Blue Shield of California Promise Health Plan

834 Companion Guide

Benefit Enrollment and Maintenance for Outbound Transactions

HIPAA/V5010X0220A1/834:
834 Benefit Enrollment and Maintenance
Effective Date: 8/24/2022

Summary of Changes

Effective Date	Description of Change	Page/section
5/21/18	Original version	
7/17/18	Updated Appendix A	Appendix A
1/1/19	Name change to Blue Shield of California Promise Health Plan	All
7/15/22	Updated LUI02 to correct number of characters	Appendix A
08/24/23	Added LUI04 to include language indicator. Added new reporting category for Alternative format Selection	Appendix A

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1. Introduction

The 834 Benefit Enrollment and Maintenance transaction allows employer groups to enroll and maintain their employees for Blue Shield of California Promise Health Plan ("Blue Shield Promise Health Plan") coverage via an electronic batch transaction. The 834 Benefit Enrollment is a national standard format that is transferable to any insurance plan in the country. It offers superior security and privacy protection for enrollment and/or maintenance files that contain private health information. While all ASC X12N compliant transactions are accepted by Blue Shield Promise Health Plan, the HIPAA Implementation Guides allow for some discretion in applying the regulations to existing business practices. Understanding Blue Shield Promise Health Plan business procedures may expedite benefit enrollment processing for trading partners as they submit enrollment and maintenance transactions to Blue Shield Promise Health Plan.

The 834 Enrollment transactions may also be sent to third party vendors to pass along enrollment information for members. This allows members to access certain benefits provided by the third-party vendors.

1.1   Scope

This document identifies any processing requirements that may be unique to Blue Shield Promise Health Plan or may not be specified by the HIPAA X12 834 Implementation Guide.

This document does NOT replace the HIPAA ASC X12N Implementation Guides for EDI transactions, nor does it attempt to amend any of the rules therein or impose any mandates on any trading partners of Blue Shield Promise Health Plan. This document provides information on Blue Shield Promise Health Plan specific code handling and situation handling that is within the parameters of the HIPAA Administrative Simplification rules. Readers of this document should be acquainted with the HIPAA Implementation Guides, their structure and content.

Before using 834 Benefit Enrollment and Maintenance transactions, it is important to determine your compatibility.

1. You must be able to accept X12 health EDI files.
2. You must have sufficient EDI technical knowledge to adjust your system, as necessary.
3. You must be able to allow Blue Shield Promise Health Plan to connect to your system via a Secure File Transfer Protocol (SFTP) connection.

This companion document has been separated into multiple sections:

1. Testing with Blue Shield Promise Health Plan
2. Connectivity with Blue Shield Promise Health Plan /Communications
3. Contact Information
4. Blue Shield Promise Health Plan Business Rules and Requirements

2.   Testing with Blue Shield Promise Health Plan

Testing for transaction compliance and connectivity is required with each vendor or employer group that directly sends/receives electronic transactions to/from Blue Shield Promise Health Plan. Testing is performed for each type of ASC X12N transaction sent. The EDI analyst will provide trading partners with support and information throughout the testing process to ensure a smooth transition to production.

For more information about the Blue Shield Promise Health Plan implementation or testing for trading partners, contact Blue Shield Promise Health Plan at BlueShieldPromiseEDI834@blueshieldca.com.

3.   Connectivity with Blue Shield Promise Health Plan / Communication

During implementation, Blue Shield Promise Health Plan and its trading partner will need to establish SFTP connectivity and perform testing to ensure an 834 outbound can be received.

3.1   Communication Setup and Protocol Specifications

Blue Shield Promise Health Plan exports transactions using SFTP for batch mode. For information regarding connectivity, required SFTP forms, or EDI transmissions, contact Blue Shield Promise Health Plan EDI at BlueShieldPromise.DataExchange@blueshieldca.com.

3.2   File Naming Requirements

To correctly identify and decrypt our file in the SFTP process, please see the file naming format Blue Shield Promise Health Plan will be passing below:

- File name will begin with 834_5010 followed by the partner name, LOB and file date in CCYYMMDD format with a .txt extension
    - Full file Example: 834_5010_PARTNER_LOB_CCYYMMDD.TXT
    - Transactional file Example: 834T_5010_PARTNER_LOB_CCYYMMDD.TXT
- File names will remain consistent.

