New York State Department of Health

Medicaid Managed Care Enrollment

Standard Companion Guide Transaction Information

Instructions related to Transactions based on X12 Implementation Guides, version 005010

Companion Guide Version Number: 3.1

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Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by Accredited Standards Committee (ASC) X12's copyrights and Fair Use statement. Express permission to use X12 copyrighted materials has been granted.

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Transaction Instruction (TI)

1 TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to X12

X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated X12 Implementation Guides and is in conformance with X12's Fair Use and Copyright statements.

2 Included X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X220	Benefit Enrollment and Maintenance (834)

The Implementation Guides are available at https://x12.org/products

3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent “segments” in the X12N implementation guide.
NON-SHADED rows represent “data elements” in the X12N implementation guide.

005010X220A1 Benefit Enrollment and Maintenance (834) – Enrollment

Loop ID	Reference	Name	Codes	Notes/Comments
	BGN	Beginning Segment		
	BGN02	Transaction Set Reference Number		The number uniquely identifies this transaction set and must be returned in field BGN06 of the associated 834 Response (Effectuation). This reference number is comprised of our internally assigned File-ID (position 1-18) and a unique Transaction Control Number or TCN (position 19-34).
	BGN08	Action Code	2, 4	Full file Replacement (RX) will not be supported at this time.
	QTY	Transaction Set Control Number		
	QTY01	Quantity Qualifier	‘TO’	Quantity in QTY02 will be 1.
1000A	N1	Sponsor Name		
	N102	Plan Sponsor Name		‘Medicaid’
	N104	Sponsor Identifier		‘141797357’
1000B	N1	Payer		
	N103	Identification Code Qualifier	94	
	N104	Insurer Identification Number		An 8 character Plan Identifier will be valued.
2000	INS	Member Level Detail		
	INS02	Individual Relationship Code	18	eMedNY will always value ‘18’ (Self).

Loop ID	Reference	Name	Codes	Notes/Comments
	INS03	Maintenance Type Code	001, 021, 024 and 030	eMedNY will value and support Change, Add, Cancel/Term and Audit or Compare (Verify).
	INS08	Employment Status Code	'AC' or 'TE'	This field will contain the status of the Subscriber. 'AC' (Active) on all Add and Change transactions. 'TE' (Terminated) on all Cancel and Term transactions.
	INS12	Date of Death		When available, eMedNY will value the date of death for the Subscriber. When the date is valued, INS11 will contain the qualifier 'D8'. If WMS update does not include a Date of Death, eMedNY will send a default date of '99991231' on the TERM transaction for the deceased member.
	INS13	Confidentiality Code	R	eMedNY will value this field to indicate Address Confidentiality.
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		eMedNY will value the 8-char Client Identification Number (CIN).
2000	REF	Member Policy Number		
	REF02	Member Group or Policy Number		eMedNY will value the Health Plan Group Number when available. This is Plan generated number, which may be shared with eMedNY via the 834 Effectuation transaction
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	17, 23, 3H, ABB, ZZ	This Segment will repeat up to 5 times: '17' = 'Member Identifier' '23' = Plan Assigned Client/Member Number (*most recent*) '3H' = Case Number 'ABB' = Personal Identifier 'ZZ' = Plan Assigned Subscriber Id.

Loop ID	Reference	Name	Codes	Notes/Comments
2000	DTP	Member Level Dates		This Segment will repeat up to 3 times.
	DTP01	Date/Time Qualifier	303, 356, 357	'356' = Plan Eligibility Begin Date. '357' = Plan Eligibility End Date. Only valued on TERM and CANCEL Transactions. '303' = Maintenance Effective Date. Always current date.
2100A	NM1	Member Name		eMedNY will use this segment to identify the Member's Name and Identifier. Also, corrections to already enrolled Member's Name and Identifier will be supported.
	NM108	Identification Code Qualifier	34	
	NM109	Identification Code		When NM108 contains the qualifier '34', Member's SSN will be valued.
2100A	PER	Member Communications Number		
	PER03	Communication Number Qualifier	TE	
	PER04	Communication Number		The telephone number will be the phone number provided to eMedNY by WMS for the member or the "in care of" person/entity for the member.
2100A	N3	Member Residence Street Address		eMedNY passes the value here exactly as received from WMS.
	N302	Member Address Line		When a member has Care-of Name, and only one address, that name is valued here and prefixed with literal "C/O".
2100A	N4	Member Residence City, State, Zip code		eMedNY passes the value here exactly as received from WMS.
	N405	Location Qualifier	CY	
	N406	Location Identifier		Member's County of Residence will be identified. When available, a 5-digit FIPS County Code will be sent, otherwise a 2-digit county code will be valued. Refer to the Code List section.

Loop ID	Reference	Name	Codes	Notes/Comments
2100A	DMG	Member Demographics		Sent when available on all transactions.
	DMG03	Gender Code	F, M, U	eMedNY will value 'U' for Unborn.
	DMG05	Composite Race or Ethnicity Information		eMedNY will repeat DMG05 up to ten times, once for each unique Race/Ethnicity code on the member's file. Repetition separator is designated by the sender in the Interchange Header (ISA11) and eMedNY currently uses the caret symbol (^) as the repetition separator.
	DMG05-1	Race or Ethnicity Code		DMG05-1 will be blank for all iterations of DMG05 when race and ethnicity information is available on the member file to share within DMG05-3.
	DMG05-2	Code List Qualifier Code	RET	Code List Qualifier Code of 'RET' will be sent when DMG05-3 includes a Race or Ethnicity Code.
	DMG05-3	Industry Code		eMedNY will share race and/or ethnicity information available on the member file using one or more Industry Standard Race and Ethnicity Code(s). Refer to the Race and Ethnicity Code List.
2100A	LUI	Language Code		This segment will be repeated up to 3 times to identify the primary Read, Written and Spoken language, when available.
	LUI01	Identification Code Qualifier	LE	
	LUI02	Language Code		Refer to the Code List Section for the most commonly used Language Codes by WMS. For a full list of available Language Codes, refer to the code source, identified by qualifier 'LE', in the 834 TR3.
	LUI04	Use of Language Indicator	5, 6, 7	Read, Written and Spoken language.

Loop ID	Reference	Name	Codes	Notes/Comments
2100B	NM1	Incorrect Member Name		This segment/loop will be valued ONLY when corrected Name and/or Demographic Information is sent in Loop 2100A. This segment/loop will contain the previously sent Name and/or Demographic information, when available.
2100B	DMG	Incorrect Member Demographics		On a CHANGE transaction, this DMG segment is omitted when there are no updates to the member's demographics information previously shared with the Plan.
2100C	NM1	Member Mailing Address		Sent ONLY if the Member has a mailing address different from the residence address and all required fields are available on eMedNY File.
2100C	N3	Member Mailing Address		eMedNY passes the value here exactly as received from WMS.
	N302	Member Address Line		When a member has Care-of Name, with a residential and a mailing address that are different, that name is valued here and prefixed with literal "C/O".
2100C	N4	Member Residence City, State, Zip code		eMedNY passes the value here exactly as received from WMS.
2100G	NM1	Responsible Person		eMedNY uses this loop to share the CASE NAME. It is not always intended to identify the person/entity responsible for the member. Plans may continue to use the CASE NAME in the same manner as when it's received on their monthly Rosters (*field 75-102*).
	NM101	Entity Identifier Code	QD	
	NM103	Responsible Party Last or Organization Name		When NM101 contains 'QD', the most recent CASE NAME will be valued in this field. eMedNY passes the value here exactly as received from WMS.

Loop ID	Reference	Name	Codes	Notes/Comments
2300	HD	Health Coverage		Loop is repeated only if more than five COB coverage information (*Loop 2320*) is shared.
	HD01	Maintenance Type Code	001, 021, 024, 030	
	HD03	Insurance Line Code	HLT	
	HD04	Plan Coverage Description		Following literals will be valued sequentially when more than five COB Loops need to be sent: “MULTI PART COB SET 1” “MULTI PART COB SET 2” “MULTI PART COB SET 3” (*continues as such if needed*) Each description is associated with up to five COB Coverage Loops 2320. Only valued if more than five COB coverage information (*Loop 2320*) needs to be shared.
	HD05	Coverage Level Code	IND	
2300	DTP	Health Coverage Dates		This segment will repeat up to 3 times
	DTP01	Date/Time Qualifier	303, 343, 348, 349	‘348’ = Benefit Begin Date ‘349’ = Benefit End Date. Only valued on TERM and CANCEL transactions. ‘303’ = Current Date. Only valued on Change or Term/Cancel transactions, when available. '343' = Premium Paid To End Date. This Date will be included on TERM transactions when the Benefit End Date (DTP01=349) on file is mid-month. Benefits should continue through to the Premium Paid To End Date.
	DTP02	Date/Time Period Format Qualifier	D8	Range of Dates (RD8) will not be supported.

Loop ID	Reference	Name	Codes	Notes/Comments
2300	REF	Health Coverage Policy Number		This segment will repeat up to 2 times.
	REF01	Reference Identification Number	X9, CE	
	REF02	Reference Identification		When known, eMedNY will send a Plan Assigned Policy Identification Number (REF01=X9) for the member enrolled Plan.
2310	LX	Provider Information		
2310	NM1	Provider Name		
	NM101	Entity Identifier Code	Y2	Managed Care is identified.
	NM108	Identification Code Qualifier	SV	eMedNY will value the qualifier SV.
	NM109	Provider Identifier		An 8-character Plan Identifier will be valued.
	NM110	Entity Relationship Code	72	Unknown will be valued.
2320	COB	Coordination Of Benefits		Coordination of Benefits (COB) Loop will be repeated when Medicare and/or Other Payer(s) are on the member file. When more than five COB Loops are needed, the HD Loop (2300) will be repeated to allow for additional COB Loops to be sent. *See Sample Transaction for Addition - Multiple COB*
	COB01	Payer Responsibility Sequence Number Code	P, S, U	When known, Primary and Secondary will be identified, otherwise Unknown will be valued.
	COB02	Reference Identification		If the member is also enrolled in Medicare, the MBI will be sent here. For commercial payers, a 16-digit Other Payer Policy Sequence Number will be valued. The Policy Sequence Number is used to associate this payer info with associated

Loop ID	Reference	Name	Codes	Notes/Comments
				coverage codes in loop 2750 when N102= "TPL CVRG". See examples in the Code List. For voided TPL coverages, the literal "VOID" will be prefixed to the reference identifier in COB02. Ex: *"VOID9999999999999999"*
	COB03	Coordination of Benefits Code	1	
2320	REF	Additional Coordination of Benefits		Sent ONLY if the Other Payer Group Number is available on file.
	REF01	Reference Identification Qualifier	6P	
	REF02	Reference Identification		If the member is enrolled with Other Payer, the Other Payer Group Number will be sent, when available.
2320	DTP	Coordination of Benefits Eligibility Date		Segment will be repeated if both the COB Begin date and the COB End date are available for the additional payer identified in Loop 2320. When there is a change in MBI (2320 COB02) for a Subscriber, the old MBI will not be End Dated. Instead, the new MBI will be sent with a Begin Date (2320 DTP03).
2330	NM1	Coordination of Benefits Related Entity		Other Payer Name and Insurance Carrier Code will be Sent. Carrier Address will be sent when available.
	NM101	Entity Identifier Code	IN	
	NM103	Organization Name		Medicare and/or Other Insurance Carrier name(s) will be sent, when available. NYSDOH will value the non-NAIC codes, within brackets, after the name. Ex: "COB Payer [H9999]"
	NM108	Identification Code Qualifier	NI	Only sent when NAIC Identification Code is on eMedNY file for Other Payer(s).

Loop ID	Reference	Name	Codes	Notes/Comments
	NM109	Identification Code		Other Insurance Identification Code (NAIC Code) will be sent here, when available.
2330	N3	Coordination of Benefits Related Entity Address		eMedNY will value this segment only when COB related address information is available.
2330	N4	Coordination of Benefits Other Insurance Company City, State, Zip code		eMedNY will value this segment only when COB related address information is available.
2000	LS	Additional Reporting Categories		Additional Member Reporting Categories will be valued, when applicable.
2700	LX	Member Reporting Categories		This Loop repeats multiple times, once for each Member Reporting Category. Each Member Reporting Category Loop is sent only when an applicable code is on that Member's record.
	LX01	Assigned Number		Counter starts with 1 and increments by 1.
2750	N1	Reporting Category		
	N102	Member Reporting Category Name		The Free-form Text for each Member Reporting category can be found in Section 4.1.1 Table A - Member Reporting Category (Loop 2700) Iterations.
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	17, 9V, ZZ	See Section 4.1.1 Iterations for associated messages.
	REF02	Member Reporting Category Reference ID		Codes and Values associated with the Free-form Text identified in N102.
2750	DTP	Reporting Category Date		Effective Dates associated with several of the Member Reporting Categories will be sent, when applicable. To see when date(s) may be sent refer to Section 4.1.1 Table A - Member Reporting Category (Loop 2700) Iterations.
2000	LE	Additional Reporting Categories Loop Termination		Segment is used to indicate Additional Reporting Category iterations are complete.

005010X220A1 Benefit Enrollment and Maintenance (834) - Effectuation

An Enrollment Effectuation transmission is created by the Managed Care Plan and sent to eMedNY when the Initial Enrollment transaction is successfully processed (Accepted 999 Acknowledgment). Except where overruled by the usage requirements of the 834 TR3 (005010X220A1), Plans must return all the information transmitted on the Initial Enrollment Transaction in addition to the information detailed below. An example of a TR3 usage rule superseding the instruction to return information as received is BGN03, which must reflect the creation date of the Enrollment Effectuation transaction and not the Initial Enrollment's creation date.

Transmissions must be created according to the instructions in the 834 TR3 (005010X220A1), please refer to that TR3 for a complete understanding of 834 transmission requirements

Loop ID	Reference	Name	Codes	Notes/Comments
	BGN	Beginning Segment		
	BGN01	Transaction Set Purpose Code	00	Original request is supported by eMedNY. Re-Submission and Information Copy are not supported.
	BGN06	Original Transaction Set Reference Number		This must be the Transaction Set Reference Number received (BGN02) on the associated 834 Enrollment transaction from eMedNY.
	BGN08	Action Code	2	eMedNY only supports Change (Update) on the 834 Effectuation.
1000A	N1	Sponsor Name		Information sent on the 834 Enrollment must be returned on the 834 Effectuation.
1000B	N1	Payer		Information sent on the 834 Enrollment must be returned on the 834 Effectuation.
2000	INS	Member Level Detail		eMedNY expects Managed Care Plans to update or correct member level details as part of completing the member's enrollment. Examples include Policy Number, Group Number, etc.

Loop ID	Reference	Name	Codes	Notes/Comments
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		eMedNY expects the Plans to return the 8-char Client Identification Number (CIN).
2000	REF	Member Policy Number		
	REF02	Member Group or Policy Number		eMedNY expects the Plan Assigned Group Number.
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	23, ZZ	This Segment will repeat up to 2 times: '23' = Plan Assigned Member Number 'ZZ' = Plan Assigned Subscriber Id.
2100A	NM1	Member Name		eMedNY expects the Plans to return all the required segments and data elements in this loop. Data sent will not be used to update Member Name.
2300	HD	Health Coverage		eMedNY expects the Plans to return all the required segments and data elements in this loop
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Number	1L	
	REF02	Reference Identification		eMedNY expects the Plan Assigned Policy Identification Number for the member enrolled Plan.
2000	LS	Additional Reporting Categories		Additional Member Reporting Categories will be valued, when applicable.
2700	LX	Member Reporting Categories		This Loop repeats multiple times, Once for each Member Reporting Category.
	LX01	Assigned Number		Counter starts with 1 and increments by 1.

Loop ID	Reference	Name	Codes	Notes/Comments
2750	N1	Reporting Category		
	N102	Member Reporting Category Name	‘REJECT REASON’ ‘ADDL MAINT REASON’	eMedNY expects to receive an Additional Maintenance Reason when an 834 Enrollment transaction processes successfully as well as when an enrollment contains an error. Error Message text may be included, when applicable, in the REF segment (loop 2750).
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	ZZ	
	REF02	Member Reporting Category Reference ID	‘CONFIRM’ ‘EXCEPTION’ And/or Error message text	eMedNY expects to receive ‘CONFIRM’ when an enrollment is effectuated successfully by the Plan. Otherwise, eMedNY expects to receive ‘EXCEPTION” when an effectuation fails. The Reporting Category Name (N102) must be ‘ADDL MAINT REASON’ in one iteration of Loop 2700. When an effectuation fails, Plans may also include an Error Message Text in another iteration of Loop 2700. N102 must contain the literal ‘REJECT REASON’, when an Error Message Text is included in loop 2700.
2000	LE	Additional Reporting Categories Loop Termination		Segment is used to indicate Additional Reporting Category iterations are complete.

