG05-1	Race or Ethnicity Code	I = American Indian or Alaska Native	Echo if present	BOTH if present	WAHBE will only send DMG05-1 for American Indian or Alaska Native members. For all else, this element will not be sent.
		DMG05-2	Code List Qualifier	RET	Optional	BOTH if present	Indicates the CDC Race Category Concept Code will be reported in DMG05-3
		DMG05-3	Industry Code	CDC Race Category Concept Code	Optional	BOTH if present	WAHBE will report up to three races and one ethnicity as captured in the application.
		DMG06	Citizen Status Code	1 = U.S. Citizen 2 = Non-Resident Alien 3 = Resident Alien	Echo	SUB	
2100A, Cont'd	**HLH**		**Member Health Information**				**See footnote.³³**
		HLH01	Tobacco Use Indicator	T = Tobacco Use N = No Tobacco Use	Optional	Echo for BOTH if echoed by carrier	

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

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

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

Loop	Seg	Element	Description	834 Add from WAHBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
2100A, Cont'd	**LUI**		**Member Language**				**This segment repeats for LUI04 values 6 and 7.**
		LUI01	Language Code Qualifier	LE = Language code set used	Optional	Echo for SUB if echoed by carrier	The qualifier that indicates the ISO-639 language code will be reported in LUI02.
		LUI02	Language Code	ISO-639 language code	Optional	Echo for SUB if echoed by carrier	
		LUI04	Use of Language Indicator	6 = Language Writing 7 = Language Speaking	Optional	Echo for SUB if echoed by carrier	
2100C	**NM1**		**Member Mailing Address**				**This is the address where the subscriber receives mail when it is different than the residence address reported 2100A. If not applicable, this loop is not reported. The address in this loop cannot be the same as the address reported in 2100A.**
		NM101	Entity Identifier Code	31 = Postal Mailing Address	Echo	SUB	
		NM102	Entity Type Qualifier	1 = Person	Echo	SUB	
2100C, Cont'd	**N3**		**Member Mailing Street Address**				
		N301	Address Line 1	Address Line 1	Echo	SUB	
		N302	Address Line 2	Address Line 2	Echo	SUB	
2100C, Cont'd	**N4**		**Member Mailing City, State, Zip**				
		N401	City name	City name	Echo	SUB	
		N402	State Code	State Code	Echo	SUB	
		N403	Postal Code	Postal Code	Echo	SUB	
2200	**DSB**		**Disability Information**				**If the member does not meet this condition of permanent or total disability, this loop is not reported.**
		DSB01	Disability Type Code	3 = Permanent or Total Disability	Optional	Either or BOTH if applicable and echoed by the carrier	
2300	**HD**		**Health Coverage**				
		HD01	Maintenance Type Code	021 = Addition	Echo	BOTH	2300, HD01 = 2000, INS03
		HD03	Insurance Line Code	HLT = Health DEN = Dental	Echo	BOTH	DEN includes both pediatric and family dental.
		HD04	Plan Coverage Description	The CMS Plan Name	Optional	BOTH if echoed by the carrier	The CMS Plan name (free text field)

Loop	Seg	Element	Description	834 Add from WAHBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
		HD05	Coverage Level Code	FAM = Family Coverage DEP = Dependent Only Coverage	Echo	BOTH	The Subscriber may or may not have coverage. If Coverage Level Code is "FAM", it indicates that all the members of the household, including the subscriber, have coverage. If the Coverage Level Code is "DEP", it indicates that only the dependents have coverage and the subscriber does not have coverage.
2300, Cont'd	DTP		Health Coverage Dates				
			Repeat Occurrence				
		DTP01	Health Plan Coverage Code Qualifier	348 = Coverage Begin Date	Echo	BOTH	Qualifier that indicates the Coverage Begin Date will be reported in DTP03.
		DTP03	Coverage Begin Date	CCYYMMDD	Echo	BOTH	
2300, Cont'd	REF		Health Coverage Policy Number				
		REF01	Reference Identifier Qualifier	X9 = WAHBE assigned Control Number	Optional	BOTH if echoed by carrier	The qualifier that indicates WAHBE assigned control number will be reported in REF02.
		REF02	Reference Identifier	WAHBE assigned control number	Optional	BOTH if echoed by carrier	
Transaction Set Trailer	SE		Transaction Set Trailer				
		SE01	Number of included segments in the Transaction Set.	WAHBE calculated number	Carrier calculated number		Number of included segments in the file.
		SE02	Transaction Set Control Number	WAHBE assigned Transaction Set Control Number	Carrier assigned Transaction Set Control Number		Transaction Set control number.
Functional Group Trailer	GE		Functional Group Trailer				
		GE01	Number of Transaction Sets included in the Functional Group.	WAHBE calculated number	Carrier calculated number		Number of transaction sets in the Functional group.
		GE02	Functional Group Control Number	WAHBE assigned Functional Group Control Number	Carrier assigned Functional Group Control Number		Functional group control number.
Interchange Control Trailer	IEA		Interchange Control Trailer				
		IEA01	Number of included Functional Groups	WAHBE calculated number	Carrier calculated number		Number of Functional groups.

Loop	Seg	Element	Description	834 Add from WAHBE	834 Confirm from the Carrier	SUB or DEP Only?	Additional Information
		IEA02	Interchange Control Number	WAHBE assigned Interchange Control Number	Carrier assigned Interchange Control Number		Interchange Control Number

5.2   834 Change Transaction from WAHBE

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

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

An 834 Change transaction is only generated when there is a change that does not involve a plan change. A plan change is defined by a change in WAHBE assigned Enrollment ID in this context. The following are some examples of when an 834 Change transaction is generated by WAHBE[34]:

- Dependent Add or Term
- Household gains eligibility for third party sponsorship
- Household loses eligibility for third party sponsorship
- Third party sponsor change
- Broker is added
- Broker is removed
- Broker is changed
- Change in dependent relationship to subscriber (for example domestic partner change to spouse)
- Change in member identifying or demographic elements
- Change in household income that materially impacts the amount of APTC, Cascade Care Savings, and/or CSR.[35]

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

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

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[34] This is not a definitive list.

[35] A change may impact APTC amounts, Cascade Care Savings Amounts, or both.

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

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

When there is a change (INS03 = 001) for the subscriber, the rules for DTP01 qualifiers and dates reported follow the 834 Change transaction rules.[36] When there is an add or term for the dependent, the rules for DTP01 qualifiers and dates reported follow the 834 Add or Term transaction rules.[37]

In addition, the following table includes information that is reported on an 834 Change transaction from WAHBE for corrected member name and demographics:[38]

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

Loop	Seg	Element	Description	834 Change from WAHBE	Additional Information
2100A	NM1		Corrected Member name		This loop will only be included if WAHBE is reporting corrections to the member's name and/or SSN.
		NM101	Entity Identifier Code	74 = Corrected Member	Qualifier that indicates the corrected member's name will be reported in NM103.
		NM102	Entity Identifier Qualifier	1 = Person	Qualifier that indicates the corrected member reported in NM103 is a person.
		NM103	Member Last name	Member Last name	Corrected member last name.
		NM104	Member First name	Member First name	Corrected member first name.
		NM105	Member Middle name	Member Middle name	Corrected member middle name.
		NM106	name Prefix	name Prefix	If applicable only.

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

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

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

Loop	Seg	Element	Description	834 Change from WAHBE	Additional Information
		NM107	name Suffix	name Suffix	If applicable only.
		NM108	Member Identifier Qualifier	34 = SSN	Qualifier that indicates the member SSN will be reported in NM109.
		NM109	Member SSN	Member SSN	Corrected member SSN.
2100A, Cont'd	**DMG**		**Corrected Member Demographics**		
		DMG01	Date/Time Period Format Qualifier	D8 = YYYYMMDD	Qualifier that indicates the member birthdate will be reported in DMG02.
		DMG02	Date/Time Period	Member's birthdate in YYYYMMDD format	Member's birthdate.
		DMG03	Gender Code	M = Male; F = Female	Member's gender.
		DMG05-1	Race or Ethnicity Code	I = American Indian/Alaska Native	WAHBE will only report race and ethnicity information in DMG05-1 for American Indian or Alaska Native members. For all else, this element will not be sent.
		DMG06	Citizen Status Code	1 = US Citizen	Citizen status code.
2100B			**Prior Incorrect Member name**		
		NM101	Entity Identifier Code	70 = Prior Incorrect Member	Qualifier that indicates the prior incorrect member name will be reported in NM103.
		NM102	Entity Identifier Qualifier	1 = Person	Qualifier that indicates the prior corrected member reported in NM103 was a person.
		NM103	Member Last name	Member Last Name	Prior incorrect member last name.
		NM104	Member First name	Member First Name	Prior incorrect member first name.
		NM105	Member Middle name	Member Middle Name	Prior incorrect member middle name.
		NM106	name Prefix	Name Prefix	If applicable only.
		NM107	name Suffix	Name Suffix	If applicable only.
		NM108	Member Identifier Qualifier	34 = SSN	Qualifier that indicates the prior incorrect member SSN will be reported in NM109.
		NM109	Member SSN	Member SSN	Prior incorrect member SSN.
2100B, Cont'd	**DMG**		**Prior Incorrect Member Demographics**		
		DMG01	Date/Time Period Format Qualifier	D8 = YYYYMMDD	Qualifier that indicates the member prior incorrect birthdate will be reported in DMG02
		DMG02	Date/Time Period	Member's birthdate in YYYYMMDD format	Member's prior incorrect birthdate.
		DMG03	Gender Code	M = Male; F = Female	Member's prior incorrect gender.
		DMG05-1	Race or Ethnicity Code	I = American Indian/Alaska Native	The member's prior incorrect race/ethnicity code. WAHBE will only send a race/ethnicity code when a correction is being made to a member's AI/AN status.
		DMG06	Citizen Status Code	1 = US Citizen 2 = Non-Resident Alien 3 = Resident Alien	Member's prior incorrect citizenship code.