3.3   File Scheduling

File scheduling will be determined during trading partner implementation.

4.   Contact Information

For more information about the Blue Shield Promise Health Plan implementation of testing for trading partners, please contact them at BlueShieldPromiseEDI834@blueshieldca.com.

5.   Blue Shield Promise Health Plan Business Rules and Requirement

This section provides receiving carriers with guidelines and documents any assumptions and required data elements for accepting 834 electronic eligibility transactions that may be specific to Blue Shield Promise Health Plan business processes when sending the 834 HIPAA ASC X12N 5010A1. As such, this Summary section is unique from Blue Shield Promise Health Plan.

When sending a Full File, Blue Shield Promise Health Plan will extract member records from our membership system to be reflected on the outbound file. All transactions on the full file will be listed as Audit or Compare.

5.1   Group and Product Identifiers

The 834 Benefit Maintenance will contain specific group information, such as group numbers, account structure information and default provider identifiers. This information varies as Blue Shield Promise Health Plan will be updating our internal systems based on the group's enrollment. Thus, Blue Shield Promise Health Plan will also reflect changes on the outbound files.

5.2   Dates (Format and Content)

The following statements apply to dates contained in any of the transactions:

- By convention, preferred field delimiters will be: '*' – for data element separator, ':' for sub element separator and '~' for segment terminator.

- All dates will be formatted according to Year 2000 compliance, CCYYMMDD, except for ISA segments where the date format is YYMMDD.

- The only values acceptable for "CC" (century) are 18, 19, or 20.

5.3   Effective and Termination Dates

5.3.1   **Effective Dates:** See below for effective date requirements

> o   2000 loop
- DTP*356 – Will send the original effective date for each specific member
- This date is the original effective date of the member with Blue Shield Promise Health Plan coverage
> o   2300 loop
- DTP*348 Will send the latest effective date for each member. This date will change when moving from one plan to another or from one class/subgroup to another

5.3.2   **Current and Future enrollment:**

- o   2000 loop
  - Loop will be repeated for each membership period as long as the current enrollment is active, and the future enrollment date is within 90 days of the file date.
  - There will be a separate DTP348/DTP349 segment for each 2000 loop, the first will report the current enrollment. The second will report the future enrollment.
  - Multiple records for the same member may be sent if there is a future enrollment.

5.3.3   **Termination dates will be the last day of the month of coverage**

- o   2300 loop
  - DTP*349 – Will send the termination effective date for each terminated member.

5.4   Record Layout for Specific Transactions

5.4.1   **Changes:** Whether a change or full file is submitted by Blue Shield Promise Health Plan, any changes (add, term, re-enroll, demographic updates, etc...) to any members require the subscriber to be reported on the file.

5.4.2   **Transfers:** When reporting a transfer from one group number/Class ID/SubGroup ID to another, Blue Shield Promise Health Plan should only report one INS segment for that subscriber or member. The INS segment should contain the subscriber and all applicable family members with the new group number/Class ID/SubGroup ID and a current effective date in the 2300 DTP*348 segment.

5.4.3   **Adding/Removing Dependents:** If applicable Blue Shield Promise Health Plan will send dependent updates (either adding or removing). The dependent will be present on the file under the subscriber with the correct effective dates.

5.4.4   **Medicare Transactions:** If applicable Blue Shield Promise Health Plan will send Medicare enrollment transactions (adding, removing, changing). The member that is Medicare eligible will have the Medicare indicator specified in the member level in loop 2000 INS06-1 Medicare Plan Code and INS06-2 Medicare Reason Code.

Based on line of business and file type (change or full) the 2700 loop will contain line of business specific indicators. For more information refer to the Appendix A.

5.5   Reporting Social Security Number (SSN)

Individual SSN's may be provided on the outbound file in Loop 2100A (NM1-08 = '34', NM1-09 = SSN). Sending this segment will be determined during trading partner implementation.