4 TI Additional Information

4.1 Business Scenarios

4.1.1 Table A - Member Reporting Category (Loop 2700) Iterations

Member Reporting Category Text (Loop 2750 – N102)	Multiple Iterations Possible (Y/N)	(LOOP 2750 - REF01)	Date(s) Returned? (Loop 2750 DTP segment) (Y/N)	NOTES/COMMENTS
COE CODE	N	17	Y	Category of Eligibility Code
MONEY CODE	N	17	Y	Money Code indicates State/Federal Charges that are in effect.
FISCAL COUNTY	N	17	Y	Member's County of Fiscal Responsibility See FIPS County Codes table for possible values.
AID CAT CODE	N	17	Y	Aid Category Code defines the type of Medical Assistance for which the Enrollee is Eligible within the Medicaid Program.
RRE CODES	Y	17	Y	Restriction/Exception/Exemption Codes.
NAMI	Y	9V	Y	Net Available Monthly Income (NAMI) will be sent.
EXCESS	Y	9V	Y	Excess Income Spenddown Amount.
NAMI/EXCESS MSG	Y	17	Y	When applicable, REF02 will be valued as "CONTACT DISTRICT FOR INFORMATION ON SPENDDOWN/NAMI"
ORIGIN CODE	N	17	Y	This code will indicate the origination of this Enrollment (WMS Upstate or Downstate). Note: NYSoH enrollments are not yet supported.

Member Reporting Category Text (Loop 2750 – N102)	Multiple Iterations Possible (Y/N)	(LOOP 2750 - REF01)	Date(s) Returned? (Loop 2750 DTP segment) (Y/N)	NOTES/COMMENTS
BEN PKG CODE	Y	17	Y	Benefit Package Code is the Benefit package number assigned to a Plan.
DISENROLL RSN	N	ZZ	N	When available, a custom disenrollment reason code will be valued in REF02.
TPL CVRG	Y	ZZ	N	When available, this will be populated with the 16-digit Policy Sequence Number, followed by a hyphen, followed by a string of up to sixteen 2-digit Coverage Code(s). This will be repeated for each third party insurance, identified in loop 2330 NM1 segment, with or without NAIC Codes. See examples in the Code List.
MED RATE CODE*	N	17	Y	Medicaid Rate Code is a four-digit code assigned during claims processing which represents the age, sex, and aid category of enrollee and corresponds to the capitation payment amount. eMedNY will not be populating default rate codes. Rate Codes are valued on all transactions except CANCEL. When a Rate Code is valued, the Rate Code begin date will be included within Loop 2750 DTP segment.
FAM IND	N	17	N	Family Indicator will be valued for all members, with few exceptions, on CANCEL transactions.
ADDL MAINT REASON	N	17	N	Additional Maintenance Reasons. When N102 (Loop 2750) is ‘ADDL MAINT REASON’, then REF02 (Loop 2750) will contain either ‘CANCEL’ or ‘TERM’.

Member Reporting Category Text (Loop 2750 – N102)	Multiple Iterations Possible (Y/N)	(LOOP 2750 - REF01)	Date(s) Returned? (Loop 2750 DTP segment) (Y/N)	NOTES/COMMENTS
COPAY EXEMPT IND*	N	ZZ	N	Copay Exemption Indicator.
RECERT DATE	N	ZZ	N	The Recert Date will be valued in REF02 as CCYYMMDD. This is the date of next recertification and it will be sent, when available, for WMS Upstate. See RS file for NYC/Downstate members.
Medicare PART-D	Y	17	Y	When available, Medicare Part-D Contract ID will be valued (ex: S1234).
LOW INCOME SUBSIDY CVRG CD*	N	ZZ	Y	When available, Medicare Copay LIS Level Code will be valued (ex: 4)
WMS ENROLL/DISENROLL REASON CODE	N	ZZ	Y	When available, this reason code will be sent for all transaction types (ADD, CHANGE, CANCEL AND TERM).
DISABILITY ACCOMMODATION INDICATOR	N	ZZ	N	When available, Disability Accommodation Indicator (DAI) code will be valued.

** - A change to this field alone will not result in an 834 being triggered from eMedNY to the Plans.*

4.1.2 Control Segments

Interchange (ISA/IEA) Sender and Receiver Codes

Transaction	ISA06 Interchange Sender ID	ISA08 Interchange Receiver ID
834 Batch Enrollment (***eMedNY Outbound***)	'EMEDNYMCR'	Managed Care Plan's ID
834 Batch Verification (***eMedNY Outbound***)	'EMEDNYVER'	Managed Care Plan's ID
834 Batch Effectuation (***eMedNY Inbound***)	Managed Care Plan's ID	'EMEDNYMCR'
999 Implementation Ack in Response to 834 Enrollment (***eMedNY Inbound***)	Managed Care Plan's ID	'EMEDNYMCR'
999 Implementation Ack in Response to 834 Verification (***eMedNY Inbound***)	Managed Care Plan's ID	'EMEDNYVER'

Functional Group (GS/GE) Sender and Receiver Codes

Transaction	GS02 Application Sender's Code	GS03 Application Receiver's Code
834 Batch Enrollment (***eMedNY Outbound***)	'EMEDNYMCR'	Managed Care Plan's ETIN*
834 Batch Verification (***eMedNY Outbound***)	'EMEDNYVER'	Managed Care Plan's ETIN*
834 Batch Effectuation (***eMedNY Inbound***)	Managed Care Plan's ETIN*	'EMEDNYMCR'
999 Implementation Ack in Response to 834 Enrollment (***eMedNY Inbound***)	Managed Care Plan's ETIN*	'EMEDNYMCR'
999 Implementation Ack in Response to 834 Verification (***eMedNY Inbound***)	Managed Care Plan's ETIN*	'EMEDNYVER'

**ETIN = Electronic Transmitter Identification Number*

Note: On all Effectuation and Inbound transactions, eMedNY expects the Sender and Receiver Identifications/Codes, to be switched then echoed from the outbound transaction(s).

4.1.3 Scenarios & Samples

Samples	Description
1	Maintenance Type (Addition)
2	Maintenance Type (Update)
3	Maintenance Type (Termination)
4	Maintenance Type (Cancel)
5	Maintenance Type (Addition – Multiple COB (12 TPL)]
6	Additional MCE 834 Test Scenarios and Samples

Important Note: Identifier(s) and Date(s) on included samples may be modified as needed by the trading partner to aid in internal transaction testing and validation. Some identifiers in these samples may generate validation errors as these are intended for illustrative purpose only and may not be included in your validator's code table(s). A text version of all samples included in this Companion Guide are also available for download from the eMedNYHIPAASupport Transaction Instructions page. Look for these 834 Sample Test Files under Managed Care Enrollment and select appropriate CG Samples.

1. MAINTENANCE TYPE (ADDITION)

ISA*00*   *00*   *ZZ*EMEDNYMCR   *ZZ*8-DIGIT PLAN ID*210823*2020*^*00501*212350001*0*T*:~GS*BE*EMEDNYMCR*ETIN*20210823*202020*212350001*X*005010X220A1~ST*834*212350001*005010X220A1~BGN*00*212350000000001XF212350000000100*20210823*202020****2~QTY*TO*1~N1*P5*MEDICAID*FI*141797357~N1*IN**94*8-DIGIT PLAN ID~INS*Y*18*021*28*A***AC~REF*0F*XX19991X~REF*17*XX19991X~REF*3H*99A9999999~REF*ABB*XX19991X~DTP*356*D8*20210801~NM1*IL*1*SUBSCRIBER A LAST NAME*SUBSCRIBER A FIRST NAME*I***34*199999991~PER*IP**TE*9999999999~N3*123 ANY STREET~N4*ANYTOWN*NY*12901**CY*36029~DMG*D8*20010101*M**:RET:R5~LUI*LE*ITA**6~LUI*LE*ITA**7~NM1*31*1~N3*PATIENT'S MAILING ADDRESS*C/O CAREOFNAME~N4*ANYTOWN*NY*12205~NM1*QD*1*CASE NAME~HD*021**HLT**IND~DTP*348*D8*20210801~REF*X9*PLAN

ASSIGNED POLICY NUM~LX*1~NM1*Y2*2******SV*8-DIGIT PLAN ID*72~COB*P*11-CHAR MBI*1~DTP*344*D8*20210801~NM1*IN*2*MEDICARE-AB~COB*S*16-DIGIT POLICY SEQ NUM 1*1~DTP*344*D8*20210801~DTP*345*D8*20211231~NM1*IN*2*COMMERCIAL INSURANCE NAME*****NI*99999~N3*998 ANYSTREET~N4*ANYTOWN*NY*12205~COB*U*16-DIGIT POLICY SEQ NUM*1~DTP*344*D8*20210801~NM1*IN*2*ANOTHER COMMERCIAL INS [H9999]~LS*2700~LX*1~N1*75*FAM IND~REF*17*I~LX*2~N1*75*COE CODE~REF*17*30~DTP*007*D8*20210801~LX*3~N1*75*MONEY CODE~REF*17*00~DTP*007*D8*20210801~LX*4~N1*75*FISCAL COUNTY~REF*17*36029~DTP*007*D8*20210801~LX*5~N1*75*AID CAT CODE~REF*17*90~DTP*007*D8*20210801~LX*6~N1*75*BEN PKG CODE~REF*17*14~DTP*007*D8*20210801~LX*7~N1*75*ORIGIN CODE~REF*17*U~DTP*007*D8*20210801~LX*8~N1*75*RRE CODES~REF*17*04|99999990|PROVIDER NAME A~DTP*007*D8*20210801~LX*9~N1*75*RRE CODES~REF*17*05|99999991|PROVIDER NAME B~DTP*007*RD8*20210801-20211231~LX*10~N1*75*RRE CODES~REF*17*30~DTP*007*D8*20210801~LX*11~N1*75*COPAY EXEMPT IND~REF*ZZ*Y~LX*12~N1*75*MED RATE CODE~REF*17*2205~DTP*007*D8*20210901~LX*13~N1*75*TPL CVRG~REF*ZZ*POLICY SEQ NUM-0304050607081113141718192021 22~LX*14~N1*75*TPL CVRG~REF*ZZ*POLICY SEQ NUM-030405060708091113141516171819 2021~LX*15~N1*75*NAMI~REF*9V*0~DTP*007*RD8*20210801-20210831~LX*16~N1*75*EXCESS~REF*9V*240.75~DTP*007*RD8*20210801-20210831~LX*17~N1*75*NAMI~REF*9V*0~DTP*007*D8*20200901~LX*18~N1*75*EXCESS~REF*9V*200.75~DTP*007*D8*20200901~LX*19~N1*75*RECERT DATE~REF*ZZ*20201130~LX*20~N1*75*DISABILITY ACCOMMODATION INDICATOR~REF*ZZ*V1~LX*21~N1*75*WMS ENROLL/DISENROLL REASON CODE~REF*ZZ*02~DTP*007*D8*20210801~LE*2700~SE*120*212350001~GE*1*212350001~IEA*1*212350001~

2. MAINTENANCE TYPE (UPDATE)

ISA*00* *00* *ZZ*EMEDNYMCR *ZZ*8-DIGIT PLAN ID*210824*1442*^*00501*212360001*0*T*:~GS*BE*EMEDNYMCR*ETIN*20210824*144235*212360001*X*005010X220A1~ST*834*212360000*005010X220A1~BGN*00*2123600000000007XF2123600000101200*20210824*144235****2~QTY*TO*1~N1*P5*MEDICAID*FI*141797357~N1*IN**94*8-DIGIT PLAN ID~INS*Y*18*001**A***AC~REF*0F*XX29992X~REF*1L*HEALTH PLAN GROUP NUM~REF*17*XX29992X~REF*23*PLAN ASSIGNED MEMBER ID~REF*3H*999999999X~REF*ABB*XX29992X~REF*ZZ*PLAN ASSIGNED SUBSCRIBER ID~DTP*303*D8*20210824~DTP*356*D8*20210801~NM1*74*1*SUBSCRIBER B LAST NAME*SUBSCRIBER B FIRST NAME*I***34*299999992~PER*IP**TE*9999999999~N3*123 ANY STREET~N4*ANYTOWN*NY*12205~DMG*D8*20020202*F**:RET:R3^:RET:E1~NM1*70*1*SUBSCRIBER B1 LAST NAME*SUBSCRIBER B1 FIRST NAME*I***34*299999992~DMG*D8*20010101*F**:RET:R9~NM1*QD*1*CASE NAME~HD*001**HLT**IND~DTP*348*D8*20210801~REF*X9*PLAN ASSIGNED POLICY ID~LX*1~NM1*Y2*2******SV*8-DIGIT PLAN ID*72~LS*2700~LX*1~N1*75*FAM IND~REF*17*F~LX*2~N1*75*COE CODE~REF*17*30~DTP*007*D8*20210801~LX*3~N1*75*MONEY CODE~REF*17*00~DTP*007*D8*20210801~LX*4~N1*75*FISCAL COUNTY~REF*17*66~DTP*007*D8*20210801~LX*5~N1*75*AID CAT CODE~REF*17*91~DTP*007*D8*20210801~LX*6~N1*75*BEN PKG CODE~REF*17*66~DTP*007*D8*20210801~LX*7~N1*75*ORIGIN CODE~REF*17*U~DTP*007*D8*20210801~LX*8~N1*75*COPAY EXEMPT IND~REF*ZZ*N~LX*9~N1*75*MED RATE CODE~REF*17*2205~DMG*007*D8*20210901~LX*10~N1*75*RRE CODES~REF*17*04|99999990|PROVIDER NAME A~DTP*007*D8*20210801~LX*11~N1*75*RRE CODES~REF*17*05|99999991|PROVIDER NAME B~DTP*007*RD8*20210801-20211231~LX*12~N1*75*RRE CODES~REF*17*30~DTP*007*D8*20210801~LX*13~N1*75*NAMI~REF*9V*0~

DTP*007*D8*20210801~LX*14~N1*75*EXCESS~REF*9V*0~DTP*007*D8*20210801~LX*15~N1*75*WMS ENROLL/DISENROLL REASON CODE~REF*ZZ*02~DTP*007*D8*20210801~LE*2700~SE*89*212360000~GE*1*212360001~IEA*1*212360001~

3. MAINTENANCE TYPE (TERMINATION)

```
ISA*00*          *00*          *ZZ*EMEDNYMCR      *ZZ*8-DIGIT PLAN
ID*210825*1442*^*00501*212370001*0*T*:~GS*BE*EMEDNYMCR*ETIN*2021
0825*144235*212370001*X*005010X220A1~ST*834*212370002*005010X220
A1~BGN*00*2123700000000007XF2123700000101400*20210825*144235****
2~QTY*TO*1~N1*P5*MEDICAID*FI*141797357~N1*IN**94*8-DIGIT PLAN
ID~INS*Y*18*024**A***TE~REF*0F*XX39993X~REF*17*XX39993X~REF*3H*9
999999999~REF*ABB*XX39993X~DTP*356*D8*20210801~DTP*357*D8*2022
0131~NM1*IL*1*SUBSCRIBER C LAST NAME*SUBSCRIBER C FIRST
NAME*I***34*399999993~PER*IP**TE*9999999999~N3*123 ANY
STREET*APT
XX~N4*ANYTOWN*NY*12205**CY*36005~DMG*D8*20030303*F**:RET:R3^:R
ET:E1~NM1*QD*1*CASE
NAME~HD*024**HLT**IND~DTP*348*D8*20210801~DTP*349*D8*20220131~
REF*X9*PLAN ASSIGNED POLICY NUM~LX*1~NM1*Y2*2******SV*8-DIGIT
PLAN ID*72~LS*2700~LX*1~N1*75*FAM IND~REF*17*I~LX*2~N1*75*COE
CODE~REF*17*30~DTP*007*RD8*20210801-20220131~LX*3~N1*75*MONEY
CODE~REF*17*00~DTP*007*RD8*20210801-20220131~LX*4~N1*75*FISCAL
COUNTY~REF*17*66~DTP*007*RD8*20210801-20220131~LX*5~N1*75*AID
CAT CODE~REF*17*90~DTP*007*RD8*20210801-
20220131~LX*6~N1*75*BEN PKG
CODE~REF*17*66~DTP*007*RD8*20210801-20220131~LX*7~N1*75*ORIGIN
CODE~REF*17*U~DTP*007*RD8*20210801-20220131~LX*8~N1*75*COPAY
EXEMPT IND~REF*ZZ*Y~LX*9~N1*75*MED RATE
CODE~REF*17*2205~DTP*007*D8*20210901~LX*10~N1*75*RRE
CODES~REF*17*04|99999990|PROVIDER NAME
A~DTP*007*D8*20210801~LX*11~N1*75*RRE
CODES~REF*17*05|99999991|PROVIDER NAME
B~DTP*007*RD8*20210801-20211231~LX*12~N1*75*RRE
CODES~REF*17*30~DTP*007*D8*20210801~LX*13~N1*75*ADDL MAINT
REASON~REF*17*TERM~LX*14~N1*75*NAMI/EXCESS
MSG~REF*17*CONTACT DISTRICT FOR INFORMATION ON
```