5.3   834 Cancel and Term Transactions

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

5.3.1   834 Cancel and Term Maintenance Action Code and Maintenance Reason Code Combinations

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

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

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

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

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

5.3.3 834 Cancel Transactions

There are two types of 834 Cancel transactions:

- WAHBE Initiated 834 Cancel
- Carrier Initiated 834 Cancel

5.3.3.1 WAHBE Initiated 834 Cancel

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

The following table lists common scenarios resulting in WAHBE initiated 834 Cancel transactions[39]:

Scenario	Description
Enrollment cancelation during open enrollment	During Open Enrollment, a household selects coverage with Plan A. An 834 Add transaction is generated for the household. If the household cancels enrollment prior to the enrollment cutoff date, Plan A will receive an WAHBE initiated 834

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

Scenario	Description
	Cancel transaction.[40] A household can select and re-select a plan until the end of Open Enrollment. If the household decides to re-select and enroll in a different plan (Plan B), WAHBE initiates an 834 Cancel transaction to Plan A, and an 834 Add transaction to Plan B. A household can only update their enrollment selection during the Open Enrollment period as long as the current date is not on or after their coverage effective date.

5.3.3.2   Carrier Initiated 834 Cancel

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

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

INS*Y*18*024*59*A***TE
DTP*356*D8*20220101
DTP*357*D8*20220101

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

HD*024**HLT*Happy Health Plan*FAM
DTP*349*D8*20220101

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

N1*75*ADDL MAINT REASON[41]
REF*17*CANCEL
DTP*007*D8*20220101[42]

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

5.3.4   834 Term Transactions

There are two types of 834 Term transactions:

- WAHBE initiated 834 Term
- Carrier initiated 834 Term

5.3.4.1   WAHBE Initiated 834 Term

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

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

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

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

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

Scenario	Description
Voluntary Withdrawal	Voluntary termination occurs when a household chooses to dis-enroll through Washington Healthplanfinder because they have obtained other minimum essential coverage, or when a household changes from one plan to another during Open Enrollment[43] or a Special Enrollment Period, or at the subscriber's discretion. The coverage term date is determined by the date the change was reported and follows the enrollment cut-off date rules.[44]
Conditional eligibility verification failure	Termination for conditional eligibility verification (CEV) failure occurs when a consumer has been determined conditionally eligible at the time of application but fails to provide sufficient documentation within a 95 day period[45].

5.3.4.2   Carrier Initiated 834 Term

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

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

```
INS*Y*18*024*59*A***TE
DTP*356*D8*20220101
DTP*357*D8*20220228
```

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

```
HD*024**HLT*Happy Health Plan*FAM
DTP*349*D8*20220228
```

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

```
N1*75*ADDL MAINT REASON[46]
REF*17*TERM
DTP*007*D8*20220228[47]
```

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

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

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

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

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

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

5.4   834 Reinstate Transactions[48]

Carriers and WAHBE communicate the revocation of a prior Term or Cancel transaction via an 834 Reinstate transaction. There are two types of 834 Reinstate transactions:

- WAHBE initiated 834 Reinstate
- Carrier initiated 834 Reinstate

5.4.1   834 Reinstate Maintenance Action Code and Maintenance Reason Code Combinations

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

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

5.4.2   Carrier Initiated 834 Reinstate

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

The following 2700/2750 loop is required for the subscriber:

```
N1*75*ADDL MAINT REASON
REF*17*REINSTATE
DTP*007*D8*20220101
```

5.4.3   WAHBE Initiated 834 Reinstate

WAHBE Reinstatement transactions will always be "explicit" and include all household members. The following 2700/2750 loop will be included for the subscriber:

```
N1*75*SOURCE APPLICATION
REF*ZZ*DATAFIX
DTP*007*D8*20220101
```

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

5.5 LS Loop (2700/2750 Loops)

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

5.5.1 Subscriber LS Loop (2700/2750 Loops)

The following table outlines the LS loop (2700/2750 loops) reported for the subscriber for healthcare coverage.[49]

834 Add from WAHBE	834 Confirm from the Carrier	834 Reinstate from WAHBE	834 Reinstate from the Carrier
N1*75*PRE AMT TOT **REF***9X*500 **DTP***007*D8*20220101	**N1***75*PRE AMT TOT **REF***9X*500 **DTP***007*D8*20220101	**N1***75*PRE AMT TOT **REF***9X*500 **DTP***007*D8*20220101	**N1***75*PRE AMT TOT **REF***9X*500 **DTP***007*D8*20220101
N1*75*APTC AMT **REF***9V*100 **DTP***007*D8*20220101	**N1***75*APTC AMT **REF***9V*100 **DTP***007*D8*20220101	**N1***75*APTC AMT **REF***9V*100 **DTP***007*D8*20220101	**N1***75*APTC AMT **REF***9V*100 **DTP***007*D8*20220101
N1*75*STATE SUBSIDY AMT **REF***9V*200 **DTP***007*D8*20220101	**N1***75*STATE SUBSIDY AMT **REF***9V*200 **DTP***007*D8*20220101	**N1***75*STATE SUBSIDY AMT **REF***9V*200 **DTP***007*D8*20220101	**N1***75*STATE SUBSIDY AMT **REF***9V*200 **DTP***007*D8*20220101
N1*75*TOTAL RES AMT **REF***9V*200 **DTP***007*D8*20220101	**N1***75*TOTAL RES AMT **REF***9V*200 **DTP***007*D8*20220101	**N1***75*TOTAL RES AMT **REF***9V*200 **DTP***007*D8*20220101	**N1***75*TOTAL RES AMT **REF***9V*200 **DTP***007*D8*20220101
N1*75*CSR ELIG CAT **REF***ZZ*02 **DTP***007*D8*20220101	**N1***75*CSR ELIG CAT **REF***ZZ*02 **DTP***007*D8*20220101	**N1***75*CSR ELIG CAT **REF***ZZ*02 **DTP***007*D8*20220101	**N1***75*CSR ELIG CAT **REF***ZZ*02 **DTP***007*D8*20220101
N1*75*CSR AMT **REF***ZZ*150 **DTP***007*D8*20220101	**N1***75*CSR AMT **REF***ZZ*150 **DTP***007*D8*20220101	**N1***75*CSR AMT **REF***ZZ*150 **DTP***007*D8*20220101	**N1***75*CSR AMT **REF***ZZ*150 **DTP***007*D8*20220101
N1*75*REQUEST SUBMIT TIMESTAMP **REF***17*20211215000000[50] **DTP***007*D8*20211215[51]	Optional	**N1***75*REQUEST SUBMIT TIMESTAMP **REF***17*20211215000000 **DTP***007*D8*20211215	Optional
Does Not Apply	**N1***75*ADDL MAINT REASON **REF***17*CONFIRM **DTP***007*D8*20220101	**N1***75*SOURCE APPLICATION **REF***ZZ*DATAFIX **DTP***007*D8*20211215	**N1***75*ADDL MAINT REASON **REF***17*REINSTATE **DTP***007*D8*20220101

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

[50] The date reported in REF02 of the REQUEST SUBMIT TIMESTAMP should align with the value sent in GS04 on an inbound carrier file, or be at least one day after the date the initial Add file was sent by WAHBE.

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

834 Cancel from WAHBE	834 Cancel from the Carrier	834 Term from WAHBE	834 Term from the Carrier
N1*75*PRE AMT TOT **REF***9X*500 **DTP***007*D8*20220101	Do Not Report	**N1***75*PRE AMT TOT **REF***9X*500 **DTP***007*D8*20220101	Do Not Report
N1*75*APTC AMT **REF***9V*100 **DTP***007*D8*20220101	Do Not Report	**N1***75*APTC AMT **REF***9V*100 **DTP***007*D8*20220101	Do Not Report
N1*75*STATE SUBSIDY AMT **REF***9V*200 **DTP***007*D8*20220101	Do Not Report	**N1***75*STATE SUBSIDY AMT **REF***9V*200 **DTP***007*D8*20220101	Do Not Report
N1*75*TOT RES AMT **REF***9V*200 **DTP***007*D8*20220101	Do Not Report	**N1***75*TOT RES AMT **REF***9V*200 **DTP***007*D8*20220101	Do Not Report
N1*75*CSR ELIG CAT **REF***ZZ*02 **DTP***007*D8*20220101	Do Not Report	**N1***75*CSR ELIG CAT **REF***ZZ*02 **DTP***007*D8*20220101	Do Not Report
N1*75*CSR AMT **REF***ZZ*150 **DTP***007*D8*20220101	Do Not Report	**N1***75*CSR AMT **REF***ZZ*150 **DTP***007*D8*20220101	Do Not Report
N1*75*REQUEST SUBMIT TIMESTAMP **REF***17*20211215000000 **DTP***007*D8*20211215	Optional	**N1***75*REQUEST SUBMIT TIMESTAMP **REF***17*20211215000000 **DTP***007*D8*20211215	Optional
Not Applicable	**N1***75*ADDL MAINT REASON **REF***17*CANCEL **DTP***007*D8*20220101	Not Applicable	**N1***75*ADDL MAINT REASON **REF***17*TERM **DTP***007*D8*20220101