5.6 Reporting Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI)

CMS is decreasing Medicare beneficiaries' vulnerability to identity theft by removing the SSN-based HICN from their Medicare id cards and replacing the HICN with a new Medicare Beneficiary Identifier (MBI), which does not contain an SSN or other personal information.

- In all cases, the HICN or MBI number will be reported in the 2000 loop as REF*F6.
- Starting on 4/1/2018 through 12/31/2019 either code could be sent depending on what information active for the subscriber.
- After 12/31/2019 only the MBI number will be provided.
- The value for REF*F6 will only be provided where Blue Shield Promise Health Plan has this information.

6.   Acknowledgements

We can accept TA1 and 999, based upon the trading partner implementation.

7.   Appendices

Additional Attachments:

-    Appendix A_BSCPHP_Outbound_Matrix_V1.4

	Segment/Element	Usage	Element Value	Element Description	Notes	Full File	Change file	100	700	120	720	2400
Loop: Header Segment: ISA Interchange Control Header (REQUIRED)						X	X	X	X	X		X
Authorization Information Qualifier	ISA01	R	0	No Authorization Information Present		X	X	X	X	X	X	X
Authorization Information	ISA02	R	<Blank>			X	X	X	X	X	X	X
Security Information Qualifier	ISA03	R	0	No Security Information Present		X	X	X	X	X	X	X
Security Information	ISA04	R	<Blank>			X	X	X	X	X	X	X
Interchange ID Qualifier	ISA05	R	30	US Fedral Tax ID		X	X	X	X	X	X	X
Interchange Sender ID	ISA06	R	954468482	Care 1st sender ID	Will be provided by Blue Shield to submitter	X	X	X	X	X	X	X
Interchange ID Qualifier	ISA07	R	ZZ	Mutually Defined		X	X	X	X	X	X	X
Interchange Receiver ID	ISA08	R	Vendor Receiver ID	Receiver ID assigned by Carrier		X	X	X	X	X	X	X
Interchange Date	ISA09	R	<YYMM DD>	Date of the Interchange		X	X	X	X	X	X	X
Interchange Time	ISA10	R	<HHMM>	Time of the Interchange		X	X	X	X	X	X	X
Repetition Separator	ISA11	R	^	Repetition Separator		X	X	X	X	X	X	
Interchange Control Version Number	ISA12	R	501	Standards Approved by ASC X12 Review Board		X	X	X	X	X	X	X
Interchange Control Number	ISA13	R	<Unique Number>	Unique Sequential Number Assigned by Sender	Must be identical to IEA02 - value must increment with each file submission	X	X	X	X	X	X	X
Acknowledgment Requested	ISA14	R	0 or 1	0 = no Acknowledgment, 1 = Acknowledgment requested		X	X	X	X	X	X	X