SPENDDOWN/NAMI~DTP*007*D8*20210801~LX*15~N1*75*WMS ENROLL/DISENROLL REASON CODE~REF*ZZ*93~DTP*007*D8*20210801~LX*16~N1*75*DISENROLL RSN~REF*ZZ*EAP~LE*2700~SE*87*212370002~GE*1*212370001~IEA*1*212370001~

4. MAINTENANCE TYPE (CANCEL)

```
ISA*00*          *00*          *ZZ*EMEDNYMCR      *ZZ*8-DIGIT PLAN
ID*210824*1409*^*00501*212360001*0*T*:~GS*BE*EMEDNYMCR*ETIN*2021
0824*140914*212360001*X*005010X220A1~ST*834*212360000*005010X220
A1~BGN*00*2123600000000005XF2123600000006000*20210824*140914****
2~QTY*TO*1~N1*P5*MEDICAID*FI*141797357~N1*IN**94*8-DIGIT PLAN
ID~INS*Y*18*024**A***TE~REF*0F*XX49994X~REF*17*XX49994X~REF*3H*9
9B999999X~REF*ABB*XX49994X~DTP*356*D8*20210801~DTP*357*D8*2021
0801~NM1*IL*1*SUBSCRIBER D LAST NAME*SUBSCRIBER D FIRST
NAME*I***34*499999994~PER*IP**TE*9999999999~N3*123 ANY
STREET~N4*ANYTOWN*NY*12205~DMG*D8*20040404*M**:RET:R5~NM1*Q
D*1*CASE
NAME~HD*024**HLT**IND~DTP*348*D8*20210801~DTP*349*D8*20210801~
REF*X9*PLAN ASSIGNED POLICY NUM~LX*1~NM1*Y2*2******SV*8-DIGIT
PLAN ID*72~LS*2700~LX*1~N1*75*FAM IND~REF*17*F~LX*2~N1*75*COE
CODE~REF*17*30~DTP*007*D8*20210801~LX*3~N1*75*MONEY
CODE~REF*17*00~DTP*007*D8*20210801~LX*4~N1*75*FISCAL
COUNTY~REF*17*66~DTP*007*D8*20210801~LX*5~N1*75*AID CAT
CODE~REF*17*31~DTP*007*D8*20210801~LX*6~N1*75*BEN PKG
CODE~REF*17*66~DTP*007*D8*20210801~LX*7~N1*75*ORIGIN
CODE~REF*17*D~DTP*007*D8*20210801~LX*8~N1*75*COPAY EXEMPT
IND~REF*ZZ*Y~LX*9~N1*75*ADDL MAINT
REASON~REF*17*CANCEL~LE*2700~SE*60*212360000~GE*1*212360001~I
EA*1*212360001~
```

5. MAINTENANCE TYPE [ADDITION – MULTIPLE COB (12 TPL)]

ISA*00* *00* *ZZ*EMEDNYMCR *ZZ*8-DIGIT PLAN ID*210827*2020*^*00501*212390001*0*T*:~GS*BE*EMEDNYMCR*ETIN*20210827*202020*212390001*X*005010X220A1~ST*834*212390001*005010X220A1~BGN*00*2123900000000001XF2123900000000100*20210827*202020****2~QTY*TO*1~N1*P5*MEDICAID*FI*141797357~N1*IN**94*8-DIGIT PLAN ID~INS*Y*18*021*28*A***AC~REF*0F*XX19991X~REF*17*XX19991X~REF*3H*99A9999999~REF*ABB*XX19991X~DTP*356*D8*20210801~NM1*IL*1*SUBSCRIBER A LAST NAME*SUBSCRIBER A FIRST NAME*I***34*199999991~PER*IP**TE*9999999999~N3*123 ANY STREET~N4*ANYTOWN*NY*12901**CY*36029~DMG*D8*20010101*M**:RET:R5~LUI*LE*ITA**6~LUI*LE*ITA**7~NM1*31*1~N3*PATIENT'S MAILING ADDRESS*C/O CAREOFNAME~N4*ANYTOWN*NY*12205~NM1*QD*1*CASE NAME~HD*021**HLT*MULTI PART COB SET 1*IND~DTP*348*D8*20210801~REF*X9*PLAN ASSIGNED POLICY NUM~LX*1~NM1*Y2*2******SV*8-DIGIT PLAN ID*72~COB*P*11-CHAR MBI*1~DTP*344*D8*20210801~NM1*IN*2*MEDICARE-AB~COB*U*11-CHAR MBI*1~DTP*344*D8*20210101~DTP*345*D8*20210731~NM1*IN*2*MEDICARE-AB~COB*S*16-DIGIT POLICY SEQ NUM 1*1~DTP*344*D8*20210501~DTP*345*D8*20210831~NM1*IN*2*COMMERCIAL INSURANCE NAME A[H9999]~N3*998 ANYSTREET~N4*ANYTOWN*NY*12205~COB*U*16-DIGIT POLICY SEQ NUM 2*1~DTP*344*D8*20210101~DTP*345*D8*20211231~NM1*IN*2******NI*99999~N3*998 ANYSTREET~N4*ANYTOWN*NY*12205~COB*U*16-DIGIT POLICY SEQ NUM 1*1~DTP*344*D8*20210101~DTP*345*D8*20210531~NM1*IN*2*COMMERCIAL INSURANCE NAME A[H9999]~N3*998 ANYSTREET~N4*ANYTOWN*NY*12205~HD*021**HLT*MULTI PART COB SET 2*IND~DTP*348*D8*20210801~REF*X9*PLAN ASSIGNED POLICY NUM~LX*1~NM1*Y2*2******SV*8-DIGIT PLAN ID*72~COB*U*16-DIGIT POLICY SEQ NUM 2*1~DTP*344*D8*20210101~DTP*345*D8*20210731~NM1*IN*2******NI*99999

~N3*998 ANYSTREET~N4*ANYTOWN*NY*12205~COB*U*16-DIGIT POLICY SEQ NUM 3*1~DTP*344*D8*20210501~DTP*345*D8*20210531~NM1*IN*2*COMMERCIAL INSURANCE NAME C[H9999]~N3*998 ANYSTREET~N4*ANYTOWN*NY*12205~COB*U*VOID11-CHAR MBI*1~DTP*344*D8*20210701~DTP*345*D8*20210731~NM1*IN*2*MEDICARE-AB~COB*U*VOID11-CHAR MBI*1~DTP*344*D8*20210701~DTP*345*D8*20210731~NM1*IN*2*MEDICARE-A~COB*U*VOID16-DIGIT POLICY SEQ NUM 1*1~DTP*344*D8*20210101~DTP*345*D8*20211231~NM1*IN*2*COMMERCIAL INSURANCE NAME A[H9999]~N3*998 ANYSTREET~N4*ANYTOWN*NY*12205~HD*021**HLT*MULTI PART COB SET 3*IND~DTP*348*D8*20210801~REF*X9*PLAN ASSIGNED POLICY NUM~LX*1~NM1*Y2*2******SV*8-DIGIT PLAN ID*72~COB*U*VOID16-DIGIT POLICY SEQ NUM 4*1~DTP*344*D8*20210601~DTP*345*D8*20210630~NM1*IN*2******NI*99999~N3*998 ANYSTREET~N4*ANYTOWN*NY*12205~COB*U*VOID16-DIGIT POLICY SEQ NUM 5*1~DTP*344*D8*20210901~DTP*345*D8*20211231~NM1*IN*2*COMMERCIAL INSURANCE NAME E[H9999]~N3*998 ANYSTREET~N4*ANYTOWN*NY*12205~LS*2700~LX*1~N1*75*FAM IND~REF*17*I~LX*2~N1*75*COE CODE~REF*17*30~DTP*007*D8*20210801~LX*3~N1*75*MONEY CODE~REF*17*00~DTP*007*D8*20210801~LX*4~N1*75*FISCAL COUNTY~REF*17*36029~DTP*007*D8*20210801~LX*5~N1*75*AID CAT CODE~REF*17*90~DTP*007*D8*20210801~LX*6~N1*75*BEN PKG CODE~REF*17*14~DTP*007*D8*20210801~LX*7~N1*75*ORIGIN CODE~REF*17*U~DTP*007*D8*20210801~LX*8~N1*75*RRE CODES~REF*17*05080910H1H3H9359296~LX*9~N1*75*COPAY EXEMPT IND~REF*ZZ*Y~LX*10~N1*75*MED RATE CODE~REF*17*2205~DTP*007*D8*20210901~LX*11~N1*75*TPL CVRG~REF*ZZ*POLICY SEQ NUM 1-0304050607081113141718192021 22~LX*12~N1*75*TPL CVRG~REF*ZZ*POLICY SEQ NUM 2-15~LX*13~N1*75*TPL

CVRG~REF*ZZ*POLICY SEQ NUM 3-16~LX*14~N1*75*RRE
CODES~REF*17*04|99999990|PROVIDER NAME
A~DTP*007*D8*20210801~LX*15~N1*75*RRE
CODES~REF*17*05|99999991|PROVIDER NAME
B~DTP*007*RD8*20210801-20211231~LX*16~N1*75*RRE
CODES~REF*17*30~DTP*007*D8*20210801~LX*17~N1*75*NAMI~REF*9V*0~
DTP*007*RD8*20210801-
20210831~LX*18~N1*75*EXCESS~REF*9V*240.75~DTP*007*RD8*20210801-
20210831~LX*19~N1*75*NAMI~REF*9V*0~DTP*007*D8*20210901~LX*20~N1
*75*EXCESS~REF*9V*200.75~DTP*007*D8*20210901~LX*21~N1*75*RECER
T DATE~REF*ZZ*20211130~LX*22~N1*75*DISABILITY ACCOMMODATION
INDICATOR~REF*ZZ*V1~LX*23~N1*75*WMS ENROLL/DISENROLL REASON
CODE~REF*ZZ*02~DTP*007*D8*20210801~LE*2700~SE*187*212390001~GE
*1*212390001~IEA*1*212390001~

6. Additional MCE 834 Test Scenarios and Samples

Important Note: *These additional test scenarios and samples were intended for use during the pilot test phase and may only be used by the Plans as part of their preliminary setup. Further internal testing is strongly recommended using the updated samples contained within this companion guide which include all subsequent transaction updates and upcoming enhancements.*

Additional MCE 834 Test Scenarios and Samples are published on the eMedNYHIPAASupport Transaction Instructions page to further aid in Managed Care Plans' internal testing of the MCE 834 transactions:

https://www.emedny.org/HIPAA/5010/transactions/MCE_834_Test_Scenarios_and_Sample_Files.pdf

All Managed Care Plans are encouraged to review the instructions in the MCE 834 Test Scenarios & Sample Files, then use the sample files contained within that PDF for additional internal testing. Of the four files included in that PDF, one is a verification/audit file, which should be processed first. The remaining three sample files are intended to simulate files received on three different days during that same month. Plans should ensure that these files are only processed within their Test Regions.

4.2 Payer Specific Business Rules and Limitations

4.2.1 Electronic Transmitter Identification Number (ETIN)

Every entity that exchanges transactions with eMedNY systems must enroll as a Trading Partner with eMedNY using a unique Electronic Transmitter Identification Number (ETIN). Trading Partners who exchange transactions in batch mode will be assigned a mailbox and User ID.

The ETIN of the Trading Partner sending the transaction is expected in the outside envelope data element ISA06, Interchange Sender ID. The ETIN of the Trading Partner sending the Functional Group is expected in data element GS02, Application Sender's Code. These will often be the same.

Accessing the 834 Files

Existing eMedNY access methods will be used to deliver the 834 files produced by the eMedNY system and for Plans to return any associated acknowledgments/834 response files. Delivery will be based on the Plan's default ETIN.

eMedNY will send an 834 file whenever there is activity on an enrollee. This could be as frequently as daily, and can include weekends and holidays. eMedNY starts compiling all the activity for the previous day at midnight and then releases the files, to each Plan, as those files become available. Plans should receive their 834 daily files by 6AM. However, if there are no transactions for the Plan for that day, there will be no file to send.

If there is a system issue that will affect delivery of the daily 834 files, eMedNY will send a ListServ notice advising of the delay.

If there is no ListServ notice, and a Plan has not received a file by noon, the Plan should presume there are no transactions for the Plan for that day.

Default ETIN

Every entity that exchanges transactions with eMedNY systems must enroll as a Trading Partner with eMedNY using a unique Electronic Transmitter Identification Number (ETIN).

The Default ETIN will serve as the routing mechanism for the 834 transaction files. Plans should already have a default ETIN on record, along with a USER ID for that ETIN in order to receive the 834.

NYS DOH requires ETIN re-certification annually. If no Default ETIN/USER ID is on record, or the ETIN set as the Default is expired, that Plan will NOT be able to receive their 834 transaction files.

The 834 file delivery path can be changed, by updating the default ETIN, using the following form:

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/401103_ETINDFLT_Default_ETIN_Selection_Form.pdf

Additional information about the setup and use of an ETIN is included in the Trading Partner Information Companion Guide, available on the Additional Payer Specific Information

For more information please visit the eMedNY.org website and select Transaction Instructions under the eMedNY HIPAA Support tab.

4.2.2 eMedNY File Naming Conventions and Size Limits

Each file will contain a single Functional Group (GS/GE).

Each Functional Group (GS/GS) will contain between 1 and 5000 Transaction Sets (ST/SE). Multiple Files (uniquely identified) may be sent in a single day.

Each Transaction Set (ST/SE) will contain a single Member Level Detail (Loop 2000).

The file naming conventions for the Benefit Enrollment and Maintenance (834) are as follows.

Production File formats for FTP/VPN users

ZIP File: P1234567.D200508.ZIP

Node 1 – P with first 7 digits of the 8-digit MMIS ID used to establish the FTP/VPN Account
Node 2 – "D" followed by ZIP file creation date (Date Format=YYMMDD)
Node 3 – "ZIP"

Once the ZIP file is extracted, there may be one or more 834 files.

Single file: R200508072430.01234567.834.0000
Multiple files: R200508072430.01234567.834.**0000**, R200508072430.01234567.834.**0001**, R200508072430.01234567.834.**0002**

Note: *eMedNY creates ZIP files daily which contain one or more X12 834 files for a Plan. These daily ZIP files could also contain other X12 files (999s, 277CA, 271, etc.), in addition to the 834 files, unless the Plan set up the FTP/VPN account exclusively for 834 files.*

Once a Plan downloads a ZIP file, eMedNY creates another ZIP file, with an identical name, only if more X12 files need to be sent to that Plan's FTP/VPN account on the same day. Plans attempting multiple downloads on the same day should take measures not to overwrite prior ZIP files. Ensure the X12 files are already extracted from the ZIP file prior to attempting download of another ZIP file on the same day.