5.5.2   Optional Dependent LS Loop (2700/2750 Loop)

The following table outlines the *optional* 2700/2750 loop that is reported for the dependent on the 834 Confirm, 834 Cancel, and 834 Term transactions from the carrier to WAHBE.[52]

834 Confirm from the Carrier Optional	834 Cancel from the Carrier Optional	834 Term from the Carrier Optional	834 Reinstate from the Carrier Optional
N1*75*ADDL MAINT REASON **REF***17*CONFIRM **DTP***007*D8*20220101	**N1***75*ADDL MAINT REASON **REF***17*CANCEL **DTP***007*D8*20220101	**N1***75*ADDL MAINT REASON **REF***17*TERM **DTP***007*D8*20220101	**N1***75*ADDL MAINT REASON **REF***17*REINSTATE **DTP***007*D8*20220101

5.5.3   Data Fix Indicator

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

N1*75*SOURCE APPLICATION

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

REF*ZZ*DATAFIX
DTP*007*D8*20220401

5.5.4   Coverage Date Change Indicator

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

N1*75*ADDL MAINT REASON
REF*17*COVERAGE DATE CHANGE
DTP*007*D8*20220204

5.5.5   Renewal Indicator

WAHBE will include a renewal indicator in some Add transactions to distinguish enrollments that are passive renewals. See Section 6 for more information on Open Enrollment and Renewals.

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

N1*75*ADDL MAINT REASON
REF*ZZ*PASSIVE RENEWAL
DTP*007*D8*20221101

5.6   834 APTC, Cascade Care Savings, and CSR Reporting

Different criteria apply when reporting subsidy information in the LS loop (2700/2750 loops) based on whether the transaction is for Qualified Health Plan (QHP) or Qualified Dental Plan (QDP) coverage.[53]

5.6.1   834 Qualified Health Plan APTC and CSR Reporting

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

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

---

[53] The CSR Variant is identified in the 15th and 16th characters of the CMS Plan ID, and is equivalent to the value reported in the 2700/2750 loop for CSR ELIG CAT.

For Qualified Health Plans:

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

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

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

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

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

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

5.6.2   834 Qualified Dental Plan APTC and CSR Reporting

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

5.6.3   834 Qualified Health Plan Cascade Care Savings Reporting

A Cascade Care Savings amount [54]will be reported in the subscriber LS Loop (2700/2750) for eligible QHP plans if certain conditions are met. These include:

- The household is eligible for Cascade Care Savings and the household's full APTC amount is applied to the enrollment
- The household is eligible for Cascade Care Savings and ineligible for APTC
- The household is eligible for Cascade Care Savings and the full APTC amount is equal to $0 (zero)

Cascade Care Savings will not be reported in the subscriber LS Loop (2700/2750) when:

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[54] Refer to section titled Subscriber LS Loops (2700/2750) for Cascade Care Savings tag reported within the 834.

- The household has lost Cascade Care Savings eligibility
- The household has opted not to be considered for premium assistance benefits
- The household is APTC eligible but has opted not to apply the full benefit toward their enrollment

6   Open Enrollment and Renewals

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

6.1   Renewal Types

There are two types of renewals:

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

- **Passive Renewal** – This is when the head of household does not "actively" renew using Healthplanfinder, but WAHBE "passively" enrolls them in the same plan they had coverage through during the previous benefit year. [55] This is also called "auto-renewal".

6.2   Renewal Scenarios and 834 Process Flows

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

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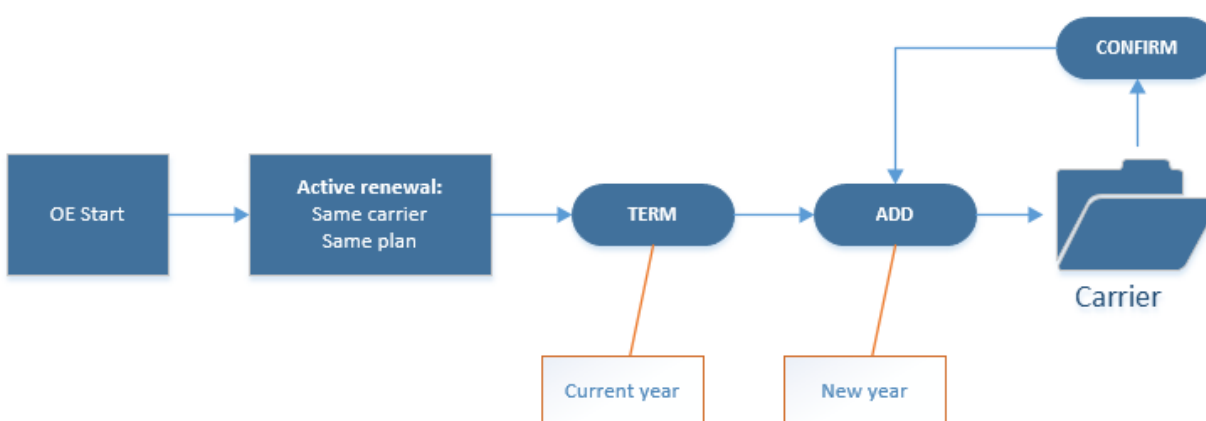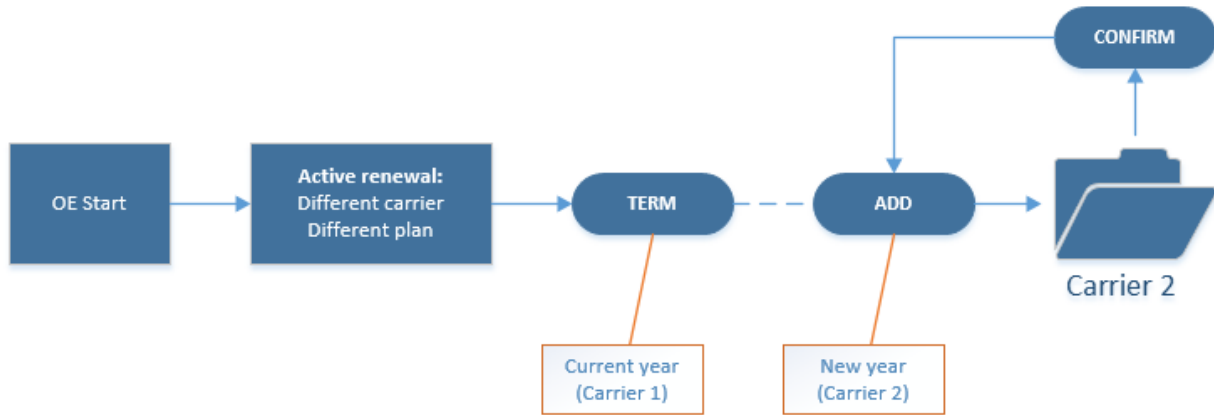

2. **Active Enrollment, Different Carrier, Different Plan**
   This scenario is similar to the first, however if the subscriber selects a different plan with a

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[55] Some plans are discontinued at the end of the benefit year, but replaced with a "cross mapped" plan. In these instances, when they are eligible, households are passively renewed into the cross walked plan.

different carrier, the 834 Term goes to the previous carrier and the 834 Add goes to the new
carrier. An 834 Confirm from the new carrier is generated and sent to WAHBE.