Interchange Usage Indicator	ISA15	R	P or T	Production or Test		X	X	X	X	X	X	X
Component Element Separator	ISA16	R	>	Greater than		X	X	X	X	X	X	X
Loop: Header Segment: GS Functional Group Header (REQUIRED)							X	X	X	X		
Functional Identifier Code	GS01	R	BE	Benefit Enrollment and Maintenance (834)		X	X	X	X	X	X	X
Application Sender's Code	GS02	R	954468482	Mutually Defined Code (same as ISA06)		X	X	X	X	X	X	X
Application Receiver's Code	GS03	R	Vendor Receiver ID	Care 1st Recevier ID (ISA08)		X	X	X	X	X	X	X
Date	GS04	R	<CCYYMM DD>	Date the Group Header is created		X	X	X	X	X	X	X
Time	GS05	R	<HHMM>	Time the Group Header is created		X	X	X	X	X	X	X
Group Control Number	GS06	R	<Unique Number>	Unique Sequential Number Assigned by Sender	same as GE02	X	X	X	X	X	X	X
Responsible Agency Code	GS07	R	X	Accredited Standards Committee		X	X	X	X	X	X	X
Version / Release / Industry ID Code	GS08	R	005010X220A1	Standards Approved by ASC X12 Review Board	New version	X	X	X	X	X	X	X
Loop: Header Segment: ST Transaction Set Header (REQUIRED)						X	X	X	X	X		X
Transaction Set Identifier Code	ST 01	R	834	Benefit Enrollment and Maintenance		X	X	X	X	X	X	X
Transaction Set Control Number	ST 02	R	<Unique Number>	Unique Sequential Number Assigned by Sender	Must be identical to SE02	X	X	X	X	X	X	X
Implementation Convention Reference	ST 03	R	005010X220A1	Application Receiver's Code		X	X	X	X	X	X	X
Loop: Header Segment: BGN Beginning Segment (REQUIRED)						X	X	X	X	X		X
Transaction Set Purpose Code	BGN01	R	0	Original		X	X	X	X	X	X	X
Reference Identification	BGN02	R	<Same as ST 02>	Send the same unique number as found in ST 02 of the Transaction Set Header		X	X	X	X	X		X
			or	or		X	X	X	X	X		X
			<Extraction Date+Extraction Time>	S + CCYYMM DD + HHMM		X	X	X	X	X		X
Date	BGN03	R	<CCYYMM DD>	Date the Transaction Set is created		X	X	X	X	X	X	X
Time	BGN04	R	<HHM M SSDD>	Time the Transaction Set is created		X	X	X	X	X	X	X
Action Code	BGN08	R	2 or 4	2 = Change, 4 = Verify (Full File)		X	X	X	X	X	X	X
Loop: Header Segment: REF Transaction Set Policy Number (REQUIRED by Care1st)						X	X	X	X	X		X
Reference Identification Qualifier	REF01	R	38	M aster Pol icy Number		X	X	X	X	X		X
Reference Identification	REF02	R		Facets Group ID	Facets group ID	X	X	X	X	X	X	X
Loop: Header Segment: QTY Transaction record quantity(Required by Care1st)						X	X	X	X	X	X	X