Production File formats for eMedNY eXchange users

TAR file: R200508063030..834-.tar

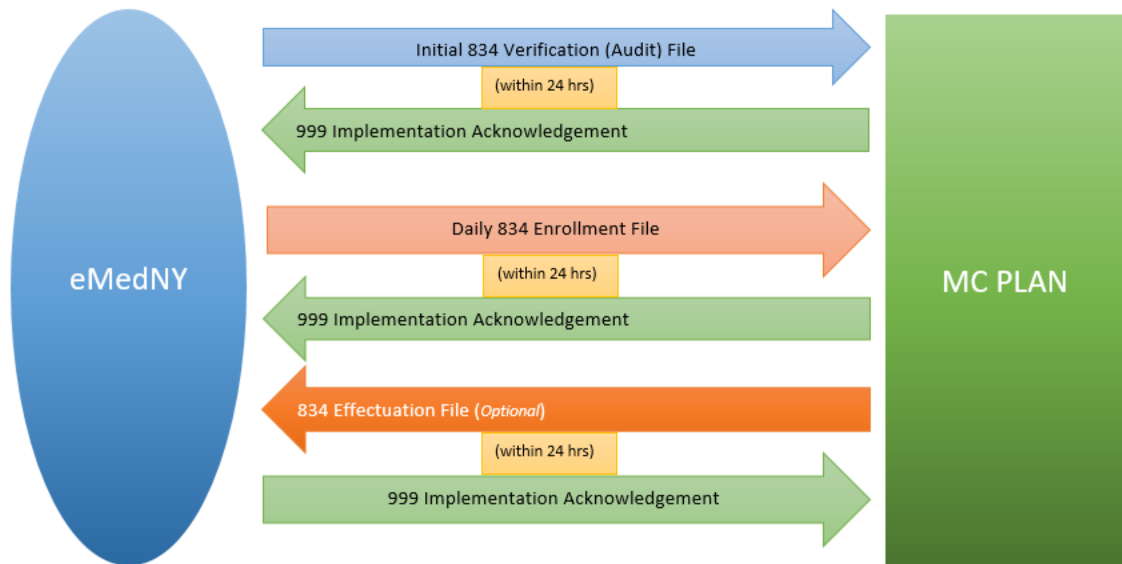
Once the TAR file is extracted, there may be one or more 834 files.

Single: R200508123456.01234567.834.0000.x12
Multiple: R200508123456.01234567.834.0000.x12,
R200508123456.01234567.834.0001.x12,
R200508123456.01234567.834.0002.x12

Note: *File naming conventions may be different when viewing on the eMedNY Submitter Dashboard.*

4.2.3 Response File(s)

Transactions Flow:



Acknowledgement(s):

eMedNY expects to receive a 999 Implementation Acknowledgement, to ensure the X12 834 transaction sets were accepted/rejected by a Plan, and should include transaction validation errors (Levels 1 & 2 ONLY). Plans may bypass all higher level validation errors, including Situational Errors (Level 4). This response is expected to be returned to eMedNY within 24 hours.

eMedNY expects to receive a TA1 Interchange Acknowledgement when a transmitted 834 Enrollment file could not be processed by the Plan due to an invalid envelope or Interchange control structure errors.

Note: Specifications for the TA1 Segment are published in X12C/005010X231 Implementation Acknowledgment for Health Care Insurance (999).

Validation Errors:

If an eMedNY 834 fails EDI validation and the Plan sends the appropriate reject reason in the 999 Implementation Acknowledgement and/or the TA1, then eMedNY will investigate and work with the Plan to correct the cause of the EDI validation error. During the review period, any new 834 files could be stopped depending on the severity of the EDI validation error.
Once the investigation is complete and corrections are made, the Plan will receive their regenerated 834 file(s) and then resume daily 834 files. Transaction sequencing will be maintained through the use of the Reference Number in BGN02.

Effectuation File (834):

An Effectuation file, considered optional, offers Plans a way to convey Exceptions/Errors in processing of X12 834 files sent by eMedNY. This may be done only after an Accepted 999 Implementation Acknowledgment file is returned to eMedNY. If the Plan sends an Effectuation file, eMedNY will process it and return an X12 999 Acknowledgement back to the Plan. eMedNY accepts the 834 Effectuation for all transaction types, except Verification. Any 834 Errors that are returned by the Plan will be captured and available for inquiry to the eMedNY and Managed Care Enrollment support staff.

Response Files Naming:

The naming conventions for inbound files vary based on the Access Methods (*eXchange, FTP/VPN, etc.*) used by the Plans to exchange files with eMedNY.

FTP/VPN files must be compressed into a ZIP file prior to sending. This ZIP file name is comprised of three nodes (*Node1.Node2.Node3*):

Node1 = 'P' followed by the first seven digits of your provider number (*i.e. P1234567*)

Node2 = ZIP

Node3 = Generation/File number (*G000?V00*), where ? is the ordinal (*1, 2, 3, etc.*) of the file you are sending for the day.

Example, sending three files in a single day:

P1234567.ZIP.G0001V00 (*1st file for the day*)

P1234567.ZIP.G0002V00 (*2nd file for the day*)

P1234567.ZIP.G0003V00 (*3rd file for the day*)

Note: Maximum length of a file name, within the ZIP file, should not exceed 50 characters. Avoid using symbols, punctuation and control characters in the file names.

eMedNY eXchange files sent to eMedNY have no requirements for inbound file naming. eMedNY will apply its own naming convention for the remaining lifecycle once the files are uploaded.

FTS/SOAP platform users should refer to the User Manuals posted under the SELF HELP section on eMedNY.org.

4.2.4 Code Lists

CL#	Code List Name	Page#
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2.	Language Codes (Read, Spoken and Written)	41-42
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1. Maintenance Reason Codes[1]

eMedNY may send these codes for Changes, Additions, Cancellations or Terminations. *NOTE*: The full code set is published by X12

Loop 2000, Segment INS04 Maintenance Reason Code

Code	Definition
02	Birth
03	Death
07	Termination Of Benefits
14	Voluntary Withdrawal
16	Quit
17	Fired
21	Disability
26	Declined Coverage
28	Initial Enrollment
43	Change of Location
AB	Dissatisfaction with Medical Care/Services Rendered
AE	Unable to Schedule Appointments in a Timely Manner
AF	Dissatisfaction with Physician's Referral Policy
AL	Algorithm Assigned Benefit Selection
EC	Member Benefit Selection
XT	Transfer

2. Language Codes (Read, Spoken and Written)

eMedNY uses ISO 639-2 Language codes and names on X12 834 transactions.

Note: eMedNY is providing the most common languages used by WMS; a complete list can be obtained from the ANSI website.

Loop 2100A, Segment LUI02 Language Code

ISO 639-2 Code	English Name of Language
CHI	Chinese
ENG	English
FRE	French
FRM	French Creole

[1] Accredited Standards Committee X12, Insurance Subcommittee, X12N. "INS04 - Maintenance Reason Code." (*Pages 49-51*). Benefit Enrollment and Maintenance (834), 005010X220 Implementation Guide (TR3) is available from X12. <https://x12.org/products>.

ISO 639-2 Code	English Name of Language
ITA	Italian
RUS	Russian
SPA	Spanish

3. Money Codes (Medicaid Charge/Reimbursement Code)

Loop 2750. When N102=MONEY CODE then REF02 will contain the following

Money Code	Description
01	NATIVE AMERICAN RESIDING ON NY STATE RESERVATION
02	RELEASEE FROM DEPT. OF MENTAL HYGIENE FACILITY
03	NEEDY PERSON WITHOUT STATE RESIDENCE
04	DMH PATIENT
05	DMH FAMILY CARE (OBSOLETE AS OF AUGUST 1,1980)
06	ODAS INPATIENT
07	ODAS OUTPATIENT
08	OTHER STATE CHG. (INCL. REMOV. FROM STATE & CASES)
09	CUBAN REFUGEES (18 CRR 349.1; RF-6/DSS- 1047)
10	INDOCHINESE REFUGEE (DSS-2557)
11	AMERICAN CITIZEN REPATRIATE (RF-7 / DSS-931)
12	OTHER FEDERAL CHARGE
15	INDOCHINESE REFUGEES UNACCOMPANIED MINOR
16	DMH/OMH FAMILY CARE (EF.8/1/80)
17	DMH/OPWDD FAM.CARE (EF.8/1/80)
18	ICF-DD STATE OPERATED
19	ICF-DD OR RTF PRIVATELY OPERATED
20	REFUGEES (REFUGEE ASSISTANCE PROGRAM)
21	UNACCOMPANIED REFUGEE MINOR
22	CUBAN REFUGEE PHASEDOWN
23	CUBANS (100%MA-SSI)
24	CUBAN HAITIAN ENTRANTS
25	CUBAN HAITIAN UNACCOMPANIED MINOR
26	HAITIAN ENTRANTS
27	NYSDOH INPATIENT
28	RCCA - STATE OPERATED
29	RCCA-VOLUNTARY-MENTAL HYGIENE
30	VOFC - VOLUNTARY FAMILY CARE
31	VOCR (NON-621)-VOLUNTARY COMMUNITY
32	VOCR (621)-VOLUNTARY COMMUNITY
33	SOCR(KEYS)-STATE OPERATED COMMUNITY RESIDENCE
34	SOCR(NON-KEYS)-STATE OPERATED

Money Code	Description
35	SOCR(NON-621)-STATE OPERATED COMMUNITY RES.
36	VORCCA(NON-621)-VOL OPER. RES.
37	RELOCATED RELATIVES OF AN INST. VETERAN
40	LEGALIZED ALIEN (PRE-1982)
41	SPECIAL AGRICULTURAL WORKERS (SAW)
42	ADDITIONAL SPECIAL AGRICULTURAL WORKERS
50	PRESUMPTIVE ELIGIBILITY - HOME
51	OPWDD - CAH
60	TANF INELIGIBLE ALIEN
63	TANF INDIVIDUAL EXCEEDING 5 YEAR LIMIT
64	TANF NATIVE AMER ON NYS RESER EXCEEDING 5 YR LMT
65	PRUCOL PREGNANT WOMEN OVER 21
66	PRUCOL WOMEN LESS THAN 21
67	QUALIFIED ALIEN/PRUCOL
68	QUALIFIED ALIEN NOT MOE (MAINT. OF EFFRT) ELIGIBLE
70	LOCAL JAIL INMATE - FP
00	UNASSIGNED

4. Category of Eligibility (COE) Codes

Loop 2750. When N102=COE CODE then REF02 will contain the following.

COE Code	Description
01	ALL BENEFITS (A)
02	OUTPATIENT CARE ONLY (C)
06	PROVISIONAL ELIGIBILITY (V)
10	ELIGIBLE EXCEPT NFS (B)
11	LEGAL ALIEN - FULL COVERAGE
15	PERINATAL CARE (L)
16	HOME RELIEF (HR) (T)
18	FAMILY PLANNING SERVICES ONLY (F)
19	COMMUNITY COV W COMMUNITY LTC
20	COMMUNITY COV LIMITED LTC
21	OUTPATIENT WITH COMMUNITY LTC
24	COMM COV LIMITED LTC ALIEN 5YR BAN
25	INPATIENT HOSPITAL ONLY – FNP
26	INPATIENT HOSPITAL ONLY – FFP
27	FAMILY PLANNING NO TRANSPORTATION
30	CLIENT IS ELIG FOR MCAID AND ENROLLED IN A PCP (P)
31	CLIENT IS ELIG FOR CAPITN GUARANTEE SERVS ONLY (G)
32	HR CLIENT ENROLLED IN A PCP (Q)
33	HR CLIENT ELIG FOR CAPITN GUARANTEE SERVS ONLY (R)
34	FAMILY HEALTH PLUS (U)
36	FAMILY HEALTH PLUS GUARANTEE (W)

5. Aid Category Codes

The Aid Category codes define the type of medical assistance for which the enrollee is eligible within the program.

Loop 2750. When N102=AID CAT CODE then REF02 will contain the following.

Aid Category Codes	Description
B0	LESS THAN 100 FPL ALIESSA - WRAP SVS - COPAY EXMPT
B1	100-138 FPL ALIESSA - WRAP SVS - LOW COST SHARING
B2	139-150 FPL AI-AN - 0 PREM - NO COST SHARING
B3	139-150 FPL - 0 PREM - LOW COST SHARING
B4	151-200 FPL AI-AN - 20 PREM - NO COST SHARING
B5	151-200 FPL - 20 PREM - HIGHER COST SHARING
H0	ADT GRP(19-64) SINGLE/CHILDLESS CPLES 100-133%(FP)
H1	ADULT GROUP(19-64) <133% OR 19/20 133-150% (FP)
H2	APTC PREMIUM PAYMENTS >133-150% (FNP)
H3	CHILD HEALTH PLUS<19 UNDOCUMENTED (FNP)
H4	CHILD HEALTH PLUS<19 (FEDERALLY PARTICIPATING)
H5	UNDOCUMENTED PREGNANT WOMEN 0-200% (FNP)
P1	LIF W/OUT DEPRIV/SCC (FP) (PREGNANT)
P2	LIF RELATED W/DEPRIVATION (FP) (PREGNANT)
P5	SAFETY NET W/O DEPRIVATION (FP) (PREGNANT)
P7	ADC MEDICALLY NEEDY (FP) (PREGNANT)
P8	LIF/SN/TL - CASH 60 MONTH TIME LIMIT (PREGNANT)
P9	LIF/SN/TL - NC 60 MONTH TIME LIMIT (PREGNANT)
00	CLIENT NOT ELIGIBLE
01	PA - DEFAULT (FP)
10	FA-FAMILY ASSISTANCE (FP)
11	ADC-U (FP)
12	IV-E AND NON IV-E (FP)
15	MEDICAID DISASTER RELIEF
16	TANF WITH DEPRIVATION (FP)
17	TANF WITHOUT DEPRIVATION (FP)
18	SAFETY NET W/O DEPRIVATION (FP)
19	SAFETY NET NON-CASH (FP)
20	SUPPLEMENTAL PAYMENT (NYC) (FNP) 100% LOCAL
21	LIF W/OUT DEPRIV/SCC (FP)
23	MA-CW (FP)
24	MA AGED (FP)
25	MA BLIND (FP)
26	MA DISABLED (FP)
27	ADC MEDICALLY NEEDY (FP)
28	PUBLIC HOME (FNP)
30	PRESUMPTIVE ELIGIBILITY CHILD
31	POVERTY ELIGIBLE CHILDREN (100% FP)
32	LIF RELATED W/DEPRIVATION (FP)
35	PRSMPTVE ELGBLTY-HOME CARE (FNP) STATE/LOCAL
37	ALIEN ELIGIBILITY (FNP) STATE/LOCAL
38	ALIEN ELIGIBILITY (FP)

Aid Category Codes	Description
39	FNP RELATED PARENT LIVING W/CHILD (FP)
40	PUBLIC SHELTER RESIDENT (FNP) 100% LOCAL
41	PRESUMPTIVE ELIGIBILITY PRENATAL A (FP)
42	PRESUMPTIVE ELIGIBILITY PRENATAL B (FP)
43	PRENATAL CARE (FP)
44	EXPANDED COVERAGE INFANT (FP)
45	EXPANDED COVERAGE CHILDREN (FP)
47	CHILD WELFARE (FNP) 100% LOCAL
48	CHILD CONTINUOUS COVERAGE (FP)
49	EXPANDED/CONTINUOUS COVERAGE
50	SSI AGED (FP)
51	SSI BLIND (FP)
52	SSI DISABLED (FP)
53	SSI PEND AGED (FP)
54	SSI PEND BLIND (FP)
55	SSI PEND DISABLED (FP)
56	FAMILY PLANNING COVERAGE (FP)
57	POVERTY LEVEL INFANT (FP)
58	INFANT-CONTINUOUS COVERAGE (185% FPL) (FP)
60	SAFETY NET-AGED (FP)
61	SAFETY NET-BLIND (FP)
62	SAFETY NET-DISABLED (FP)
63	SAFETY NET (FP)
64	COLORECTAL AND PROSTATE TREATMENT PROGRAM
66	EMERGENCY SHELTER (FP)
67	SAFETY NET W/DEPRIVATION (FP)
68	FHP SINGLES/CHILDLESS COUPLES
69	FHP PARENTS/19-20 YEAR OLDS 150% FPL FP
70	FHP PREGNANT WOMAN 100% FPL
71	CHILD 6-19 100-133% FPL (FP)
72	FHP PREGNANT WOMAN 200% FPL
73	WORKING DISABLED BUY-IN
74	BREAST AND CERVICAL CANCER TREATMENT PROGRAM (<65)
75	BREAST AND CERVICAL CANCER TREATMENT PROGRAM (>64)
76	LEGAL ALIEN - FNP, FP FOR EMERG SERVICES
77	BREAST CANCER TREATMENT PROGRAM (MALE) (FNP)
78	LIF/SN/TL - CASH 60 MONTH TIME LIMIT
79	LIF/SN/TL - NC 60 MONTH TIME LIMIT
80	DISASTER MEDICAID RELIEF (FP)
81	CHILD CONTINUOUS COVERAGE
82	MEDICAID BUY-IN DISABLED BASIC GROUP (FP)
83	MEDICAID BUY-IN MEDICALLY IMPROVED (FP)
86	CHILD 6-18 100-133% FPL (FP)
87	FAMILY PLANNING EXTENSION PROG
88	INPATIENT FNP
89	INPATIENT FFP
90	SINGLE/CHILDLESS COUPLES (FP)
91	TANF/SN/LIF W/O DEPRIVATION AND SN-NC/SCC (FP)
92	MA FORMERLY FOSTER CARE(FP)/CHAFEE

6. FIPS PUB 6-4 County Codes

When Loop 2100A, N405 = ‘CY’, then N406 will contain the FIPS Code.