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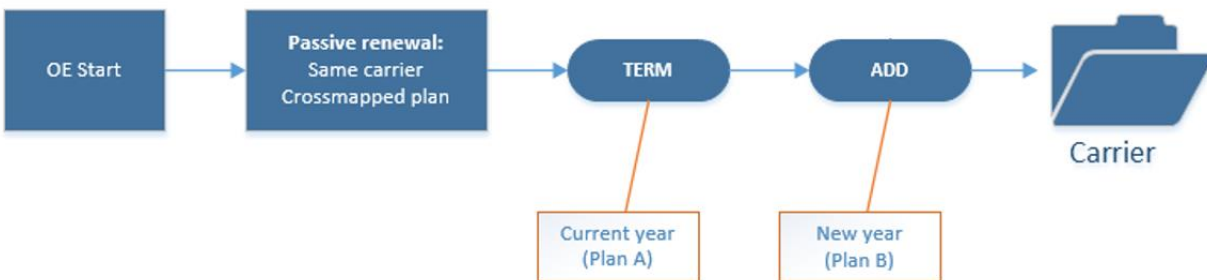the carrier is generated and sent to WAHBE.
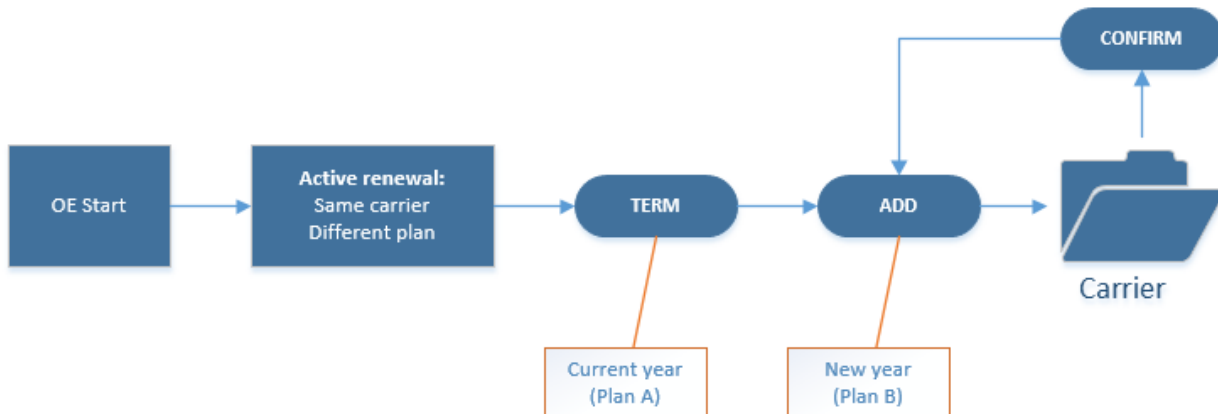
4. **Passive Enrollment, Same Carrier, Same Plan**
This scenario involves WAHBE passively or auto-renewing the household into the same plan with
the same carrier. An 834 Term for the old plan with the old Enrollment ID is sent, followed by an
834 Add for the new plan with the new Enrollment ID. WAHBE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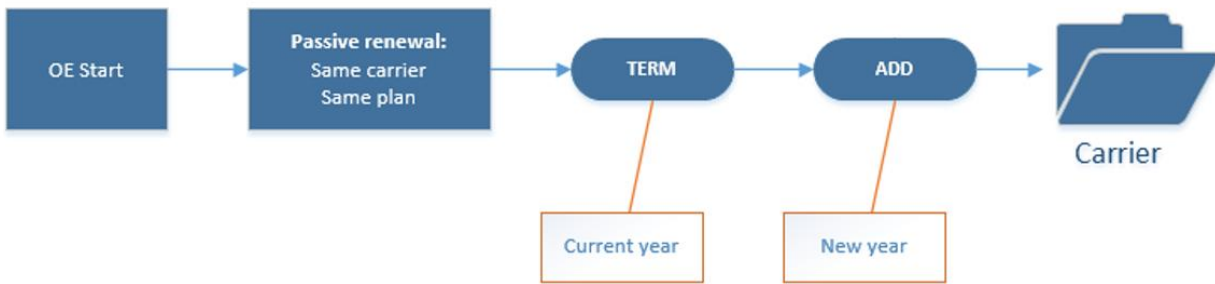
5. **Passive Enrollment, Same Carrier, Cross Mapped Plan**

   This scenario involves WAHBE passively or auto-renewing the household into a cross mapped[56] QHP with the same carrier. An 834 Term for the old plan with the old Enrollment ID is sent, followed by an 834 Add for the new plan with the new Enrollment ID. WAHBE will auto-effectuate the new enrollment. For details on binder payment grace period requirements for passive enrollments please reference the Carrier Enrollment and Payment Process Guide.

6. **Passive Enrollment, Different Carrier, Cross Mapped Plan**

   This scenario involves WAHBE auto-renewing the household into a cross mapped QHP with a different carrier. The 834 Term is sent to the previous carrier and the 834 Add goes to the new carrier. WAHBE will not auto-effectuate the new enrollment. An 834 Confirm from the new carrier is generated and sent to WAHBE.

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[56] Cross mapped refers to the auto-renewal process where a household is re-enrolled for the upcoming year in a plan that differs from their current plan, due to plan discontinuation or plan non-renewal.
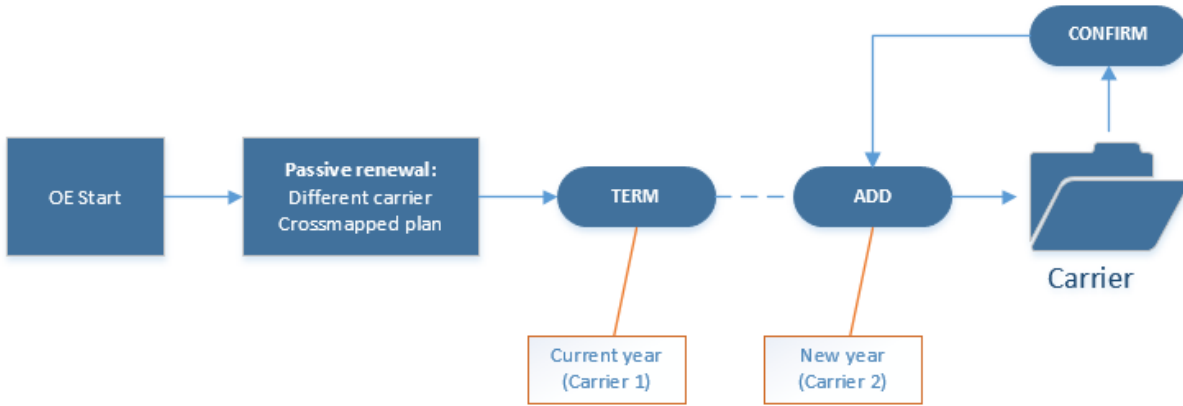
6.3 834 Renewal Maintenance Action Code and Maintenance Reason Code Combinations

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

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

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

Scenario	834 Term from WAHBE	834 Add from WAHBE	834 Confirm from the Carrier	2000, INS03 Element Values	2000, INS04 Element Values
Passive Enrollment Same Carrier Cross-Mapped QHP	X			024	07
		X		021	41
			Not required		
Passive Enrollment Different Carrier Cross-Mapped QHP[57]	X			024	07
		X		021	EC
			X	021	28

6.3.1   Active vs. Passive Renewal Identifiers

As mentioned in section 5.5.5, WAHBE will include a renewal indicator in the subscriber LS Loop (2700/2750) on some Add transactions to distinguish enrollments that are passive renewals. The following table includes the possible renewal indicator combinations for all Add transactions sent during the open enrollment period. This information may be referenced in addition to the Batch Autorenewal Report to track carrier confirmation or effectuation requirements[58].

Scenario	2000, INS03 Element Value on WAHBE Add	2000, INS04 Element Values on WAHBE Add	Part of Batch Auto-Renewal Process?[59]	2700/2750 Renewal Indicator
Passive Enrollment (Auto-Renewal)	21	EC	Yes	Yes
Passive Enrollment (Auto-Renewal)	21	41	Yes	Yes
Active Enrollment (Manual)	21	EC	No	No

---

[57] This is the only passive renewal scenario where HBE requires an 834 Confirm from the Carrier in order to effectuate the enrollment. The Carrier can identify the enrollments requiring an 834 Confirm because they will contain both the Passive Renewal indicator in the 2700/2750 loop as well as an INS04 value of 'EC' in Loop 2000.

[58] Refer to the Carrier Enrollment and Payment Process Guide for information Related to the Batch Auto-Renewal Report (BAR).

[59] WAHBE's batch auto-renewal processing is timed to align with the start of Open Enrollment. Specific dates related to EDI delivery for this batch are communicated to carriers as part of Open Enrollment readiness.

7   Special Enrollment Period

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

7.1   SEP General Business Rules

The following are some general rules around Special Enrollment Periods:

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

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

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

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

7.2   SEP Events and Corresponding SEP Reason Codes

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

SEP Event	SEP Reason Code
• Birth • Adoption • Placement by court order	02-BIRTH
• Loss of Medically Essential Coverage (MEC) • Age out of coverage (health 26, pediatric dental 19) • Join or leave AmeriCorps, VISTA, or NCCC • Plan discontinued at the end of the benefit year • Domestic violence • Loss of COBRA premium assistance	07-TERMINATION OF BENEFITS
• Marriage • Domestic partnership • Divorce • Legally separated • Death	32-MARRIAGE

SEP Event	SEP Reason Code
• Address change, loss of current coverage • Address change, gain access to new coverage	43-CHANGE OF LOCATION
• Exchange error • Special handling	ER-EXCHANGE ERROR
• Plan de-certification • Prior year tax filing completed after previously denied tax credits due to not filing taxes	EX-EXCEPTIONAL CIRCUMSTANCES
• Income change that results in a change to APTC and/or CSR amount • Change to tax filing household • Removal due to incarceration • Removal due to moving out of state	FC-FINANCIAL CHANGE
• Change in lawful presence • Change in citizenship status • Change in tax filing status • Addition due to release from incarceration • Addition due to loss of WAH coverage due to change in pregnancy status • American Indian/Alaska Native SEP	NE-NEWLY ELIGIBLE
• Program change from WAH to APTC/QHP • Cascade Care Savings SEP	PC-PROGRAM CHANGE

7.3   834 SEP Transactions from WAHBE to the Carrier

The following table outlines the format and content of the 2750 loops for each SEP code[60][61]:

SEP Code	SEP Event	SEP Reason Reported in the 2750 Loop
02	Birth/Adoption/Placement for Adoption	**N1***75*SEP REASON **REF***17*BIRTH **DTP***D8*20220415
07	Termination of Benefits	**N1***75*SEP REASON **REF***17*07-TERMINATION OF BENEFITS **DTP***D8*20220401
32	Marriage	**N1***75*SEP REASON **REF***17*32-MARRIAGE **DTP***D8*20220415

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[60] See the **APTC and CSR Reporting** section for detailed information on what to include in the subscriber 2750 loops.
[61] The SEP related 2750 loop is reported for the subscriber only and is only included on 834 Add and 834 Change transactions from WAHBE.