	Segment/Element	Usage	Element Value	Element Description	Notes	Full File	Change file	100	700	120	720	2400
Quantity Qualifier	QTY01	R	DT-dependent Total ET-Employee Total TO-Total	Code specifying the type of quantity		X	X	X	X	X	X	X
Quantity	QTY02	R		Numeric value of quantity		X	X	X	X	X	X	X
Loop: 1000A Segment: N1 Sponsor Name (REQUIRED)						X	X	X	X	X	X	X
Entity Identifier Code	N101	R	P5	Plan Sponsor		X	X	X	X	X	X	X
Name	N102	S	<Client Name>	Client Name for which the Transaction Set is being created		X	X	X	X	X	X	X
Identification Code Qualifier	N103	R	FI	Federal Tax Payer's Identification Number		X	X	X	X	X	X	X
Identification Code	N104	R	<Client FEIN>	Client FEIN for which the Transaction Set is being created		X	X	X	X	X	X	X

	Segment/Element	Usage	Element Value	Element Description	Notes	Full File	Change file	100	700	120	720	2400
Loop: 1000B Segment: N1 Payer (REQUIRED)						X	X	X	X	X	X	X
Entity Identifier Code	N101	R	IN	Payer		X	X	X	X	X	X	X
Name	N102	S	Care1st	Blue Shield of CA Promise Health Plan		X	X	X	X	X	X	X
Identification Code Qualifier	N103	R	FI	Federal Tax Payer's Identification Number		X	X	X	X	X	X	X
Identification Code	N104	R	954468482	BSC Federal Tax ID		X	X	X	X	X	X	X
Loop: 2000 Segment: INS Member Level Detail (REQUIRED)						X	X	X	X	X	X	X
Yes/No Condition or Response Code	INS01	R	Y or N	Y = Subscriber (Employee); N = Non- Subscriber (Dependent)		X	X	X	X	X	X	X
Individual Relationship Code	INS02	R	01, 18, 19, etc	Codes defined in Implementation Guide		X	X	X	X	X	X	X
Maintenance Type Code	INS03	R	001, 021, 024, 025 or 030	Codes defined in Implementation Guide		X	X	X	X	X	X	X
Maintenance Reason Code	INS04	S	07, 15, 22, EC, 25, 28, 29, 33, 43 or XN	Code should correspond to BGN08		X	X	X	X	X		X
Benefit Status Code	INS05	R	A	A = Active		X	X	X	X	X	X	X
Medicare Plan Code	INS06 - 1	S	A, B, C, D or E	To determine if Medicare applies, the member must have a record on the MEMD table where the following is present: MEMD_EVENT_CD = "PRTA" and/or MEMD_EVENT_CD = "PRTB" Where the MEMD_EVENT_EFF_DT is less than or equal to the current generated date. From the CMC_MEMD_MECR_DETL		X	X	X	X	X	X	X
Eligibility Reason Code	INS06 - 2	S	0, 1 or 2	0 = Age, 1 = Disability, 2 = ESRD (End Stage Renal Disease)		X	X	X	X	X	X	X
Employment Status Code	INS08	S	FT, AC, TE etc	Full time, Active or Terminated	Required for Subscriber Record	X	X	X	X	X	X	X
Student Status Code	INS09	S	F or N	F = Full -Time; N = Not a Student		X	X	X	X	X	X	X
Yes/No Condition or Response Code	INS10	S	Y or N	Yes / No Handicap Indicator	Only required for overage disabled dependents	X	X	X	X	X		X
Loop: 2000 Segment: REF Subscriber Identifier (REQUIRED)						X	X	X	X	X	X	X
Reference Identification Qualifier	REF01	R	0F	Subscriber Number		X	X	X	X	X	X	X
Reference Identification	REF02	R	Subscriber ID	Subscriber ID	"Can be configurable Subscriber ID + Suffix SSN Subscriber ID by itself"	X	X	X	X	X	X	X
Loop: 2000 Segment: REF Member Policy Number (REQUIRED)						X	X	X	X	X	X	X
Reference Identification Qualifier	REF01	R	1L	Group or Policy Number		X	X	X	X	X	X	X
Reference Identification	REF02	R		Care1st Group ID	Will be provided by Care1st to submitter	X	X	X	X	X		
Loop: 2000 Segment: REF Member Supplemental Identifier (REQUIRED)						X	X	X	X	X	X	X
Reference Identification Qualifier	REF01	R	17	Client Report Agency		X	X	X	X	X	X	X
Reference Identification	REF02	R	0000/X000	Facets Class ID	Will be provided by Care1st to submitter	X	X	X	X	X		X
Loop: 2000 Segment: REF Member Supplemental Identifier (REQUIRED)						X	X	X	X	X	X	X
Reference Identification Qualifier	REF01	R	DX	Department / Agency Number		X	X	X	X	X	X	X
Reference Identification	REF02	R	0000/X000	Facets Subgroup ID	Will be provided by Care1st to submitter	X	X	X	X	X	X	X
Loop: 2000 Segment: REF Member Supplemental Identifier (REQUIRED)						X	X	X	X	X	X	X
Reference Identification Qualifier	REF01	R	23	Client Number		X	X	X	X	X	X	X
Reference Identification	REF02	R			Can be configurable Alpha-Prefix + Subscriber ID + Suffix Subscriber ID + Suffix Alpha-Prefix + Subscriber ID Subscriber ID by itself	X	X	X	X	X	X	X