Also, in Loop 2750, when N102=FISCAL COUNTY then REF02 will contain one of the following FIPS County Codes.

County Code	County Name	County Code	County Name
36001	ALBANY	36063	NIAGARA
36003	ALLEGANY	36065	ONEIDA
		36067	ONONDAGA
36007	BROOME	36069	ONTARIO
36009	CATTARAUGUS	36071	ORANGE
36011	CAYUGA	36073	ORLEANS
36013	CHAUTAUQUA	36075	OSWEGO
36015	CHEMUNG	36077	OTSEGO
36017	CHENANGO	36079	PUTNAM
36019	CLINTON		
36021	COLUMBIA	36083	RENSSELAER
36023	CORTLAND		
36025	DELAWARE	36087	ROCKLAND
36027	DUTCHESS	36089	ST. LAWRENCE
36029	ERIE	36091	SARATOGA
36031	ESSEX	36093	SCHENECTADY
36033	FRANKLIN	36095	SCHOHARIE
36035	FULTON	36097	SCHUYLER
36037	GENESEE	36099	SENECA
36039	GREENE	36101	STEUBEN
36041	HAMILTON	36103	SUFFOLK
36043	HERKIMER	36105	SULLIVAN
36045	JEFFERSON	36107	TIOGA
		36109	TOMPKINS
36049	LEWIS	36111	ULSTER
36051	LIVINGSTON	36113	WARREN
36053	MADISON	36115	WASHINGTON
36055	MONROE	36117	WAYNE
36057	MONTGOMERY	36119	WESTCHESTER
36059	NASSAU	36121	WYOMING
		36123	YATES

Note: If a member’s enrollment is ***not*** through one of these counties listed above, a 5-digit FIPS County Code is not sent. Instead eMedNY will send one of the following 2-character County Codes as applicable:

‘66’ - Member’s Fiscal County is New York City (any of the five boroughs).

‘97’ – OMH Administered

‘98’ – OPWDD Administered

‘99’ – Breast and Cervical Cancer Treatment Program

7. Benefit Package Codes

Loop 2750. When N102=BEN PKG CODE then REF02 will contain the following.

Benefit Package Code	Description
01	BENEFIT PACKAGE 01
02	BENEFIT PACKAGE 02
03	BENEFIT PACKAGE 03
04	BENEFIT PACKAGE 04
05	BENEFIT PACKAGE 05
06	BENEFIT PACKAGE 06
07	BENEFIT PACKAGE 07
08	BENEFIT PACKAGE 08
09	BENEFIT PACKAGE 09
10	BENEFIT PACKAGE 10
11	BENEFIT PACKAGE 11
12	BENEFIT PACKAGE 12
13	BENEFIT PACKAGE 13
14	BENEFIT PACKAGE 14
15	BENEFIT PACKAGE 15
16	BENEFIT PACKAGE 16
17	BENEFIT PACKAGE 17
18	BENEFIT PACKAGE 18
19	BENEFIT PACKAGE 19
20	BENEFIT PACKAGE 20
21	BENEFIT PACKAGE 21
22	BENEFIT PACKAGE 22
23	BENEFIT PACKAGE 23
24	BENEFIT PACKAGE 24
25	BENEFIT PACKAGE 25
26	BENEFIT PACKAGE 26
27	BENEFIT PACKAGE 27
28	BENEFIT PACKAGE 28
29	BENEFIT PACKAGE 29
30	BENEFIT PACKAGE 30
31	BENEFIT PACKAGE 31
32	BENEFIT PACKAGE 32
33	BENEFIT PACKAGE 33
34	BENEFIT PACKAGE 34
35	BENEFIT PACKAGE 35
36	BENEFIT PACKAGE 36
37	BENEFIT PACKAGE 37
38	BENEFIT PACKAGE 38
39	BENEFIT PACKAGE 39
40	BENEFIT PACKAGE 40
41	BENEFIT PACKAGE 41
42	BENEFIT PACKAGE 42
43	BENEFIT PACKAGE 43
44	BENEFIT PACKAGE 44

Benefit Package Code	Description
45	BENEFIT PACKAGE 45
46	BENEFIT PACKAGE 46
47	BENEFIT PACKAGE 47
48	BENEFIT PACKAGE 48
49	BENEFIT PACKAGE 49
50	BENEFIT PACKAGE 50
51	BENEFIT PACKAGE 51
52	BENEFIT PACKAGE 52
53	BENEFIT PACKAGE 53
54	BENEFIT PACKAGE 54
55	BENEFIT PACKAGE 55
56	BENEFIT PACKAGE 56
57	BENEFIT PACKAGE 57
58	BENEFIT PACKAGE 58
59	BENEFIT PACKAGE 59
60	BENEFIT PACKAGE 60
61	BENEFIT PACKAGE 61
62	BENEFIT PACKAGE 62
66	BENEFIT PACKAGE 66
70	FAMILY HEALTH PLUS
71	MEDICAID ADVANTAGE NYC
72	MANAGED CARE DUALLY ELIGIBLE 2
73	MEDICAID ADVANTAGE ROS
74	MANAGED CARE DUALLY ELIGIBLE 4
75	PACE LONG TERM CARE
76	RESERVED FOR FUTURE USE 5
77	FULLY INTEGRATED DUAL ADVANTAGE
78	HEALTH AND RECOVERY PLAN (HARP)
79	DISCO (OPWDD PEOPLE FIRST WAIVER)
80	OPWDD FIDA
92	OPWDD PREVENTIVE SERVICES
93	MLTC - SA CARVE OUT
94	MLTC - SSI CARVE OUT

8. Restriction/Exception/Exemption (RRE) Codes

Loop 2750. When N102=RRE CODES then REF02 will contain a 2-char RRE Code and, when applicable, an associated 8-digit MMIS Provider ID with the Provider Name. These three values will be delimited with a pipe (|). Loop 2750 DTP Segment will also be included with RRE Effective Date(s). eMedNY will send RRE changes (*based on Audit date*) along with active and prospective RRE codes. For each 2-char RRE code, loop 2700 will be repeated as such.

<u>Example</u>:

*LX*1~*
*N1*17*RRE CODES~*
*REF*ZZ****XX**|PROVIDER ID 1|PROVIDER FULL NAME A~*
*DTP*007*D8*20210801~*
*LX*2~*
*N1*17*RRE CODES~*
*REF*ZZ****XY**|PROVIDER ID 2|PROVIDER FULL NAME B~*
*DTP*007*RD8*20210801-20211231~*
*LX*3~*
*N1*17*RRE CODES~*
*REF*ZZ****XZ**~*
*DTP*007*D8*20210801~*

<u>Note</u>: The 'Y' in that 'Provider Associated' column below only indicates that RRE Code can have an associated Provider ID and Provider Name. When available, the values will be included in REF02 (Loop 2750).

RRE Code	Description	Provider Associated
02	PODIATRY RESTRICTION	Y
03	DENTAL RESTRICTION	Y
04	DME RESTRICTION	Y
05	PHARMACY RESTRICTION	Y
06	PHYSICIAN RESTRICTION	Y
08	CLINIC RESTRICTION	Y
09	INPATIENT RESTRICTION	Y
10	DENTAL CLINIC RESTRICTION	Y
11	PHYSICIAN GROUP RESTRICTION	Y
12	NURSE PRACTITIONER RESTRICTION	Y
13	ALTERNATIVE PHARMACY RESTRICTION	Y
30	ENROLLED IN LONG TERM HEALTH CARE PROGRAM	
35	CASE MANAGEMENT PROGRAM	Y

RRE Code	Description	Provider Associated
38	ICF/DD RESIDENT	
39	AID-CONTINUING	
44	HCBS COMMUNITY HABILITATION	
45	HCBS INTENSIVE BEHAVIORAL SVCS	Y
46	HCBS WAIVER (PURE WAIVER)	
48	SUPPORTIVE IRA'S AND CR'S	
49	SUPERVISED IRA AND CR	Y
50	CONNECT ONLY NBI	Y
51	CONNECT MA ELIGIBLE NBI	Y
55	MCC PHARMACY	Y
56	MCC PHYSICIAN	Y
58	MCC CLINIC	Y
59	MCCP INPATIENT RESTRICTION	Y
60	NH TRANSITION & DIVERSION WAIVER	
66	CAH V CLIENT	
68	CAH VII CLIENT	
69	CAH VIII CLIENT	
70	CAH IX CLIENT	
71	CAH X CLIENT	
75	PARTNERSHIP DOLLAR FOR DOLLAR ASSET PROTECTION	
76	PARTNERSHIP TOTAL ASSET PROTECTION	
77	LONG TERM CARE INSURANCE NON-PARTNERSHIP	
81	TBI ELIGIBLE	
82	MC NON MMIS ID EXCEPTION	
83	ALCOHOL AND SUBSTANCE ABUSE (ASA)	
84	BASE/CRS WITH CLINIC	Y
85	BASE/CRS WITHOUT CLINIC	Y
86	INTENSIVE/ONGOING REHAB SVC	Y
89	MONEY FOLLOWS THE PERSON	
93	MLTC ELIGIBLE	
95	OPWDD/MANAGED CARE EXEMPTION	
99	DEATH INDICATOR	
A1	HEALTH HOME PROGRAM - CARE MANAGEMENT AGENCY	
A2	HEALTH HOME PROGRAM - HEALTH HOME	
B7	NON EP BHP ALIESSA	
C1	COPAY EXEMPT (HOSPICE)	
C2	CLIENT HAS MEDICARE OR MEDICAID HOSPICE ELECTED	Y
CF	COMMUNITY FIRST CHOICE OPTION	
CH	HOME AND COMMUNITY BASED SERVICES-CREPS	
CM	MANAGED LONG TERM CARE-CREPS	
CO	COMMUNITY FIRST CHOICE OPTION OPWDD	
E1	SHORT FILL	
G1	TRANSGENDER MALE TO FEMALE	
G2	TRANSGENDER FEMALE TO MALE	
H1	HARP ENROLLED W/O HCBS	
H2	HARP ENROLLED W TIER 1 HCBS	

RRE Code	Description	Provider Associated
H3	HARP ENROLLED W TIER 2 HCBS	
H4	SNP HARP ELIG W/O HCBS	
H5	SNP HARP ELIG W TIER 1 HCBS	
H6	SNP HARP ELIG W TIER 2 HCBS	
H8	STATE ID HARP ASSESSMNT	
H9	HARP ELIG PENDING ENROLLMNT	
I1	OPWDD MC CLASS 1	
I2	OPWDD MC CLASS 2	
I3	OPWDD MC CLASS 3	
I4	OPWDD MC WILLOWBROOK	
I5	OPWDD CCO/HH ENROLLMENT LEVEL 1	Y
I6	OPWDD CCO/HH ENROLLMENT LEVEL 2	Y
I7	OPWDD CCO/HH ENROLLMENT LEVEL 3	Y
I8	OPWDD CCO/HH ENROLLMENT LEVEL 4	Y
I9	OPWDD CCO/HH ENROLLMENT OPT OUT	Y
J1	OPWDD DAY SERVICES ACUITY LEVEL 1	
J2	OPWDD DAY SERVICES ACUITY LEVEL 2	
J3	OPWDD DAY SERVICES ACUITY LEVEL 3	
J4	OPWDD DAY SERVICES ACUITY LEVEL 4	
J5	OPWDD DAY SERVICES ACUITY LEVEL 5	
J6	OPWDD DAY SERVICES ACUITY LEVEL 6	
J7	OPWDD DAY SERVICES ACUITY LEVEL 7	
J8	OPWDD DAY SERVICES ACUITY LEVEL 8	
J9	OPWDD DAY SERVICES ACUITY LEVEL 9	
K1	HCBS AT LEVEL OF CARE ACUITY	
K2	HCBS AT LEVEL OF NEED ACUITY	
K3	HCBS SERIOUS EMOTIONAL DISTURBANCE	
K4	HCBS MEDICAL FRAGILITY	
K5	HCBS DEVELOMENTALLY DISABLED	
K6	HCBS DEVELOPMENTALLY DISABLED & MEDICALLY FRAGILE	
K7	HCBS ABUSE NEGLECT MALTREATMENT COMPLEX TRAUMA	
K9	CHILD IS IN OR ASSOCIATED WITH FOSTER CARE	
KF	FC CHILD MUST REMAIN IN FFS	
KK	CHILD IS ELIGIBLE FOR MEDICAID AS FAMILY OF ONE	
M1	MAGI REMAINS IN WMS	
N1	REGULAR SNF RATE - MC ENROLLEE	Y
N2	SNF AIDS - MC ENROLLEE	Y
N3	SNF NEURO-BEHAVIORAL - MC ENROLLEE	Y
N4	SNF TRAUMATIC BRAIN INJURY	Y
N5	SNF VENTILATOR DEPENDENT - MC ENROLLEE	Y
N6	MLTC ENROLLEE PLACED IN SNF	Y
N7	NH BUDGET APPROVED	
N9	NH RESIDENT PENDING NH ELIGIBILITY DETERMINATION	
PR	PRE-RELEASE DOWNSTATE MANAGED CARE INELIGIBLE	
R1	OPWDD RESIDENTIAL ACUITY LEVEL 1	
R2	OPWDD RESIDENTIAL ACUITY LEVEL 2	

RRE Code	Description	Provider Associated
R3	OPWDD RESIDENTIAL ACUITY LEVEL 3	
R4	OPWDD RESIDENTIAL ACUITY LEVEL 4	
R5	OPWDD RESIDENTIAL ACUITY LEVEL 5	
R6	OPWDD RESIDENTIAL ACUITY LEVEL 6	
R7	OPWDD RESIDENTIAL ACUITY LEVEL 7	
R8	OPWDD RESIDENTIAL ACUITY LEVEL 8	
R9	OPWDD RESIDENTIAL ACUITY LEVEL 9	
S1	SURPLUS CLIENT NOT MMC/MA ELIG	

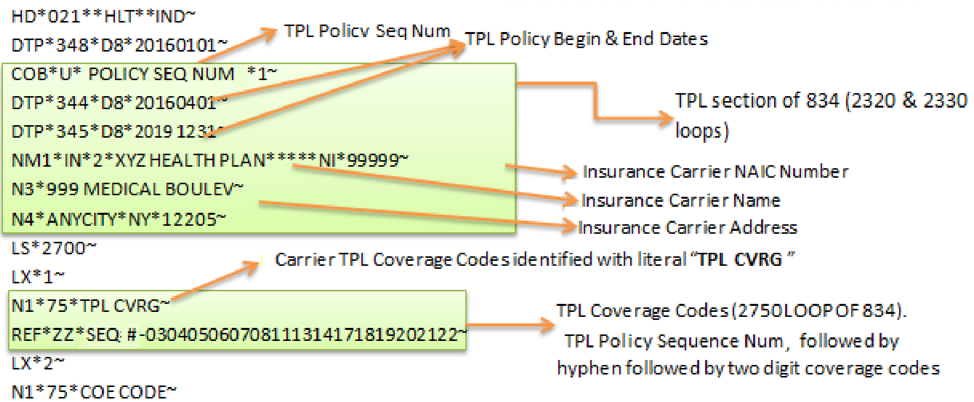
9. Third-Party-Liability (TPL) Coverage

Loop 2750. When N102=TPL CVRG then REF02 will contain a 16-digit Policy Sequence Number, followed by hyphen, followed by one or more 2-digit Coverage Code(s).