SEP Code	SEP Event	SEP Reason Reported in the 2750 Loop
43	Change of Location	**N1***75*SEP REASON **REF***17*43-CHANGE OF LOCATION **DTP***D8*20220401
ER	Exchange Error	**N1***75*SEP REASON **REF***17*ER-EXCHANGE ERROR **DTP***D8*20220401
EX	Exceptional Circumstances	**N1***75*SEP REASON **REF***17*EX-EXCEPTIONAL CIRCUMSTANCES **DTP***D8*20220401
FC	Financial Change	**N1***75*SEP REASON **REF***17*FC-FINANCIAL CHANGE **DTP***D8*20220401
NE	Newly Eligible	**N1***75*SEP REASON **REF***17*NE-NEWLY ELIGIBLE **DTP***D8*20220401
PC	Program Change	**N1***75*SEP REASON **REF***17*PC-PROGRAM CHANGE **DTP***D8*20220401

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

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

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

- If a dependent is terminated from the household due to death, and there is continuous coverage with the same QHP within the same benefit year, an 834 Change transaction is sent with a 2000, INS03 (Maintenance Type Code) value of "001" indicating a Change for the subscriber. For the dependent, the 2000, INS03 value is "024" for Cancelation or Termination.

See **SEP Scenarios in Appendix A of the Carrier Enrollment and Payment Process Guide** for more detailed information.

7.5   834 SEP Financial Change Transactions from WAHBE

A change in household income that results in a gain or loss of APTC and/or CSR tier qualifies as a Financial Change SEP.[62]

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

   N1*75*SEP REASON
   REF*17*FC-FINANCIAL CHANGE
   DTP*D8*20220401

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

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

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

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

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

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[62] Transactions communicating Financial change SEPs may include Cascade Care Savings amounts in the subscriber's 2700/2750 loop.

8   Sponsorship Program

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

8.1   Third Party Sponsorship Reporting

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

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

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

- For households eligible for third party sponsorship subsequent to initial enrollment, third party sponsor information is reported on the 834 Change transaction.[63]

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

The 15th rule should be referenced to identify the effective date of any third party sponsor change. For example, an add or change sent prior to the 15th of the month with a third party sponsor newly present, indicates the partnership should be active effective the first of the following month. See section titled **Enrollment Cutoff Date and Coverage Effective Date Business Rules** for additional detail related to effective date rules.

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

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

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

Scenario	834 Trans Type	N101	N102	N103	N104
Household becomes ineligible for third party sponsorship subsequent to initial enrollment.	834 Change	P5	Adam Smith (Subscriber)	FI	555121234 (Subscriber SSN)

9 Full Carrier Audit Reconciliation Process

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

10 Acronyms and Terms

Acronym/Term	Description
834	Benefit Enrollment and Maintenance (834) EDI Transaction.
834 Confirm	The 834 Confirm is generated by the carrier and sent to WAHBE in response to an 834 Add received from WAHBE. The 834 Confirm is a slightly different format with slightly different data element requirements than the 834 Add sent by WAHBE.
834 TR3	Benefit Enrollment and Maintenance (834) Technical Report Type 3. An X12 publication that contains the industry standard usage of the loops, segments, and elements on the 834 EDI Transaction.
834 Enrollment Transaction	An 834 Enrollment Transaction is the term used to denote a single ST/SE or Transaction Set within an 834 file. There can be multiple Transaction Sets within an 834 File.
834 Transaction Set	An 834 Transaction Set equates to the ST-SE loop within an 834 EDI file. Each ST-SE loop contains a household comprised of a subscriber and any dependents (if applicable). There are multiple transactions within a single functional group, each representing a household. There is a single functional group with a file header. There is a single file header within a file.
ACA	Affordable Care Act
APTC	Advanced Premium Tax Credit
Carrier Response Transaction	An 834 Confirm or 834 Cancel sent in response to an 834 Add from WAHBE.
Cascade Care Savings	The 2021 Washington State Legislature enacted Engrossed Second Substitute Senate Bill 5377 which, among other provisions, directed the Exchange to establish a state premium assistance program for Washington residents. This program is branded and known to consumers as Cascade Care Savings for implementation for plan year 2023 by WAHBE.
CMS	Centers for Medicare and Medicaid Services

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

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

11 Appendix A: County Name to County Code Crosswalk Table

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

12 Appendix B: Race and Ethnicity Concept Code List

Washington Healthplanfinder Description	Concept Type	Concept Code
Indian (American)	Race	1004-1
Asian	Race	2028-9
Asian Indian	Race	2029-7
Cambodian	Race	2033-9
Chinese	Race	2034-7
Filipino	Race	2036-2
Japanese	Race	2039-6
Korean	Race	2040-4
Laotian	Race	2041-2
Thai	Race	2046-1
Vietnamese	Race	2047-9
Hawaiian	Race	2079-2
Samoan	Race	2080-0
Guamanian	Race	2087-5
Other Asian/Pacific Islander	Race	2500-7
Other Race	Race	2131-1
White	Race	2106-3
Black/African American	Race	2054-5
Eskimo	Race	1840-8
Aleut	Race	1966-1
Unreported	Race	Null
American Indian/Alaska Native	Race	1002-5
Not Spanish/Hispanic	Ethnicity	2186-5
Not Reported	Ethnicity	Null
Mexican/Mexican-American/Chicano	Ethnicity	2148-5
Cuban	Ethnicity	2182-4
Puerto Rican	Ethnicity	2180-8
Other Spanish/Hispanic	Ethnicity	2135-2

13 Appendix C: 834 Transaction Examples

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

- WAHBE Add
- WAHBE Change
- WAHBE Term
- WAHBE Cancel
- WAHBE Reinstate
- WAHBE Passive Renewal
- Carrier Confirm
- Carrier Term
- Carrier Cancel
- Carrier Reinstate

13.1 WAHBE Add

File Header
ISA*00*   *00*   *30*454846258   *30*910000000   *221101*0210*^*00501*000000439*0*T*:~

Functional Group Header
GS*BE*454846258*910000000*20221101*789178*387*X*005010X220A1~

Transaction Set Header
ST*834*82ei19032*005010X220A1~
BGN*00*12345-30298888*20221101*789187****2~
REF*38*12345WA019000204~
DTP*382*D8*20220101~

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

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

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

2000 Subscriber Information
INS*Y*18*021*EC*A***AC~
REF*17*12345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20221231~

2100A Subscriber Name
NM1*IL*1*Walsh*Martin****34*500223333~
PER*IP**TE*3607776565*AP*3605551212*EM*martin_walsh@mailinator.com~
N3*12345 Densmore Ave N~
N4*Olympia*WA*98502**CY*53067~
DMG*D8*19730819*M**:RET:2079-2^:RET:2039-6^:RET:2040-4^:RET:2041-2^:RET:2182-4*1~
HLH*N*1*1~
LUI*LE*eng**6~
LUI*LE*eng**7~

2300 Subscriber Coverage Information
HD*021**HLT*Happy Health Plan*FAM~
DTP*348*D8*20220101~

LS Loop Member Reporting Categories

LS*2700~
LX*1~
N1*75*PRE AMT TOT~
REF*9X*350~

DTP*007*D8*20220101~
LX*2~
N1*75*APTC AMT~
REF*9V*100~
DTP*007*D8*20220101~
LX*3~
N1*75*STATE SUBSIDY AMT~
REF*9V*75~
DTP*007*D8*20220101~
LX*4~
N1*75*TOT RES AMT~
REF*9V*175~
DTP*007*D8*20220101~
LX*6~
N1*75*CSR ELIG CAT~
REF*ZZ*04~
DTP*007*D8*20220101~
LX*6~
N1*75*CSR AMT~
REF*ZZ*125~
DTP*007*D8*20220101~
LX*7~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20211203000000~
DTP*007*D8*20211203~
LE*2700~

2000 Dependent Information
INS*N*01*021*28*A~
REF*17*22345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20221231~

2100A Dependent Name
NM1*IL*1*Walsh*Mary****34*500121234~
PER*IP**TE*3607776565*AP*3605551214*EM*mary_walsh@mailinator.com~
DMG*D8*19730819*F**I:RET:1002-5^:RET:1840-8~
HLH*N*1*1~

2300 Dependent Coverage Information
HD*021**HLT*Happy Health Plan*FAM~
DTP*348*D8*20220101~

Transaction Set Trailer
SE*66*0001~

Functional Group Trailer
GE*1*387~

File Trailer
IEA*1*000000439~

13.2 WAHBE Change

File Header
ISA*00*   *00*   *30*454846258   *30*910000000   *221101*0210*^*00501*000000439*0*T*:~

Functional Group Header
GS*BE*454846258*910000000*20221101*789178*387*X*005010X220A1~

Transaction Set Header
ST*834*82ei19032*005010X220A1~
BGN*00*12345-30298888*20221101*789187****2~
REF*38*12345WA019000205~
DTP*303*D8*20220512~

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

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

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

2000 Subscriber Information
INS*Y*18*001*AI*A***AC~
REF*17*12345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20220430~

2100A Subscriber Name
NM1*IL*1*Walsh*Martin****34*500223333~
PER*IP**TE*3607776565*AP*3608675309*EM*martin_walsh@mailinator.com~
N3*12345 Densmore Ave N~
N4*Olympia*WA*98502**CY*53067~
DMG*D8*19730819*M**:RET:2079-2^:RET:2039-6^:RET:2040-4^:RET:2041-2^:RET:2182-4*1~

2300 Subscriber Coverage Information
HD*001**HLT*Happy Health Plan*FAM~
DTP*303*D8*20220101~

LS Loop Member Reporting Categories
LS*2700~
LX*1~
N1*75*PRE AMT TOT~
REF*9X*250~
DTP*007*D8*20220101~
LX*2~
N1*75*APTC AMT~