	Segment/Element	Usage	Element Value	Element Description	Notes	Full File	Change file	100	700	120	720	2400
Loop: 2000 Segment: REF Customer Identification Number (REQUIRED)						X	X	X	X	X	X	X
Reference Identification Qualifier	REF01	R	ZZ	Customer Identification Number (CIN)		X	X	X	X	X	X	X
Reference Identification	REF02	R		Customer Identification Number		X	X	X	X	X	X	X
Loop: 2000 Segment: REF HICN (REQUIRED)						X	X	X	X	X	X	X
Reference Identification Qualifier	REF01	R	F6	Health Insurance Claim (HIC) Number		X	X	X	X	X	X	X
Reference Identification	REF02	R		HICN\MBI	Will be provided by Care1st to submitter			X		X		X
Loop: 2000 Segment: DTP Member Level Dates (SITUATIONAL)						X	X	X	X	X	X	X
Date/Time Qualifier	DTP01	R	303, 356 and 357	Member Level Date Qualifiers. Codes defined in Implementation Guide		X	X	X	X	X	X	X
Date Time Period Format Qualifier	DTP02	R	D8	Date Expressed in Format CCYYMM DD		X	X	X	X	X	X	X
Date Time Period	DTP03	R	<CCYYMM DD>	Date the 834 Outbound Interchange Fil e is created		X	X	X	X	X	X	X
Loop: 2100A Segment: NM1 Member Name (REQUIRED)						X	X	X	X	X	X	X
Entity Identifier Code	NM 101	R	1L	Insured or Subscriber		X	X	X	X	X	X	X
Entity Type Qualifier	NM 102	R	1	Person		X	X	X	X	X	X	X
Name Last or Organization Name	NM 103	R	<Last Name>	Individual Last Name	**Required for Care1st** requirement is a maximum of 35 characters for last name (this includes Suffix if sent)	X	X	X	X	X	X	X
Name First	NM 104	S	<First Name>	Individual First Name	**Required for Cre1st** requirement is a maximum of 15 characters for first name	X	X	X	X	X	X	X
Name Middle	NM 105	S	<Middle Initial >	Individual Middle Initial	Care1st Requirement is one character for middle initial	X	X	X	X	X	X	X
Name Prefix	NM 106	S	<Name Prefix>	Individual Name Prefix	Care1st requirement is a maximum of 10 characters name prefix	X	X	X	X	X	X	X
Name Suffix	NM 107	S	<Name Suffix>	Individual Name Suffix	Care1st requirement is a maximum of 35 characters for last name _and_ suffix combined	X	X	X	X	X	X	X
Identification Code Qualifier	NM 108	R	34	Social Security Number Qualifier	Configurable to include or not to include.	X	X	X	X	X	X	X
Identification Code Qualifier	NM 109	R	<SSN>	Individual Social Security Number	Required for Care1st. Do not populate with mocked/invalid characters Configurable to include or not to include.	X	X	X	X	X	X	X
Loop: 2100A Segment: PER Member Communications Numbers (SITUATIONAL)						X	X	X	X	X	X	X
Contact Function Code	PER01	R	IP	Insured Party		X	X	X	X	X	X	X
Communication Number Qualifier	PER03	R	HP, W P, EM , etc	Home Phone Number		X	X	X	X	X	X	X
Communication Number	PER04	R	<Phone Number> or <E-M ail >		Do not include hyphens, spaces, or other punctuation. Only send if available, do not send zeros or invalid phone numbers – BSC maximum field length is 10 digits for phone numbers and 50 characters for e-mail	X	X	X	X	X	X	X
Communication Number Qualifier	PER05	S	HP, W P, EM , etc	used if additional contact information is sent		X	X	X	X	X	X	X
Communication Number	PER06	S	<Phone Number> or <E-M ail >		Do not include hyphens, spaces, or other punctuation. Only send if available, do not send zeros or invalid phone numbers – BSC maximum field length is 10 digits for phone numbers and 50 characters for e-mail	X	X	X	X	X	X	X
Communication Number Qualifier	PER07	S	HP, W P, EM , etc	used if additional contact information is sent		X	X	X	X	X	X	X