Example for Insurance Carrier with NAIC on file:

N1*75*TPL CVRG~

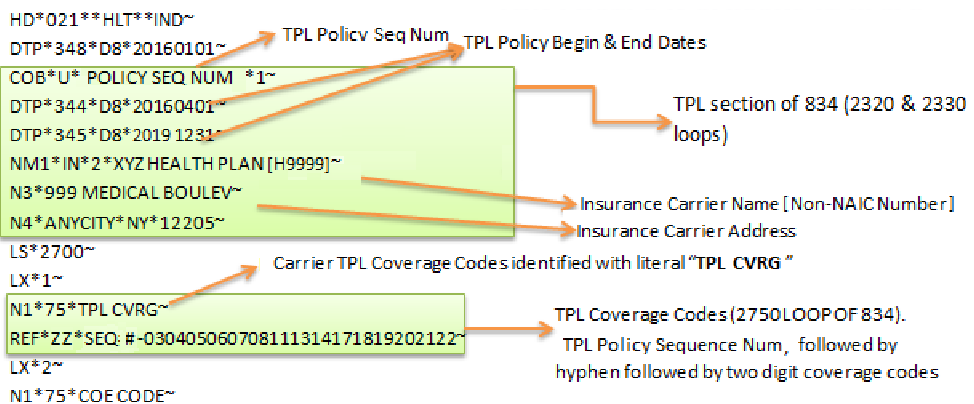
REF*ZZ*POLICY SEQ NUM-030405060708111314171819202122



Example for Insurance Carrier with Non-NAIC on file:

N1*75*TPL CVRG~

REF*ZZ*POLICY SEQ NUM-030405060708111314171819202122



10. Coverage Code

Loop 2750. When N102=”TPL CVRG” then REF02 will contain a Policy Sequence Number, followed by hyphen, followed by a string of up to sixteen of these 2-digit Coverage Code(s).

Code	Description
01	COMPLEMENT TO MEDICARE PART A
02	COMPLEMENT TO MEDICARE PART B
03	INPATIENT HOSPITAL
04	HOME HEALTH
05	EMERGENCY ROOM
06	CLINIC
07	PHYSICIAN IN HOSPITAL
08	PHYSICIAN IN OFFICE
09	NURSING HOME
11	DRUGS - MAJOR MEDICAL
12	DRUGS - COPAY
13	DURABLE MEDICAL EQUIPMENT
14	TRANSPORTATION
15	DENTAL
16	OPTICAL
17	SUBSTANCE ABUSE - INPATIENT
18	SUBSTANCE ABUSE - OUTPATIENT
19	PSYCHIATRIC - INPATIENT
20	PSYCHIATRIC - OUTPATIENT
21	XRAY AND LAB
22	HOSPICE

The absence of TPL information means there is no TPL coverage that meets the selection criteria on the day the 834 was generated. Managed Care Plans will be responsible for maintaining their eMedNY sourced TPL data based on this assumption. To ensure accuracy, Plans are encouraged to inquire directly with the TPL for a complete list of coverage codes for a member.

11. Disenrollment Reason Codes

eMedNY uses custom disenrollment reason codes ONLY when there is no direct mapping to 834 X12 TR3 reason codes (INS04) or a WMS Enroll/Disenroll Reason code is not applicable. When available, custom disenrollment reason codes will be reported in Loop 2750.

When N102 = DISENROLL RSN then REF02 will contain one of the following values:

Code	Description
EAP	Member Transferred to another Plan on WMS coverage
TRS	Member moved from WMS to NYSOH
INC	Member Incarcerated
NME	Member is not eligible for Managed Care coverage
ECL	Member Medicaid Eligibility is Closed
DEL	Enrollment removed from file (i.e. Enrolled in error)
LPS	Medicaid Eligibility Lapsed
UND	Enrollment/disenrollment transactions need to be manually reviewed to determine reason

12. Origin Code

This is the system source of the client record.

Loop 2750. When N102= 'ORIGIN CODE' then REF02 will contain one of the following codes:

Code	Description
D	Downstate
U	Upstate

13. Family Indicator

Loop 2750. When N102= 'FAM IND' then REF02 will contain one of the following codes:

Code	Description
F	Family – Multiple members are enrolled under the same Case Number
I	Individual – Case Number is unique to a single member

Note: Family Indicator will be valued for all members, with few exceptions, on CANCEL transactions.

14. Copay Exempt Indicator

Loop 2750. When N102=COPAY EXEMPT IND then REF02 will contain the following.

Code	Description
Y	Yes – Copay exempt
N	No – Not Copay Exempt

15. WMS Enroll/Disenroll Reason Code

When available, eMedNY sends WMS Reason Codes on all transaction types (ADD, CHANGE, CANCEL and TERM).

Loop 2750. When N102=WMS ENROLL/DISENROLL REASON CODE will contain the following:

Code	Description
00	INITIAL ENROLLMENT
01	ENROLLMENT OVERRIDE
02	ENROLLMENT VOLUNTARY
03	VOLUNTARY ENROLLMENT/EMEVS
04	VOLUNTARY ENROLLMENT/TAPE
05	ENROLLMENT MANDATORY VIA AUTO
06	AUTO ASSIGNMENT LOCAL DISTRICT
07	ENROLLMENT/NEWBORN AUTO ENROLL
08	HX TO WMS ENROLLMENT
50	ENROLLMENT BROKER VOLUNTARY DISENROLLMENT
51	ENROLLMENT BROKER INVOLUNTARY DISENROLLMENT
53	DISENROLLMENT STATE AUDIT
59	DISENROLLMENT/LOST FAMILY HEALTH PLUS ELIGIBILITY
60	DISENROLLMENT/ LANGUAGE BARRIER AND/OR PHYSICAL BARRIER
61	DISENROLLMENT / CURRENT PROVIDER NOT IN NETWORK
62	DISENROLLMENT / CLIENT REQUEST / PROBLEMS WITH APPOINTMENT AVAILABILITY
63	DISENROLLMENT / CLIENT REQUEST / NOT SATISFIED WITH QUALITY OF MEDICAL CARE
64	DISENROLLMENT / CLIENT REQUEST / DIFFICULTY IN OBTAINING REFERRALS
65	DISENROLLMENT/PLAN WITHDREW FROM PROGRAM
66	RETRO ACTIVE DISENROLLMENT/PLAN MUST VOID CLAIMS
67	DISENROLLMENT / NURSING HOME RESIDENT
68	DISENROLLMENT / CHILD IN RESIDENTIAL TREATMENT CENTER
69	DISENROLLMENT / ENROLLED IN 1915 (C) TBI PROGRAM
70	DISENROLLMENT / INCARCERATED
71	DISENROLLMENT / PLAN UNABLE TO SERVICE CLIENT'S NEEDS
72	DISENROLLMENT / DUAL ELIGIBLE FOR MEDICAID / MEDICARE
73	DISENROLLMENT / SERIOUSLY & PERSISTENTLY MENTALLY ILL OR SERIOUSLY EMOTIONALLY DISTURBED ON SSI
74	DISENROLLMENT / CHRONICALLY DISABLED. ENROLLED IN CHHA
75	DISENROLLMENT / HOSPICE RESIDENT

Code	Description
76	DISENROLLMENT / ENROLLED IN LTHHC PROGRAM
77	DISENROLLMENT / HOMELESS
78	DISENROLLMENT / ENROLLED IN CAPITATED LTC DEMO PROGRAM
79	DISENROLLMENT / MENTAL HEALTH FAMILY CARE PATIENT
80	DISENROLLMENT / RESIDENT OF STATE OPERATED PSYCH. FACILITY
81	DISENROLLMENT /ENROLLED IN HCBS CARE AT HOME PROGRAM
82	DISENROLLMENT /ICF / MR RESIDENT
83	DISENROLLMENT / RESIDENT OF ALCHOHOL (SUBSTANCE ABUSE) PROGRAM
84	DISENROLLMENT / FOSTER CARE PLACEMENT
85	DEATH
86	CLIENT REQUEST/NOT SATISFIED WITH MC PROCEDURES
87	DISENROLLMENT / GRACE PERIOD
88	DISENROLLMENT / GOOD CAUSE / STATE FAIR HEARING
89	DISENROLLMENT / BY PLAN / HABITUALLY NON-COMPLIANT
90	DISENROLLMENT / BY PLAN / PHYSICALLY ABUSIVE
91	DISENROLLMENT / RECEIPT OF COST BENEFICAL TPHI
92	DISENROLLMENT / CLIENT INITIATED / EXEMPT
93	CLIENT OR LDSS INITIATED/EXCLUDED
94	DISENROLLMENT / SPENDDOWN
95	LOST MEDICAID ELIGIBILITY
96	ENROLLED IN ERROR (CANCEL)
97	MOVED OUT OF PLAN AREA
98	DISENROLLMENT / OVERRIDE
99	INITIAL DISENROLLMENT
IN	DISENROLLMENT INCARCERATED INDIVIDUAL

Note: Incarceration is the only situation where eMedNY currently values both Reporting Categories (Loop 2750) with "INC" (DISENROLL RSN) and "IN" (WMS ENROLL/DISENROLL REASON CODE) on a TERM (024).

Plans may use the reason codes from either of these two Reporting Categories (Loop 2750) as well as the Maintenance Reason Code (Loop 2000).

All these codes are intended to clarify the Enrollment or Disenrollment reason and should essentially convey the same message. Although, if a Plan is limited to using only one of these reason codes, DOH Policy recommends using the WMS ENROLL/DISENROLL REASON CODES (Loop 2750).

16. Disability Accommodation Indicator

Loop 2750. When N102=DIABILITY ACCOMODATION INDICATOR then REF02 will contain the following:

Code	Description
V0	Standard Format
V1	Large Print (18 pt.)
V2	Audio CD
V3	Data CD
V4	Braille

17. Low Income Subsidy Coverage Codes

Loop 2750. When N102=LOW INCOME SUBSIDY CVRG CD then REF02 will contain the following:

LIS Category	Description
1	LIS Category/Level 1
2	LIS Category/Level 2
3	LIS Category/Level 3
4	LIS Category/Level 4

18. Race/Ethnicity Codes

Loop 2100A/Loop 2100B. Race/Ethnicity Code(s) will be valued within the repeating composite data element DMG05 in Loop 2100A and in Loop 2100B when the previously shared code(s) is being corrected. eMedNY will repeat DMG05 up to ten times, once for each unique Race/Ethnicity code on the member's file. Repetition separator is designated by the sender in the Interchange Header (*ISA11*) and eMedNY currently uses the caret symbol (^) as the repetition separator.

Example1: *DMG*D8*19900701*F*****:RET:R5^:RET:E1~***

Example2: *DMG*D8*196001101*M*****:RET:R5^:RET:R3^:RET:R1~***

Note: Plans can expect to receive Industry Code value(s) designated with a 'Y' in the table below, on the eMedNY 834 file, for WMS members. Additional Race/Ethnicity values are included here for reference purposes only.

Industry Code (*DMG05-3*)	eMedNY Includes?	Code Description
R1	Y	American Indian or Alaska Native
R2	Y	Asian
R2.01		*Asian Indian*
R2.02		*Bangladeshi*
R2.04		*Burmese*
R2.06		*Chinese*
R2.07		*Taiwanese*
R2.11		*Japanese*
R2.12		*Korean*
R2.16		*Pakistani*
R2.19		*Vietnamese*
R2.08		*Filipino*
R3	Y	Black or African American
R3.01		*Black*
R3.03		*African*
R3.08		*Haitian*
R3.09		*Jamaican*
R4	Y	Native Hawaiian or Other Pacific Islander
R4.01.001		*Native Hawaiian*
R4.01.002		*Samoan*

Industry Code (*DMG05-3*)	eMedNY Includes?	Code Description
R4.02.001		*Guamanian/Chamorro*
R4.04		*Other Pacific Islander*
R5	Y	White
R5.02		*Middle Eastern/North African*
R9	Y	Other Race
R	Y	Race (*Unknown*)
E1	Y	Hispanic or Latino
E2	Y	Not Hispanic or Latino

CDC maintains a complete list of Race and Ethnicity Codes, available from the PHIN VADS website:
https://phinvads.cdc.gov/vads/DownloadHotTopicDetailFile.action?filename=29DF7191-76CC-E611-8E51-0017A477041A

4.2.5 Crosswalk

This crosswalk is intended to aid in the Managed Care Plans' transition from the proprietary WMS Rosters to a more standardized X12 834 Benefit Enrollment and Maintenance Transaction set. The crosswalk must be used in conjunction with the transaction instructions provided in this Companion Guide as well as the associated X12 Implementation Guide.

If any field in this crosswalk contains 'N/A', that means either Not Applicable or Not Available at eMedNY. Some 'N/A' information may be available from the members' Local County DSS or Case Worker.

WMS Roster Fields					834 X12 Fields		
Field Name	Record Positions		Field Size	Explanation	Loop Name	Segment Name	Notes
	From	To					
Trans-Dist	1	2	2	2 digit county/district code assigned by NYS to county of fiscal responsibility for enrollee.	2750	REF02	N102='FISCAL COUNTY', REF01= 17. Refer to the Code List section for FIPS PUB 6-4 County Codes.
Provider ID	3	10	8	MMIS ID number of plan in which recipient is enrolled.	N/A 1000B	ISA08 & N104	
Recipient ID	11	18	8	CIN number of the enrollee.	2000	REF02	REF01 = ABB
Filler	19	21	3	Spaces	N/A	N/A	N/A
SSN	22	30	9	The SSN of enrollee.	2100A	NM109	
Last Name	31	46	16	Last name of enrollee.	2100A	NM103	
First Name	47	56	10	First name of enrollee.	2100A	NM104	
Middle Initial	57	57	1	Middle initial of enrollee.	2100A	NM105	
Sex Code	58	58	1	Sex of enrollee.	2100A	DMG03	
Language	59	60	2	Language spoken.	2100A	LUI02	
Race/Ethnicity	61	66	6	Race/Ethnicity	2100A	DMG05-3	Note: Translation is used to translate WMS internal race code to 834 standard race code

WMS Roster Fields					834 X12 Fields		
Field Name	Record Positions		Field Size	Explanation	Loop Name	Segment Name	Notes
	From	To					
Date of Birth	67	74	8	Date of birth of enrollee.	2100A	DMG02	
Case Name	75	102	28	Name of the adult the assistance case is authorized under.	2100G	NM103	When NM101 is 'QD', the Case Name will be valued.
Street	103	137	35	Street address of enrollee.	2100A	N301	Residential Address-Street
City	138	152	15	City address of enrollee.	2100A	N401	Residential Address-City
State	153	154	2	State of enrollee.	2100A	N402	Residential Address-State
Zip Code	155	159	5	Zip Code of enrollee.	2100A	N403	Residential Address-Zip
Care of Name	160	187	28	Name of person in care of enrollee.	2100A 2100C	N302	When valued, prefixed with literal "C/O"
Street	188	222	35	Street address of person in care of enrollee.	2100C	N301	Mailing Address-Street
City	223	237	15	City address of person in care of enrollee.	2100C	N401	Mailing Address-City
State	238	239	2	State address of person in care of enrollee.	2100C	N402	Mailing Address-State
Zip Code	240	244	5	Zip code of person in care of enrollee.	2100C	N403	Mailing Address-Zip
Phone Number	245	254	10	Phone number of person in care of enrollee	2100A	PER04	PER03=TE
Case Number	255	264	10	Case number assigned by County DSS.	2000	REF02	REF01=3H
Loc Off	265	267	3	Code which indicates the local DSS office.			Not populated on 834
Expiration Date	268	275	8	The date the roster expires.	N/A	N/A	N/A
Medicaid Coverage	276	276	1	Code defining whether the recipient is eligible for services through a MC plan.	2750	REF02	N102 ='COE CODE', REF01= 17 Refer to the Code List for COE Codes.