REF*9V*100~
DTP*007*D8*20220101~
LX*3~
N1*75*TOT RES AMT~
REF*9V*150~
DTP*007*D8*20220101~
LX*4~
N1*75*CSR ELIG CAT~
REF*ZZ*04~
DTP*007*D8*20220101~
LX*5~
N1*75*CSR AMT~
REF*ZZ*100~
DTP*007*D8*20220101~
LX*6~
N1*75*PRE AMT TOT~
REF*9X*250~
DTP*007*D8*20220601~
LX*7~
N1*75*APTC AMT~
REF*9V*200~
DTP*007*D8*20220601~
LX*8~
N1*75*TOT RES AMT~
REF*9V*50~
DTP*007*D8*20220601~
LX*9~
N1*75*CSR ELIG CAT~
REF*ZZ*05~
DTP*007*D8*20220601~
LX*10~
N1*75*CSR AMT~
REF*ZZ*200~
DTP*007*D8*20220601~
LX*11~
N1*75*SEP REASON~
REF*17*FC-FINANCIAL CHANGE~
DTP*007*D8*20220512~
LX*12~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20210512000000~
DTP*007*D8*20220512~
LE*2700~

Transaction Set Trailer
SE*72*0001~

Functional Group Trailer
GE*1*387~

File Trailer

IEA*1*000000439~

13.3 WAHBE Term

File Header
ISA*00*   *00*   *30*454846258   *30*910000000   *221101*0210*^*00501*000000439*0*T*:~

Functional Group Header
GS*BE*454846258*910000000*20221101*789178*387*X*005010X220A1~

Transaction Set Header
ST*834*82ei19032*005010X220A1~
BGN*00*12345-30298888*20221101*789187****2~
REF*38*12345WA019000204~
DTP*007*D8*20220430~

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

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

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

2000 Subscriber Information
INS*Y*18*024*07*A***TE~
REF*17*12345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20220430~

2100A Subscriber Name
NM1*IL*1*Walsh*Martin****34*500223333~
PER*IP**TE*3607776565*AP*3608675309*EM*martin_walsh@mailinator.com~
N3*12345 Densmore Ave N~
N4*Olympia*WA*98502**CY*53067~
DMG*D8*19730819*M**:RET:2079-2^:RET:2039-6^:RET:2040-4^:RET:2041-2^:RET:2182-4*1~

2300 Subscriber Coverage Information
HD*024**HLT*Happy Health Plan*FAM~
DTP*349*D8*20220430~

LS Loop Member Reporting Categories
LS*2700~
LX*1~
N1*75*PRE AMT TOT~
REF*9X*250~
DTP*007*D8*20220101~
LX*2~
N1*75*APTC AMT~

REF*9V*100~
DTP*007*D8*20220101~
LX*3~
N1*75*TOT RES AMT~
REF*9V*150~
DTP*007*D8*20220101~
LX*4~
N1*75*CSR ELIG CAT~
REF*ZZ*04~
DTP*007*D8*20220101~
LX*5~
N1*75*CSR AMT~
REF*ZZ*100~
DTP*007*D8*20220101~
LX*6~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20201203000000~
DTP*007*D8*20201203~
LE*2700~

2000 Dependent Information
INS*N*01*024*07*A~
REF*17*22345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20220430~

2100A Dependent Name
NM1*IL*1*Walsh*Mary****34*500121234~
DMG*D8*19730819*F**I:RET:1002-5^:RET:1840-8~
HD*024**HLT*Happy Health Plan*FAM~
DTP*349*D8*20220430~

Transaction Set Trailer
SE*58*0001~

Functional Group Trailer
GE*1*387~

File Trailer
IEA*1*000000439~

13.4 WAHBE Cancel

File Header
ISA*00*   *00*   *30*454846258   *30*910000000   *221101*0210*^*00501*000000439*0*T*:~

Functional Group Header
GS*BE*454846258*910000000*20221101*789178*387*X*005010X220A1~

Transaction Set Header
ST*834*82ei19032*005010X220A1~
BGN*00*12345-30298888*20221101*789187****2~
REF*38*12345WA019000204~
DTP*007*D8*20220101~

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

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

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

2000 Subscriber Information
INS*Y*18*024*14*A***TE~
REF*17*12345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20220101~

2100A Subscriber Name
NM1*IL*1*Walsh*Martin****34*500223333~
PER*IP**TE*3607776565*AP*3608675309*EM*martin_walsh@mailinator.com~
N3*12345 Densmore Ave N~
N4*Olympia*WA*98502**CY*53067~
DMG*D8*19730819*M**:RET:2079-2^:RET:2039-6^:RET:2040-4^:RET:2041-2^:RET:2182-4*1~

2300 Subscriber Coverage Information
HD*024**HLT*Happy Health Plan*FAM~
DTP*349*D8*20220101~

LS Loop Member Reporting Categories
LS*2700~
LX*1~
N1*75*PRE AMT TOT~
REF*9X*250~
DTP*007*D8*20220101~
LX*2~
N1*75*APTC AMT~
REF*9V*100~

DTP*007*D8*20220101~
LX*3~
N1*75*TOT RES AMT~
REF*9V*150~
DTP*007*D8*20220101~
LX*4~
N1*75*CSR ELIG CAT~
REF*ZZ*04~
DTP*007*D8*20220101~
LX*5~
N1*75*CSR AMT~
REF*ZZ*100~
DTP*007*D8*20220101~
LX*6~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20201203000000~
DTP*007*D8*20201203~
LE*2700~

2000 Dependent Information

INS*N*01*024*14*A~
REF*17*22345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20220101~

2100A Dependent Name

NM1*IL*1*Walsh*Mary****34*500121234~
DMG*D8*19730819*F**I:RET:1002-5^:RET:1840-8~

2300 Dependent Coverage Information

HD*024**HLT*Happy Health Plan*FAM~
DTP*349*D8*20220101~

Transaction Set Trailer

SE*58*0001~

Functional Group Trailer

GE*1*387~

File Trailer

IEA*1*000000439~

13.5 WAHBE Reinstate

File Header
ISA*00*   *00*   *30*454846258   *30*910000000   *221101*0210*^*00501*000000439*0*T*:~

Functional Group Header
GS*BE*454846258*910000000*20221101*789178*387*X*005010X220A1~

Transaction Set Header
ST*834*82ei19032*005010X220A1~
BGN*00*12345-30298888*20221101*789187****2~
REF*38*12345WA019000205~
DTP*382*D8*20220101~

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

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

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

2000 Subscriber Information
INS*Y*18*025*EC*A***AC~
REF*17*12345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20221231~

2100A Subscriber Name
NM1*IL*1*Walsh*Martin****34*500223333~
PER*IP**TE*3607776565*AP*3605551212*EM*martin_walsh@mailinator.com~
N3*12345 Densmore Ave N~
N4*Olympia*WA*98502**CY*53067~
DMG*D8*19730819*M**:RET:2079-2^:RET:2039-6^:RET:2040-4^:RET:2041-2^:RET:2182-4*1~
HLH*N*1*1~
LUI*LE*eng**6~
LUI*LE*eng**7~

2300 Subscriber Coverage Information
HD*025**HLT*Happy Health Plan*FAM~
DTP*348*D8*20220101~

LS Loop Member Reporting Categories
LS*2700~
LX*1~
N1*75*SOURCE APPLICATION~
REF*ZZ*DATAFIX~

DTP*007*D8*20220528~
LX*2~
N1*75*PRE AMT TOT~
REF*9X*250~
DTP*007*D8*20220101~
LX*3~
N1*75*APTC AMT~
REF*9V*100~
DTP*007*D8*20220101~
LX*4~
N1*75*TOT RES AMT~
REF*9V*150~
DTP*007*D8*20220101~
LX*5~
N1*75*CSR ELIG CAT~
REF*ZZ*04~
DTP*007*D8*20220101~
LX*6~
N1*75*CSR AMT~
REF*ZZ*100~
DTP*007*D8*20220101~
LX*7~
N1*75*PRE AMT TOT~
REF*9X*250~
DTP*007*D8*20220601~
LX*8~
N1*75*APTC AMT~
REF*9V*200~
DTP*007*D8*20220601~
LX*9~
N1*75*TOT RES AMT~
REF*9V*50~
DTP*007*D8*20220601~
LX*10~
N1*75*CSR ELIG CAT~
REF*ZZ*05~
DTP*007*D8*20220601~
LX*11~
N1*75*CSR AMT~
REF*ZZ*200~
DTP*007*D8*20220601~
LX*12~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20210528000000~
DTP*007*D8*20220528~
LE*2700~

2000 Dependent Information
INS*N*01*025*EC*A~

REF*17*22345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20221231~

2100A Dependent Name
NM1*IL*1*Walsh*Mary****34*500121234~
PER*IP**TE*3607776565*AP*3605551214*EM*mary_walsh@mailinator.com~
DMG*D8*19730819*F**I:RET:1002-5^:RET:1840-8~
HLH*N*1*1~

2300 Dependent Coverage Information
HD*025**HLT*Happy Health Plan*FAM~
DTP*348*D8*20220101~

Transaction Set Trailer
SE*86*0001~

Functional Group Trailer
GE*1*387~

File Trailer
IEA*1*000000439~

13.6 WAHBE Passive Renewal

File Header
ISA*00*   *00*   *30*454846258   *30*910000000   *221101*0210*^*00501*000000439*0*T*:~

Functional Group Header
GS*BE*454846258*910000000*20221101*789178*387*X*005010X220A1~