2400	Segment/Element	Usage	Element Value	Element Description	Notes	Full File	Change file	100	700	120	720	2400
Communication Number	PER08	S	<Phone Number> or <E-Mail >		Do not include hyphens, spaces, or other punctuation. Only send if available, do not send zeros or invalid phone numbers – BSC maximum field length is 10 digits for phone numbers and 50 characters for e-mail	X	X	X	X	X	X	X
Loop: 2100A Segment: N3 Member Residence Street Address (SITUATIONAL)						X	X	X	X	X	X	X
Address Information	N301	R	<Address Line 1>	Street Address Line 1	Care1st Requirement is 40 character limit, if sending apartment, unit or suite number, please send in second address line	X	X	X	X	X	X	X
Address Information	N302	S	<Address Line 2>	Street Address Line 2	Care1st Requirement - 40 character limit	X	X	X	X	X	X	X
Loop: 2100A Segment: N4 Member City, State, Zip Code (SITUATIONAL)						X	X	X	X	X	X	X
City Name	N401	R	<City Name>	City Name	Care1st Requirement maximum field length is 19 characters	X	X	X	X	X	X	X
State or Province Code	N402	S	<State>	State Name		X	X	X	X	X	X	X
Postal Code	N403	S	<Postal Code>	Zip Code	Care1st Requirement - ZIP+ 4 - do not include spaces or hyphens – BSC maximum field length is 9 digits	X	X	X	X	X	X	X
Country Code	N404	S	<Country Code>	populate when Country Code does not equal USA or Canada	Only required when reporting an address outside of the USA or Canada	X	X	X	X	X	X	X
Loop: 2100A Segment: DMG Member Demographics (SITUATIONAL)						X	X	X	X	X	X	X
Date Time Period Format Qualifier	DMG01	R	D8	Date Expressed in Format CCYYMM DD		X	X	X	X	X	X	X
Date Time Period	DMG02	R	<CCYYMM DD>	Member Date of Birth		X	X	X	X	X	X	X
Gender Code	DMG03	R	F or M	F = Female; M = Male	BSC requires a valid gender, U is not accepted	X	X	X	X	X	X	X
Loop: 2100A Segment: LUI Member Language (SITUATIONAL)						X	X	X	X	X	X	X
Identification Code Qualifier	LUI01	R	LD	LD - NISO Z39.53 Language Codes		X	X	X	X	X	X	X
Identification Code	LUI02	R	3 digit Alpha Code	3 digit value from the NISO Language Codes		X	X	X	X	X	X	X
Use of Language Indicator	LUI04	R	5,6,7	Code indicating the use of a language	5 - Language Reading 6 - Language Writing 7 - Language Speaking	X	X	X	X	X	X	X
Loop: 2100C Segment: NM1 Member Name (OPTIONAL)						X	X	X	X	X	X	X
Entity Identifier Code	NM 101	R	31	Postal Mailing Address		X	X	X	X	X	X	X
Entity Type Qualifier	NM 102	R	1	Person		X	X	X	X	X	X	X
Loop: 2100C Segment: N3 Member Residence Street Address (OPTIONAL)						X	X	X	X	X	X	X
Address Information	N301	R	<Address Line 1>	Street Address Line 1	Care1st Requirement is 40 character limit, if sending apartment, unit or suite number, please send in second address line	X	X	X	X	X	X	X
Address Information	N302	S	<Address Line 2>	Street Address Line 2	Care1st Requirement -40 character limit	X	X	X	X	X	X	X
Loop: 2100C Segment: N4 Member City, State, Zip Code (OPTIONAL)						X	X	X	X	X	X	X
City Name	N401	R	<City Name>	City Name	Care1st Requirement - maximum field length is 19 characters	X	X	X	X	X	X	X
State or Province Code	N402	S	<State>	State Name		X	X	X	X	X	X	X
Postal Code	N403	S	<Postal Code>	Zip Code	Care1st Requirement - ZIP+ 4 - do not include spaces or hyphens – BSC maximum field length is 9 digits	X	X	X	X	X	X	X