WMS Roster Fields					834 X12 Fields		
Field Name	Record Positions		Field Size	Explanation	Loop Name	Segment Name	Notes
	From	To					
Aid Category Code	277	278	2	Defines the type of medical assistance for which the enrollee is eligible within the MA program. This code is used to derive the rate code under which the capitation claim is paid.	2750	REF02	N102='AID CAT CODE', REF01= 17 Refer to the Code List Section for Aid Category Codes.
Category Code	279	280	2	Defines the category of assistance the enrollee's eligibility is based on.			Not populated on 834
Individual Disposition Status Code	281	282	2	Code indicating if recipient's case is active or closed.			Not populated on 834
State/Federal Charge Code	283	284	2	Code indicating State/Federal charges that are in effect.	2750	REF02	N102='MONEY CODE', REF01= 17 Refer to the Code List section for Money Codes.
Medicaid Exception Code	285	286	2	Code used to restrict types of medical services or to place processing constraints which require claims review.	2750	REF02	N102='RRE CODES', REF01= 17 Refer to the Code List section for RRE Codes.
Medicaid Exception Code*	287	288	2	Same as above.	2750	REF02	Same as above.
Medicare Code	289	289	1	Indicates the type of Medicare coverage for the enrollee.	2330	NM103	If recipient has Medicare Part A coverage, NM103=MEDICARE-A If recipient has Medicare Part B coverage, NM103=MEDICARE-B If recipient has both Medicare Part-A and

WMS Roster Fields					834 X12 Fields		
Field Name	Record Positions		Field Size	Explanation	Loop Name	Segment Name	Notes
	From	To					
							Part-B coverage, NM103=MEDICARE-AB (*only if same dates apply to both*) If the recipient has Medicare Part-C, NM103= Medicare Advantage Plan Name
MBI	290	301	12	Medicare Beneficiary Identifier	2320	COB02	
Benefit Pkg	302	303	2	Benefit package number assigned to a plan.	2750	REF02	N102='BEN PKG CODE', REF01= 17 Refer to the Code List section for Benefit Package Codes.
Capitation Code	304	304	1	Indicates recipient's enrollment/disenrollment in a plan. Always '03' for rosters.			Not populated on 834
PCP Begin Date	305	312	8	Recipient's most recent effective enrollment date.	2000 2300	DTP03 DTP03	DTP01=356 DTP01=348
Rate Code*	313	316	4	4-digit code assigned during claims processing which represents the age, sex, and aid category of enrollee and corresponds to the capitation payment amount.	2750	REF02	N102='MED RATE CODE', REF01= 17
Guarantee Date	317	324	8	Date through which capitation payments are guaranteed to the plan.			Not populated on 834
Authorization Date	325	332	8	Date through which enrollee is eligible for MA benefits (indicates when recertification is necessary).	N/A	N/A	Not Available at eMedNY.

WMS Roster Fields					834 X12 Fields		
Field Name	Record Positions		Field Size	Explanation	Loop Name	Segment Name	Notes
	From	To					
Recertification Date	333	340	8	The date of the onset of the recertification process for an enrollee	2750	REF02	N102='RECERT DATE', REF01= ZZ
Transaction Date	341	348	8	The most recent transaction date for enrollee on file.	N/A	N/A	Updates to Member information are accumulated daily until midnight, and then the eMedNY 834 file is generated. So, if needed, Plans may set the day prior to receiving the eMedNY 834 file as the Transaction Date.
Co-Pay Exempt Flag*	349	349	1	Indicates if the client is co-pay exempt or not. Values are 'Y' or 'N'.	2750	REF02	N102='COPAY EXEMPT IND', REF01= ZZ
Excess Income	350	359	10	The amount taken from client's current budget. Also, if the Family Indicator is 'F', all the AC clients on the roster with the same case number enrolled in the same plan will have same surplus amount on the surplus field, but the provider should collect the surplus only once for the whole household.	2750	REF02	N102='NAMI', REF01= 9V or N102='EXCESS', REF01= 9V or N102='NAMI/EXCESS MSG', REF01= 17 Individuals enrolled in Long Term Care (Partial, MAP, PACE, FIDA IDD) can have a Spenddown or NAMI amount. Individuals in Medicaid Managed Care can have a NAMI, if deemed eligible.

WMS Roster Fields					834 X12 Fields		
Field Name	Record Positions		Field Size	Explanation	Loop Name	Segment Name	Notes
	From	To					
Family Indicator	360	360	1	I - There is only one AC client on the roster with a particular case number and no other active client on the roster with that same case number enrolled in the same plan F - There are more than one AC client on the roster with the same case number enrolled in the same plan.	2750	REF02	N102='FAM IND', REF01= 17 Refer to the code list section for Family Indicator Codes. Family Indicator will be valued for all members, with few exceptions, on CANCEL transactions.
Filler	361	371	11	Spaces	N/A	N/A	N/A
Insurance Code	372	377	6	Indicates any insurance for which the enrollee is eligible.	2320	COB02	
Begin Date	378	385	8	Date for which insurance was applicable.	2320	DTP03	DTP01=344
End Date	386	393	8	Date for which insurance was terminated.	2320	DTP03	DTP01=345
Insurance Code	394	399	6	Indicates any insurance for which the enrollee is eligible.	2320	COB02	
Begin Date	400	407	8	Date for which insurance was applicable.	2320	DTP03	DTP01=344
End Date	408	415	8	Date for which insurance was terminated.	2320	DTP03	DTP01=345
Reason Code	416	417	2	Code indicating reason recipient enrolled/disenrolled.	2000 2750	INS04 REF02	Refer to the Code Lists: Disenrollment Reason Codes. And WMS Enroll/Disenroll Reason Codes.
Fee Flag	418	419	2	For future use.	N/A	N/A	Not Available at eMedNY.
Filler	420	427	8	Spaces.	N/A	N/A	N/A

WMS Roster Fields					834 X12 Fields		
Field Name	Record Positions		Field Size	Explanation	Loop Name	Segment Name	Notes
	From	To					
New Indicator	428	428	1	Indicates this is first time recipient appears on roster.	N/A	N/A	An ADD (INS03=021) transaction could be totally new enrollment or reinstatement.

* - *A change to this field alone will not result in an 834 being triggered from eMedNY to the Plans.*

4.2.6 eMedNY Business Rules for Transaction Processing Sequence

These business rules cover the majority of the sequencing/prioritizing questions and assist Plans with consuming and processing data from different sources. If there are issues not resolved by following these business rules, Plans are encouraged to follow the process they use today to resolve member discrepancies.

- Plan needs to maintain the coverage by source (*WMS, NYSoH, etc.*). 834 CHANGE/TERM/CANCEL transactions will only affect coverage spans associated with the same source.
- 834 ADD transaction with a
  - *future begin date* will be applied regardless of source and/or pre-existing coverage from another source.
  - *begin date in the past* will be applied when there is no coverage from another source.
- If a client is actively enrolled due to coverage from another source, to process the ADD transaction (*with begin date in the past*) from a second source, follow the current process.
- ADD and TERM coming in the same day from eMedNY should be combined and apply the changes for the coverage period as defined by the TERM transaction.

4.2.7 Verification (Audit) Files

Initial Verification (Audit) File

The initial Verification file will be provided to all new Plans to kick off the 834 process. This Verification file meets the Plans' request to begin the 834 transaction set with a full-file of enrolled members that the Plan is responsible for serving, including prospective enrollments.

Request for additional Verification (Audit) Files

Plans will have the option to request additional Verification files, twice yearly, through Tier 2 Operations, by emailing eMedNYProviderServices@GDIT.com. The subject line for this request should include "Verification File Request". The request should also include the Plan's 8-digit MMIS ID and Default ETIN. Verification files are generated on Sundays and once ready will be routed to the same access point where the Plan receives their daily 834 files.

4.2.8 Terminations and Dates

Members whose managed care coverage/eligibility is end-dated within the current month will be reported on the 25th of the month (*Terminator Process*). At midnight, these Terms are compiled with other updates received from WMS, and included on the Plan’s next daily 834 file.

Coverage/eligibility end-dated for all subsequent months are omitted from the current month’s Terminator Process. eMedNY only triggers Term transactions for future months, on the 25th of those months, within which the end dates fall.

The Terminator process on the 25th also includes members with Lapse in eligibility for the upcoming month. These records are identified using an additional reporting category "DISENROLL RSN" (Loop 2750) which contains the LPS indicator:

(Loop 2750)
N1*75*DISENROLL RSN~
REF*ZZ*LPS~

Terminator Process Exceptions

There are few exceptions when the Plan will receive the end date prior to the Terminator process on the 25th of every month. eMedNY will send **immediate TERM** transactions when a member:

- is deceased
- eligibility/enrollment is retroactively end dated
- has a coverage gap between current and prospective enrollments with the same Plan.

4.2.9 Multiple Transactions in Daily 834 File

In certain situations, eMedNY sends multiple transactions for the same member within the Plan's daily 834 file.

Scenario A: Prospective Coverage Periods

A member currently has a coverage period (**Coverage A**) associated with a Plan in the eMedNY system:

Coverage A: April 1st - May 31st (*Current coverage period*)

WMS adds a second prospective coverage period (**Coverage B**) for this member, within the same Plan:

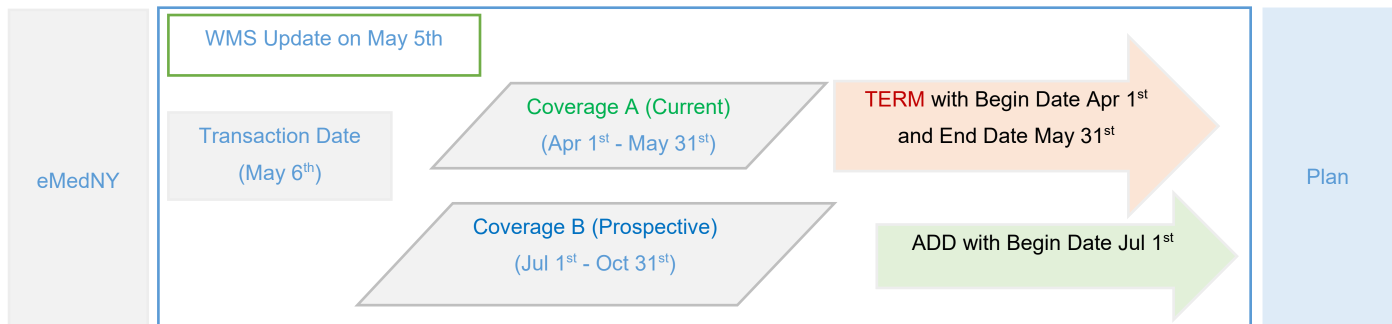
Coverage B: July 1st – October 31st (*Prospective coverage period*)

Note: This scenario includes a Coverage Gap for the month of June.

Following examples show the variations of 834 transactions created by eMedNY, based on the date on which the update is received from WMS.

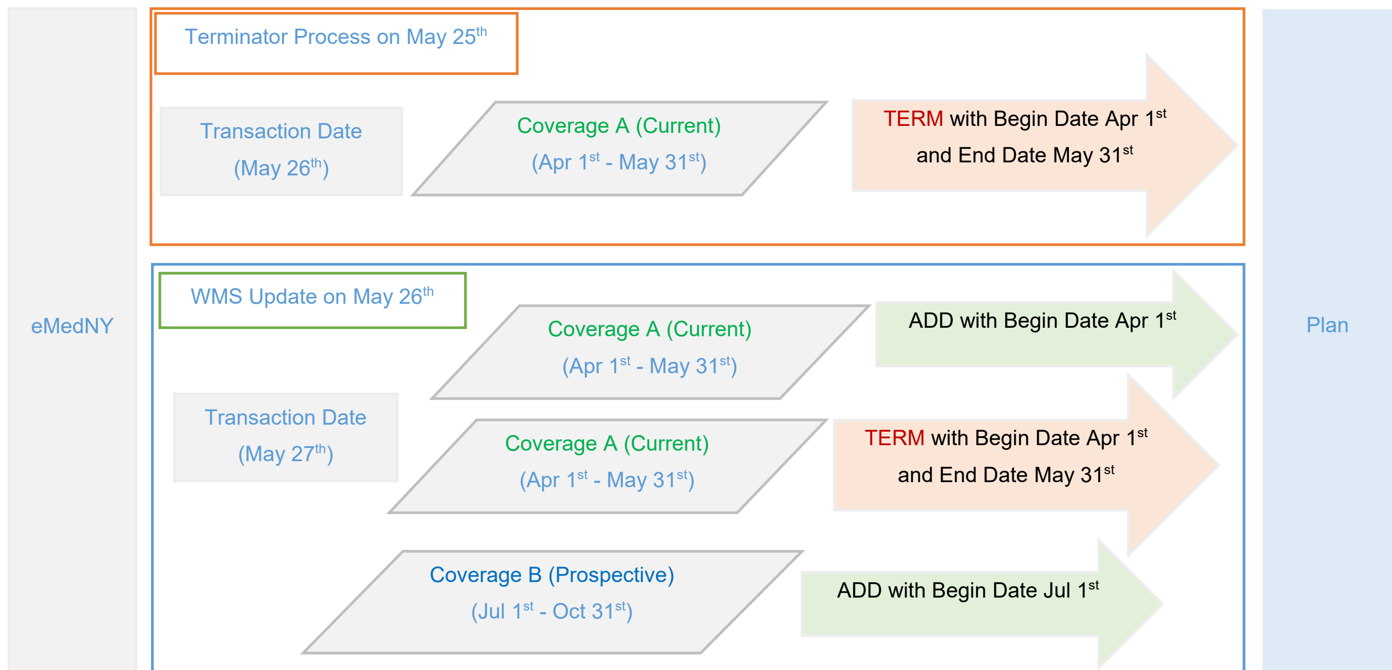
Example 1: Add Prospective Coverage prior to Terminator Process

Member has Coverage A (*Current*) on eMedNY effective Apr 1st to May 31st.
On **May 5th**, WMS sent Coverage B (*Prospective*) effective July 1st to Oct 31st (*Coverage Gap in June*).



Example 2: Add Prospective Coverage after Terminator Process

Member has Coverage A (*Current*) on eMedNY effective Apr 1st to May 31st.
On May 25th, monthly Terminator Process results in TERM for Coverage A (*Current*).
On **May 26th**, WMS sent Coverage B (*Prospective*) effective from July 1st to Oct 31st (*Coverage Gap in June*).

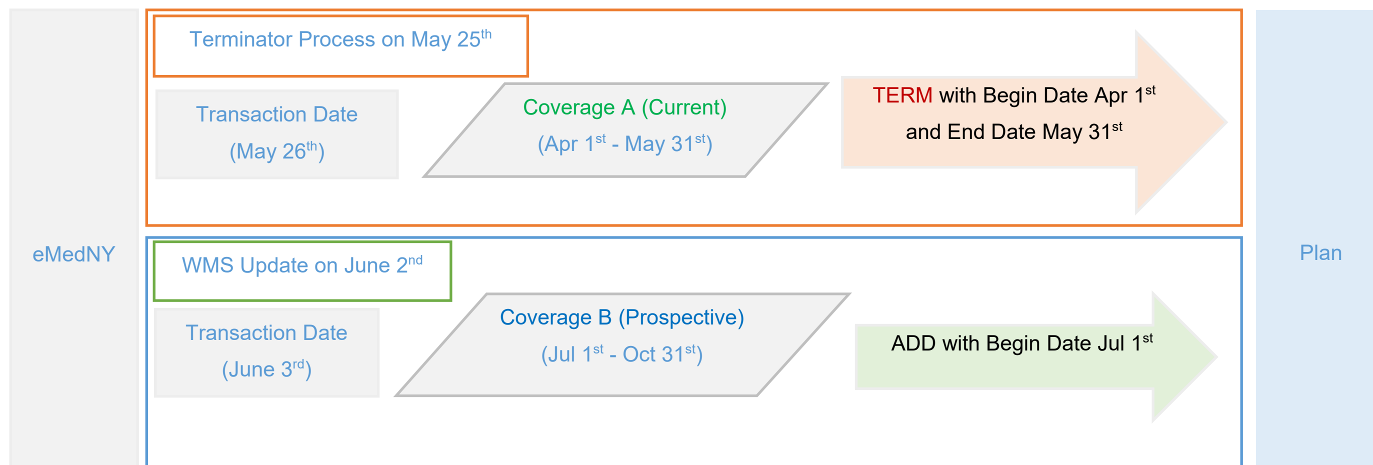


Example 3: Add Prospective Coverage after Current Coverage Ends

Member has Coverage A (*Current*) on eMedNY effective Apr 1st to May 31st.

On May 25th monthly Terminator Process results in TERM for Coverage A (*Current*).

On **June 2nd**, WMS sent Coverage B (*Prospective*) effective from July 1st to Oct 31st (*Coverage Gap in June*).