Transaction Set Header
ST*834*82ei19032*005010X220A1~
BGN*00*12345-30899788*20221101*789187****2~
REF*38*12345WA019000204~
DTP*382*D8*20230101~

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

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

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

2000 Subscriber Information
INS*Y*18*021*41*A***AC~
REF*17*12345~
REF*1L*30899788~
REF*0F*12345~
DTP*356*D8*20230101~
DTP*357*D8*20231231~

2100A Subscriber Name
NM1*IL*1*Walsh*Martin****34*500223333~
PER*IP**TE*3607776565*AP*3605551212*EM*martin_walsh@mailinator.com~
N3*12345 Densmore Ave N~
N4*Olympia*WA*98502**CY*53067~
DMG*D8*19730819*M**:RET:2079-2^:RET:2039-6^:RET:2040-4^:RET:2041-2^:RET:2182-4*1~
HLH*N*1*1~
LUI*LE*eng**6~
LUI*LE*eng**7~

2300 Subscriber Coverage Information
HD*021**HLT*Happy Health Plan*FAM~
DTP*348*D8*20230101~

LS Loop Member Reporting Categories
LS*2700~
LX*1~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20221101000000~

DTP*007*D8*20221101~
LX*2
N1*75*ADDL MAINT REASON
REF*ZZ*PASSIVE RENEWAL
DTP*007*D8*20221101
LX*3~
N1*75*PRE AMT TOT~
REF*9X*294~
DTP*007*D8*20230101~
LX*4~
N1*75*APTC AMT~
REF*9V*100~
DTP*007*D8*20230101~
LX*5~
N1*75*TOT RES AMT~
REF*9V*194~
DTP*007*D8*20230101~
LX*6~
N1*75*CSR ELIG CAT~
REF*ZZ*04~
DTP*007*D8*20230101~
LX*7~
N1*75*CSR AMT~
REF*ZZ*132~
DTP*007*D8*20230101~
LE*2700~

2000 Dependent Information
INS*N*01*021*41*A~
REF*17*22345~
REF*1L*30899788~
REF*0F*12345~
DTP*356*D8*20230101~
DTP*357*D8*20231231~

2100A Dependent Name
NM1*IL*1*Walsh*Mary****34*500121234~
PER*IP**TE*3607776565*AP*3605551214*EM*mary_walsh@mailinator.com~
DMG*D8*19730819*F**I:RET:1002-5^:RET:1840-8~
HLH*N*1*1~

2300 Dependent Coverage Information
HD*021**HLT*Happy Health Plan*FAM~
DTP*348*D8*20230101~

Transaction Set Trailer
SE*67*82ei19032~

Transaction Set Header

ST*834*92ui7s298*005010X220A1~
BGN*00*12345-30298888*20221101*789187****2~
REF*38*12345WA019000204~
DTP*007*D8*20221231~

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

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

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

2000 Subscriber Information
INS*Y*18*024*07*A***TE~
REF*17*12345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20221231~

2100A Subscriber Name
NM1*IL*1*Walsh*Martin****34*500223333~
PER*IP**TE*3607776565*AP*3605551212*EM*martin_walsh@mailinator.com~
N3*12345 Densmore Ave N~
N4*Olympia*WA*98502**CY*53067~
DMG*D8*19730819*M**:RET:2079-2^:RET:2039-6^:RET:2040-4^:RET:2041-2^:RET:2182-4*1~
HLH*N*1*1~
LUI*LE*eng**6~
LUI*LE*eng**7~

2300 Subscriber Coverage Information
HD*024**HLT*Happy Health Plan*FAM~
DTP*349*D8*20221231~

LS Loop Member Reporting Categories
LS*2700~
LX*1~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20221031000000~
DTP*007*D8*20221101~
LX*2~
N1*75*PRE AMT TOT~
REF*9X*250~
DTP*007*D8*20220101~
LX*3~
N1*75*APTC AMT~
REF*9V*100~
DTP*007*D8*20220101~

LX*4~
N1*75*TOT RES AMT~
REF*9V*150~
DTP*007*D8*20220101~
LX*5~
N1*75*CSR ELIG CAT~
REF*ZZ*04~
DTP*007*D8*20220101~
LX*6~
N1*75*CSR AMT~
REF*ZZ*100~
DTP*007*D8*20220101~
LE*2700~

2000 Dependent Information
INS*N*01*024*07*A~
REF*17*22345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20221231~

2100A Dependent Name
NM1*IL*1*Walsh*Mary****34*500121234~
PER*IP**TE*3607776565*AP*3605551214*EM*mary_walsh@mailinator.com~
DMG*D8*19730819*F**I:RET:1002-5^:RET:1840-8~
HLH*N*1*1~

2300 Dependent Coverage Information
HD*024**HLT*Happy Health Plan*FAM~
DTP*349*D8*20221231~

Transaction Set Trailer
SE*63*92ui7s298~

Transaction Set Header
ST*834*01gh23445*005010X220A1~
BGN*00*98300-30299899*20221101*789187****2~
REF*38*12345WA019000201~
DTP*007*D8*20221231~

1000A Sponsor
N1*P5*Health Care Authority*94*105001~

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

2000 Subscriber Information
INS*Y*18*024*07*A***TE~
REF*17*98300~
REF*1L*30299899~

REF*0F*98300~
DTP*356*D8*20220101~
DTP*357*D8*20221231~

2100A Subscriber Name
NM1*IL*1*Tran*Lin****34*899420000~
PER*IP**TE*3603334242**EM*tranl@mailinator.com~
N3*42 W Biltmore Avenue~
N4*Olympia*WA*98502**CY*53067~
DMG*D8*19730321*F**:RET:2079-2^:RET:2039-6*1~

2300 Subscriber Coverage Information
HD*024**HLT*Happy Health Plan*FAM~
DTP*349*D8*20221231~

LS Loop Member Reporting Categories
LS*2700~
LX*1~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20221031000000~
DTP*007*D8*20221101~
LX*2~
N1*75*PRE AMT TOT~
REF*9X*308~
DTP*007*D8*20220101~
LX*3~
N1*75*TOT RES AMT~
REF*9V*308~
DTP*007*D8*20220101~
LX*4~
N1*75*CSR ELIG CAT~
REF*ZZ*01~
DTP*007*D8*20220101~
LX*5~
N1*75*CSR AMT~
REF*ZZ*0~
DTP*007*D8*20220101~
LE*2700~

Transaction Set Trailer
SE*42*01gh23445~

Transaction Set Header
ST*834*783ke9203*005010X220A1~
BGN*00*98300-30487899*20221101*789187****2~
REF*38*12345WA019000201~
DTP*382*D8*20230101~

1000A Sponsor
N1*P5*Health Care Authority*94*105001~

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

2000 Subscriber Information
INS*Y*18*021*41*A***AC~
REF*17*98300~
REF*1L*30487899~
REF*0F*98300~
DTP*356*D8*20230101~
DTP*357*D8*20231231~

2100A Subscriber Name
NM1*IL*1*Tran*Lin****34*899420000~
PER*IP**TE*3603334242**EM*tranl@mailinator.com~
N3*42 W Biltmore Avenue~
N4*Olympia*WA*98502**CY*53067~
DMG*D8*19730321*F**:RET:2079-2^:RET:2039-6*1~
HLH*N*1*1~
LUI*LE*eng**6~
LUI*LE*eng**7~

2300 Subscriber Coverage Information
HD*021**HLT*Happy Health Plan*FAM~
DTP*348*D8*20230101~

LS Loop Member Reporting Categories
LS*2700~
LX*1~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20221101000000~
DTP*007*D8*20221101~
LX*2
N1*75*ADDL MAINT REASON
REF*ZZ*PASSIVE RENEWAL
DTP*007*D8*20221101
LX*3~
N1*75*PRE AMT TOT~
REF*9X*327~
DTP*007*D8*20230101~
LX*5~
N1*75*TOT RES AMT~
REF*9V*327~
DTP*007*D8*20230101~
LX*6~
N1*75*CSR ELIG CAT~
REF*ZZ*01~
DTP*007*D8*20230101~
LX*7~
N1*75*CSR AMT~
REF*ZZ*0~

DTP*007*D8*20230101~
LE*2700~

Transaction Set Trailer
SE*49*783ke9203~

Functional Group Trailer
GE*4*387~

File Trailer
IEA*1*000000439~

13.7 Carrier Confirm

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

File Header
ISA*00*   *00*   *30*910000000   *30*454846258   *211203*0000*^*00501*000000009*0*T*:~

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

Transaction Set Header
ST*834*0001*005010X220A1~
BGN*00*3971398*20211203*00000000****2~
REF*38*12345WA019000204~
DTP*382*D8*20220101~

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

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

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

2000 Subscriber Information
INS*Y*18*021*28*A***AC~
REF*17*12345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20221231~

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

2300 Subscriber Coverage Information
HD*021**HLT*Happy Health Plan*FAM~
DTP*348*D8*20220101~

LS Loop Member Reporting Categories
LS*2700~
LX*1~
N1*75*PRE AMT TOT~
REF*9X*350~
DTP*007*D8*20220101~

LX*2~
N1*75*APTC AMT~
REF*9V*100~
DTP*007*D8*20220101~
LX*3~
N1*75*STATE SUBSIDY AMT~
REF*9V*75~
DTP*007*D8*20220101~
LX*4~
N1*75*TOT RES AMT~
REF*9V*175~
DTP*007*D8*20220101~
LX*6~
N1*75*CSR ELIG CAT~
REF*ZZ*04~
DTP*007*D8*20220101~
LX*6~
N1*75*CSR AMT~
REF*ZZ*125~
DTP*007*D8*20220101~
LX*7~
N1*75*ADDL MAINT REASON~
REF*17*CONFIRM~
DTP*007*D8*20220101~
LX*8~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20211221000000~
DTP*007*D8*20211221~
LE*2700~

2000 Dependent Information
INS*N*01*021*28*A~
REF*17*22345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20221231~

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

2300 Dependent Coverage Information
HD*021**HLT*Happy Health Plan*FAM~
DTP*348*D8*20220101~

Transaction Set Trailer
SE*66*0001~

Functional Group Trailer
GE*1*7~

File Trailer

IEA*1*000000009~

13.8 Carrier 834 Term (Explicit)

File Header
ISA*00*   *00*   *30*910000000   *30*454846258   *220512*0000*^*00501*000000009*1*T*:~

Functional Group Header
GS*BE*910000000*454846258*20220512*00000000*7*X*005010X220A1~

Transaction Set Header
ST*834*0001*005010X220A1~
BGN*00*3971398*20220512*00000000****2~
REF*38*12345WA019000204~
DTP*007*D8*20220430~

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

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

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

2000 Subscriber Information
INS*Y*18*024*59*A***TE~
REF*17*12345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20220430~

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

2300 Subscriber Coverage Information
HD*024**HLT*Happy Health Plan*FAM~
DTP*349*D8*20220430~

LS Loop Member Reporting Categories
LS*2700~
LX*1~
N1*75*ADDL MAINT REASON~
REF*17*TERM~
DTP*007*D8*20220430~
LX*2~
N1*75*REQUEST SUBMIT TIMESTAMP~

REF*17*20220512000000~
DTP*007*D8*20220512~
LE*2700~

2000 Dependent Information
INS*N*01*024*59*A~
REF*17*22345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20220430~

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

2300 Dependent Coverage Information
HD*024**HLT*Happy Health Plan*FAM~
DTP*349*D8*20220430~

Transaction Set Trailer
SE*42*0001~

Functional Group Trailer
GE*1*7~

File Trailer
IEA*1*000000009~

13.9 Carrier 834 Cancel (Implicit)

File Header
ISA*00*   *00*   *30*910000000   *30*454846258   *220112*0000*^*00501*000000009*1*T*:~

Functional Group Header
GS*BE*910000000*454846258*20220112*00000000*7*X*005010X220A1~

Transaction Set Header
ST*834*0001*005010X220A1~
BGN*00*3971398*20220112*00000000****2~
REF*38*12345WA019000204~
DTP*007*D8*20220101~

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

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

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

2000 Subscriber Information
INS*Y*18*024*59*A***TE~
REF*17*12345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20220101~

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

2300 Subscriber Coverage Information
HD*024**HLT*Happy Health Plan*FAM~
DTP*349*D8*20220101~

LS Loop Member Reporting Categories
LS*2700~
LX*1~
N1*75*ADDL MAINT REASON~
REF*17*CANCEL~
DTP*007*D8*20220101~
LX*2~
N1*75*REQUEST SUBMIT TIMESTAMP~

REF*17*20220112000000~
DTP*007*D8*20220112~
LE*2700~

Transaction Set Trailer
SE*32*0001~

Functional Group Trailer
GE*1*7~

File Trailer
IEA*1*000000009~

13.10   Carrier 834 Reinstate

File Header
ISA*00*   *00*   *30*910000000   *30*454846258   *220528*0000*^*00501*000000009*1*T*:~

Functional Group Header
GS*BE*910000000*454846258*20220528*00000000*7*X*005010X220A1~

Transaction Set Header
ST*834*0001*005010X220A1~
BGN*00*3971398*20220528*00000000****2~
REF*38*12345WA019000204~
DTP*382*D8*20220101~

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

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

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

2000 Subscriber Information
INS*Y*18*025**A***AC~
REF*17*12345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20221231~

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

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

LS Loop Member Reporting Categories
LS*2700~
LX*1~
N1*75*PRE AMT TOT~
REF*9X*250~
DTP*007*D8*20220101~
LX*2~
N1*75*APTC AMT~

REF*9V*100~
DTP*007*D8*20220101~
LX*3~
N1*75*TOT RES AMT~
REF*9V*150~
DTP*007*D8*20220101~
LX*4~
N1*75*CSR ELIG CAT~
REF*ZZ*04~
DTP*007*D8*20220101~
LX*5~
N1*75*CSR AMT~
REF*ZZ*100~
DTP*007*D8*20220101~
LX*6~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20220528000000~
DTP*007*D8*20220528~
LX*7~
N1*75*ADDL MAINT REASON~
REF*17*REINSTATE~
DTP*007*D8*20220101~
LE*2700~

2000 Dependent Information
INS*N*01*025**A~
REF*17*22345~
REF*1L*30298888~
REF*0F*12345~
DTP*356*D8*20220101~
DTP*357*D8*20221231~

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

2300 Dependent Coverage Information
HD*025**HLT*Happy Health Plan*FAM~
DTP*348*D8*20220101~

Transaction Set Trailer
SE*62*0001~

Functional Group Trailer
GE*1*7~

File Trailer
IEA*1*000000009~

14 Companion Guide Change Summary

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

Don Cotey & Diane Kay	6/29/15	**Updates/Clarifications/Additions included in Version 3.1.1**:
		1. Added 834 transaction examples in native format in Appendix B:
		   a. WAHBE 834 Add
		   b. WAHBE 834 Change
		   c. WAHBE Initiated 834 Cancel
		   d. WAHBE Initiated 834 Term
		   e. Carrier Confirm
		   f. Carrier Initiated 834 Cancel
		   g. Carrier Initiated 834 Term
		2. Correction to 834 Add/Confirm "big table" for DTP01 in the transaction set header. It was formerly "303" for Maintenance effective date, but the correct value is "382"

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

Author	Updated	Updates
Donbeck, Natoshia Erikson		
Joanna Donbeck	7/6/16	Incorporated carrier suggestions to version 3.3.
Jonathan Hutton, Joanna Donbeck	2/10/17	Major updates made in version 3.3.1: 1. 23rd rule references and scenarios updated to reflect change to the 15th rule 2. Termination maintenance reason code for CEV failure (INS04 = 26) added to relevant tables, plus an explanatory item in section 8.3.3.1 3. Date values in time stamps and scenarios updated to 2017 and 2018 For a comprehensive view of additions and changes made to the 834 Companion Guide, refer to the redline version of the document which compares this draft version 3.3.1 to the final version 3.3 issued July 6, 2016.
Jonathan Hutton	3/29/17	Incorporated minor edits into final version 3.3.1
Jonathan Hutton	7/28/17	Major updates made in version 5.0: 1. Section 8.6.3 added – "Data Fix Indicator" 2. Monthly Audit File Reconciliation Process (section 9.4 in previous version) re-written and moved to Carrier Enrollment and Payment Process Guide 3. Audit Transaction specifications moved to section 8.4 4. Document versioning updated to mirror HPF releases
Jonathan Hutton	3/30/18	Major updates made in version 6.0: 1. SEP codes, descriptions, and narrative updated to match changes implemented with Healthplanfinder release 5.1 2. SEP Scenarios (section 9.3.3 in previous version) updated and moved to the Carrier Enrollment and Payment Process Guide 3. Added language regarding the Gap Analysis Project (section 1.8) 4. Section 8.7 updated to incorporate change to APTC segment behavior
Jonathan Hutton	4/20/19	Major updates made in 2020 version: - Carrier generated 834 Reinstate transaction (8.4) - Coverage date change indicator (8.7.4) - Reference to EMEA process and ICD added - Updated versioning to plan year for upcoming open enrollment
Jonathan Hutton, Keri Brunner	7/1/20	Major updates made in the 2021 version: - Updates to 834 Reinstate section - Removed references to 834 audit and EMEA processes - Clarified requirements for implicit vs explicit Terms and Cancels - Removed several legacy elements from 834 specification - Expanded 834 transaction examples section
Keri Brunner	7/1/21	Major updates made in the 2022 version: - Race & Ethnicity added to 834 file format & data element requirements - Appendix B added to provide WAHBE Race & Ethnicity values mapped to CDC codeset - Additional guidance provided on 999 acknowledgment files - Expanded Appendix C to include examples of additional WAHBE 834 transaction types - Added additional guidance on the one passive renewal scenario that requires carrier effectuation
Erin Kokenge	8/18/22	Major updates made in the 2023 version: - Added detail to clarify when a unique Transaction Set (ST-SE) is needed/used - Replaced EDI Analyst with Carrier Operations Team throughout as WAHBE contact for carrier escalations related to EDI

Author	Updated	Updates
		- Added re-enrollment/renewal maintenance reason code to section 4.4.2.1 - Added section to detail when Active vs. Passive Renewal indicator is sent in the 2700/2750 loop - Cascade Care Savings element added as a conditional reporting element in subscriber 2700/2750 Loop; Premium balancing rules updated to include Cascade Care Savings amounts - Removed table and detailed 2700 loop bullets for 834 Qualified Health Plan APTC and CSR reporting section 5.6.2. - Section added on 834 Qualified Health Plan and Cascade Care Savings reporting conditions - Footnote added for date recommendations for the date reported in REF02 of the date timestamp on inbound carrier files - Updated section for Third Party Sponsorship Reporting to reference the 15th rule to determine the effective date for a third-party addition or removal - Added Cascade Care Savings element to sample WAHBE Add and Carrier Confirm transaction