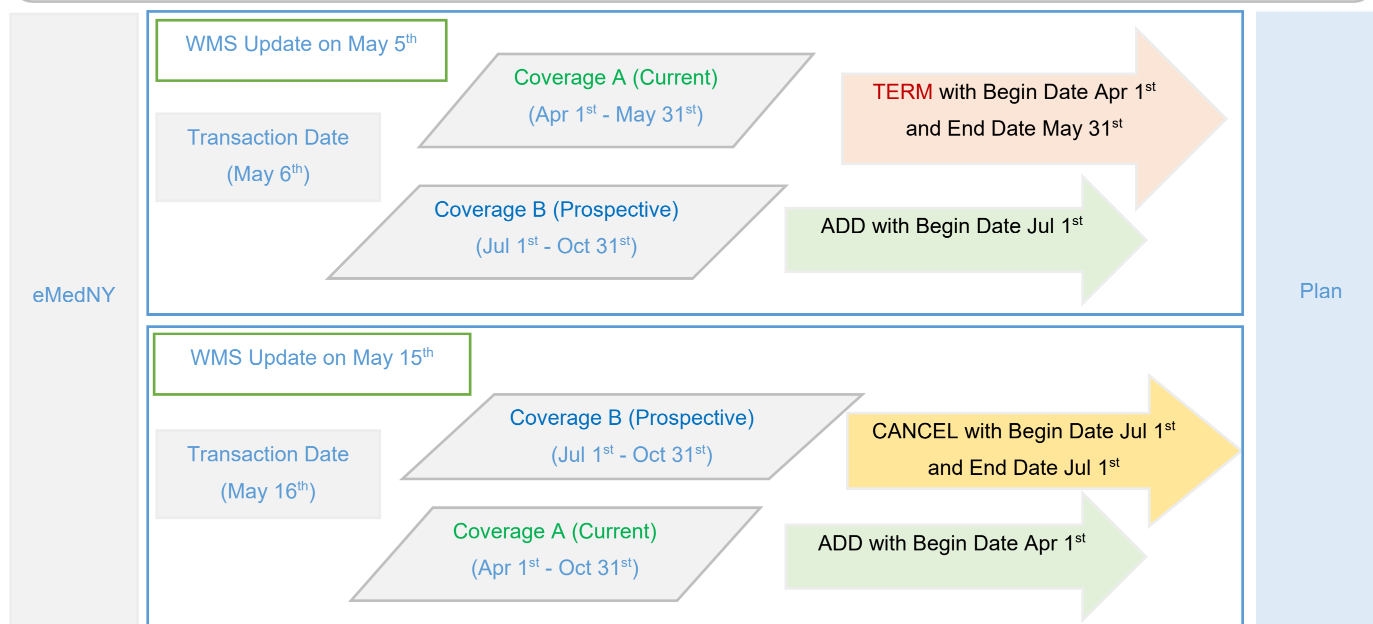


Example 4: Prospective Coverage Gap Fix prior to Terminator Process

Member has Coverage A (*Current*) on eMedNY effective Apr 1st to May 31st.

On **May 5th**, WMS sent Coverage B (*Prospective*) effective July 1st to Oct 31st (*Coverage Gap in June*).

On **May 15th**, WMS sent **updated** Coverage B (*Prospective*) effective **June** 1st to Oct 31st (*No Coverage Gap*).



Scenario B: Current Coverage Period

A member currently has a coverage period (**Coverage A**) associated with a Plan in the eMedNY system:

Coverage A: April 1st - May 31st (*Current coverage period*)

WMS sends an update, to be applied to the same coverage period (**Coverage A**), after a TERM transaction was already sent to the Plan:

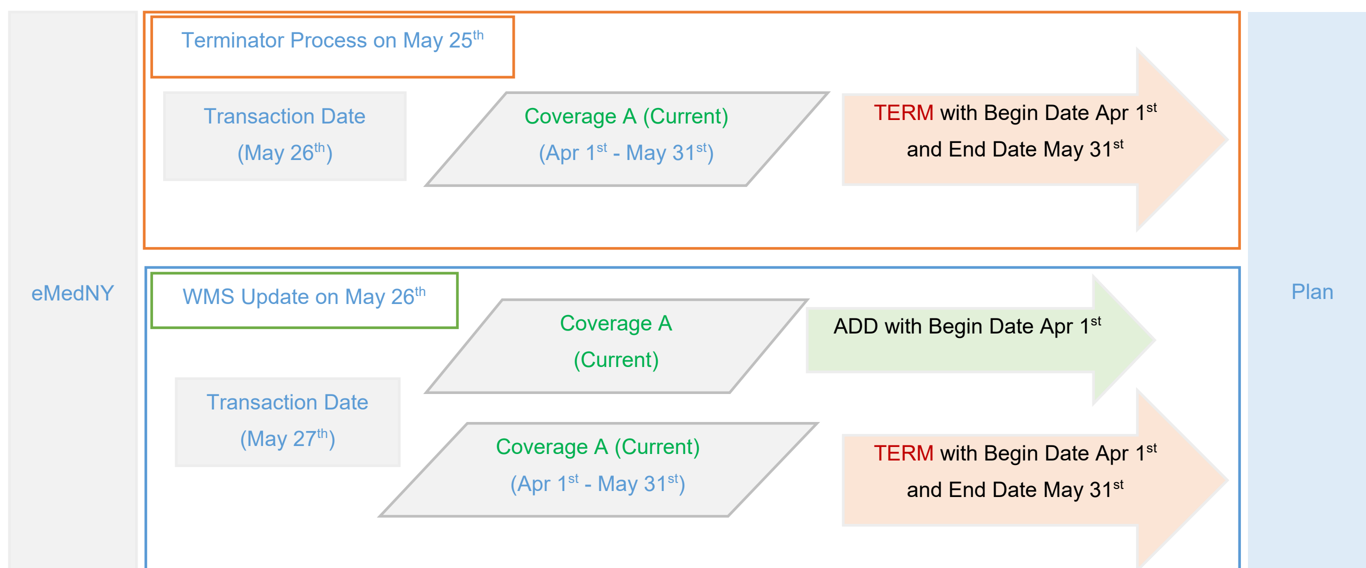
Note: There is no change to the Coverage A end date with the WMS update.

Example 1: Update Coverage after Terminator Process

Member has Coverage A (Current) on eMedNY effective Apr 1st to May 31st.

On May 25th monthly Terminator Process results in TERM for Coverage A (Current).

On **May 26th**, WMS sent update for Coverage A (Current) with no change to End Date.



eMedNY will share updates similarly when changes to past coverages are received from WMS. For all such updates the lookback period will not exceed the 834 Go-Live date.

4.3 Frequently Asked Questions

Please visit the eMedNY website and select 834 FAQs from the eMedNY HIPAA Support tab for a list of Frequently Asked Questions.

4.4 Other Resources

The instructions in this Companion Guide must be used along with:

The Implementation Guides or Technical Reports Type 3s (TR3s):
https://x12.org/products/glass
X12 External Code Lists:
https://x12.org/codes
Trading Partner Information Companion Guide (Contains detailed information about trading partner registration and testing.):
https://www.emedny.org/HIPAA/5010/transactions/eMedNY_Trading_Partner_Information_CG.pdf

Refer to related resources such as 834 FAQs, additional samples and other supporting documentation provided on the eMedNY.org website. The website also contains links to all forms and related information for enrollment as a Trading Partner of NYS DOH.

Managed Care Provider Enrollment Information:
https://www.emedny.org/info/ProviderEnrollment/managed_care/index.aspx

Request for Provider Reports:
While not part of the 834 process and in addition to the normal rate correspondence from the Rate Setting Bureau, eMedNY has a report that can be generated for all Rate based providers once every six (6) months for each MMIS ID.
Complete the following web form:
https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/610901.aspx

For HIPAA/EDI related issues or concerns related to this Companion Guide:
eMedNYHIPAASupport@GDIT.com

For Connectivity and other technical issues:
eMedNYProviderServices@GDIT.com

For Privacy Issues:
eMedNY_HIPAA_Privacy_and_Security@GDIT.com

For all other questions or concerns, please contact the eMedNY Call Center at 1-800-343-9000.

5 TI Change Summary

CG Modification Tracking:

Date	Ver	Modification
10/1/2016	1.0	Initial publication
10/18/2016	1.1	Update Section 4.1.3 Samples Update Section 4.2.1 Default ETIN Information Update Section 4.2.2 File Naming and Limits
11/16/2016	1.2	Update Section 4.1.3 Samples and Scenarios
12/7/2016	1.21	Update Section 4.2.1 Electronic Transmitter Identification Number (ETIN)
3/15/2017	**1.3**	**Transaction Table Updates:** Loop2000 REF Subscriber Identifier REF02 Notes/Comments modified REF Segment Member Policy Number REF02 Loop 2100A LUI Language Code Added LUI04 Added Read Language; LUI01 modified Qualifier Loop 2300 REF Health Coverage Policy Number: Modified qualifier and Notes/Comments **Additional Information Updates:** Section 4.1.1 Member Reporting Category Added Reporting Category for RECERT DATE Section 4.1.3 Samples & Scenarios Modified Sample transaction (Addition) to include Recert Date Reporting category and REF segment; Section 4.2.4 Code List Tables’ Updates Maintenance Reason Codes Language Codes RRE Codes Money Codes Disenrollment Reason Codes
3/30/2017	**1.4**	**Transaction Table Updates:** Loop 2330 Coordination of Benefit Related Entity Information modified **Additional Information Updates:** Section 4.1.1 Member Reporting Category Modified TPL CVRG and TPL CODE Notes.

		Section 4.1.3 Samples & Scenarios Modified Sample transaction (Addition) to include COB (Medicare and Commercial) Information. Section 4.2.4 Code List Tables Update Modified TPL Coverage Table and added example Modified TPL Code Table and added example Separate table for TPL Coverage codes New Section 4.2.5 Crosswalk added.
10/1/2019	**2.0**	**Transaction Table Update:** Header Added QTY Segment Loop 2100G Added NM1 Segment Loop 2300 Modified DTP01 Notes Loop 2310 Added NM1 Segment Loop 2320 Modified COB01 & COB03 Loop 2330 Modified NM103 Notes **Additional Information Updates:** Section 4.1.1 Added and Modified Member Reporting Categories Section 4.1.3 Modified all Scenarios & Samples Section 4.2.4 Added and Modified Code Lists Section 4.2.5 Modified Crosswalk
11/1/2019	**2.1**	**Preface Updates:** Added X12 permission statement **Transaction Table Updates:** Loop 2300 Modified DTP01 notes Loop 2320 Modified DTP segment notes **Additional Information Updates:** Section 4.1.1 Modified notes for 'DISENROLL RSN" Reporting Category

		Section 4.2.4 Modified description for "DISENROLL RSN" Code list
1/28/2020	**2.2**	**Transaction Table Updates:** Header Modified BGN02 Notes Loop 2000 Modified REF01 Notes Loop 2100C Modified NM1 Reference Loop 2300 Modified REF02 Reference and Notes **Additional Information Updates:** Section 4.1.1 Modified Notes for RECERT DATE Reporting Category Section 4.1.3 Modified all four Sample files Added link for additional Test Scenarios and Samples files Section 4.2.4 Added a table with links to each code list Section 4.3 Updated 834 FAQ link Section 4.4 Updated and added links
3/10/2020	**2.3**	**Transaction Table Updates:** Loop 2100A Modified PER Segment Notes Loop 2750 Modified DTP Segment Notes **Additional Information Updates:** Section 4.1.3 Modified the Addition Transaction Sample Section 4.2.2 Modified Prod File Naming Convention for extracted files Section 4.2.3 Added Response File Naming Conventions Modified Acknowledgements paragraphs Section 4.2.4 Modified TPL Coverage Examples Section 4.2.5 Added Notes for ‘Phone Number’ row in the Crosswalk Section 4.2.6 Added new section, eMedNY Business Rules for Transaction Processing Sequence.

5/8/2020	**2.4**	**Transaction Table Updates:**
		Loop 2100A
		    Modified N302 Notes
		Loop 2100C
		    Modified N302 Notes
		Loop 2330
		    Added N3 & N4 Segment Notes
		
		Additional Information Updates:
		Section 4.1.1
		    Modified TPL Coverage Notes
		    Modified Family Indicator Notes
		Section 4.2.2
		    Modified File Naming Conventions and added Notes
		Section 4.2.3
		    Modified Acknowledgements & Effectuation File paragraphs
		    Added Transactions Flow
		Section 4.2.4
		    Added WMS Race Code Translation into code list
		    Modified description for Coverage Code in the code list
		    Modified description for Family Indicator in the code list
		    Added a note for WMS Enroll/Disenroll Reason Code
		Section 4.2.5
		    Added Notes for 'Care of Name'
		    Added Notes for 'Transaction Date'
		    Modified the 'Excess Income' Note
		    Modified the 'Family Indicator' Explanation and Note
		    Added Notes for 'New Indicator'
		Section 4.2.6
		    Modified eMedNY Business Rules for Transaction Processing Sequence
		Section 4.2.7
		    Added new section for Verification (Audit) Files
		Section 4.4
		    Added link to obtain Rate Reports

10/30/2020	**2.5**	**Transaction Table Updates:**
		Loop 2000
		    Modified INS12 Note
		Loop 2100A
		    Added rows for Composite DMG05 including Codes and Notes
		    Modified N3 and N4 segment Notes
		Loop 2100C
		    Modified N3 Notes and added N4 segment with Notes.
		Loop 2100G
		    Modified NM1 Segment Notes for CASE NAME

		Loop 2300 Modified DTP01 Qualifiers and Notes **Additional Information Updates:** Section 4.1.1 Added column to identify "Multiple Iterations" Added Asterisk (*) to indicate non-triggers Modified MED RATE CODE Notes Section 4.1.2 Modified tables to clarify outbound/inbound. Section 4.1.3 Modified Addition Sample. Section 4.2.1 Modified 'Access the 834 Files' section Section 4.2.3 Modified Acknowledgements & Response Files Naming paragraphs Added paragraph for Validation Errors Section 4.2.4 Modified Maintenance Reason Codes in the code list Modified WMS Race/Ethnicity Code Translation Description and added new table into code list Section 4.2.5 Added Asterisk (*) to indicate non-triggers Section 4.2.8 Added new section for Terminations and Dates guidance Section 4.2.9 Added new section with examples of Multiple Transactions in Daily 834 File Section 4.4 Modified website links
6/9/2021	**2.6**	**Transaction Table Updates:** Loop 2100A Modified DMG Segment Notes Loop 2100B Added new row for DMG Segment and Notes Loop 2300 Modified HD Segment Note Add new row for HD04 and Notes Loop 2320 Modified COB Segment Notes Modified COB02 Data Element Notes. **Additional Information Updates:** Section 4.1.3 Added new sample transaction for Addition - Multiple COB.

		Section 4.2.4 Modified Category of Eligibility (COE) Codes description in the Code List Added Disenrollment Reason Codes in the Code List Added Aid Category Code in the Code List Modified page numbers on the Code List Table Section 4.2.7 Modified Initial Verification File paragraph Section 4.4 Modified Other Resources
8/23/2021	**2.7**	**Transaction Table Updates:** Loop 2100A Modified DMG Segment Notes **Additional Information Updates:** Section 4.1.3 Updated all CG sample transactions Section 4.2.4 Modified Restriction/Exception/Exemption (RRE) Codes and description in the Code List
12/17/2021	**2.8**	**Transaction Table Updates:** Loop 2300 Modified HD04 Notes Loop 2320 Modified COB Segment Notes **Additional Information Updates:** Section 4.1.1 Modified Recert Date Notes Section 4.2.2 Modified eMedNY File Naming Conventions Section 4.2.4 Added RRE Code into Code List Removed Coverage Code from Code List
4/26/2022	**2.9**	**Additional Information Updates:** Section 4.1.1 Modified MED RATE CODE to include Begin Date Section 4.1.3 Updated all CG Sample Transactions Section 4.2.4 Added RRE Code into Code List

		Section 4.2.7 Modified Verification (Audit) File paragraph
9/9/2022	**3.0**	**Transaction Table Updates:** Loop 2100A Modify DMG05 Composite Notes Removed DMG05-1 Codes and Modified Notes Added new rows for DMG05-2 and DMG05-3 **Additional Information Updates:** Section 4.1.3 Updated all CG Sample Transactions Section 4.2.4 Modified Race/Ethnicity Code List and added new table of values shared in DMG05-3
3/22/2023	**3.0**	**Additional Information Updates:** Section 4.1.1 Removed asterisk (*) from RRE CODES Section 4.2.4 Add New RRE Codes and descriptions: 'J1' – 'J9', 'R1' – 'R9' *[Release: May 25, 2023]* *'E1' [Release: Fall 2023]* Add New Aid Category Code and description: *'H6' [Release: 4/20/2023]* Add New COE Codes and description: '02', '06', '21' [Release: 7/27/2023] Sections 4.2.5 Removed asterisk (*) from the Crosswalk field 'Medicaid Exception Code' (*RRE Code*) Removed "ASC" from the "X12" name throughout this guide