2400	Segment/Element	Usage	Element Value	Element Description	Notes	Full File	Change file	100	700	120	720	2400
Country Code	N404	S	<Country Code>	W ill populate when Country Code does not equal USA or Canada		X	X	X	X	X	X	X
Loop: 2300 Segment: HD Health Coverage (REQUIRED)						X	X	X	X	X	X	X
Maintenance Type Code	HD01	R	001, 021, etc		001 = Change: 021 = Addition: 024 = Termination: 030 = Audit	X	X	X	X	X	X	X
Insurance Line Code	HD03	R	HMO	Codes defined in Implementation Guide		X	X	X	X	X	X	X
Plan Coverage Description	HD04	R		Facets Plan ID	Will be provided by Care1st to submitter	X	X	X	X	X	X	X
Coverage Level Code	HD05	S	IND	Codes defined in Implementation Guide		X	X	X	X	X	X	X
Loop: 2300 Segment: DTP Health Coverage Dates (REQUIRED)						X	X	X	X	X	X	X
Date/Time Qualifier	DTP01	R	348, 349	348 = Benefit Begin; 349 = Benefit End;	Required for Blue Shield, please review the data format specifications/record layout for specific transactions section on page v for specific instructions on how to send effective dates in this segment	X	X	X	X	X	X	X
Date Time Period Format Qualifier	DTP02	R	D8	Date Expressed in Format CCYYMM DD		X	X	X	X	X	X	X
Date Time Period	DTP03	R	<CCYYMM DD>	Date the 834 Outbound Interchange Fil e is created		X	X	X	X	X	X	X
Loop: 2300 Segment: REF Health Coverage Policy Number (SITUATIONAL)						X	X	X	X	X	X	X
Reference Identification Qualifier	REF01	R	CE	Plan Contract ID		X	X	X	X	X	X	X
Reference Identification	REF02	R	<Contract ID>	Required when the trading partner agreement identifies the need for a Contract ID	H5928 H0148	X	X	X	X	X	X	X
Loop: 2300 Segment: REF Health Coverage Policy Number (SITUATIONAL)						X	X	X	X	X	X	X
Reference Identification Qualifier	REF01	R	PID	Plan ID		X	X	X	X	X	X	X
Reference Identification	REF02	R	<Plan ID>	Required when the trading partner agreement identifies the need for a Plan ID/ PBP Value	Get the value from Facets	X	X	X	X	X	X	X
Loop: 2300 Segment: REF Health Coverage Policy Number (SITUATIONAL)						X	X	X	X	X	X	X
Reference Identification Qualifier	REF01	R	ZZ	Individual Identifier		X	X	X	X	X	X	X
Reference Identification	REF02	R		Required when the trading partner agreement identifies the need for a Plan ID/ PBP Value	I- Individual	X	X	X	X	X	X	X
Loop: 2310 Segment: Provider information (SITUATIONAL)						X	X	X	X	X	X	X
Reference Qualifier	LX101	R		Assigned number		X	X	X	X	X	X	X
Loop: 2310 Segment: NM1 provider name						X	X	X	X	X	X	X
Entity Identifier Code	NM101	R	Code identifying an organizational entity, a physical location, property or an individual	P3-primary care provider	Not required for BSC	X	X	X	X	X	X	X
Entity Type Qualifier	NM102	R	1 Person 2 Non-Person EntityCode qualifying the type of entity			X	X	X	X	X	X	X
Name Prefix	NM106		Prefix to individual name			X	X	X	X	X	X	X
identification code qualifier	NM108	S		XX-Centers for Medicare and Medicaid Services National Provider Identifier		X	X	X	X	X	X	X
identification code	NM109			NPI number for provider		X	X	X	X	X	X	X
Loop: 2310 Segment: Provider Address						X	X	X	X	X	X	X
Address Information	N301	R		Provider Address Line		X	X	X	X	X	X	X
Address Information	N302	S		Required if a second address line exists. If not required by this implementation guide, do not send.		X	X	X	X	X	X	X
Loop: 2310 Segment: PROVIDER CITY, STATE, ZIP CODE						X	X	X	X	X	X	X
City Name	N401	R		Free-form text for city name		X	X	X	X	X	X	X
State or Province Code	N402	S		Code (Standard State/Province) as defined by appropriate government agency		X	X	X	X	X	X	X

	Segment/Element	Usage	Element Value	Element Description	Notes	Full File	Change file	100	700	120	720	2400
Postal Code	N403	S		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		X	X	X	X	X	X	X
Loop: 2310 Segment: - PER - PROVIDER COMMUNICATIONS NUMBERS						X	X	X	X	X	X	X
Contact Function Code	PER01	R		Code identifying the major duty or responsibility of the person or group named		X	X	X	X	X	X	X
Communication Number Qualifier	PER03	R		Communication Number Qualifier		X	X	X	X	X	X	X
Communication Number	PER04	S		Complete communications number including country or area code when applicable		X	X	X	X	X	X	X
Communication Number Qualifier	PER05	S				X	X	X	X	X	X	X
Communication Number	PER06	S				X	X	X	X	X	X	X
Loop: 2310 Segment: -PLA provider change reason (SITUATIONAL)						X	X	X	X	X	X	X
Action Code	PLA01	R		Code indicating type of action		X	X	X	X	X	X	X
Entity Identifier Code	PLA02	R		Code identifying an organizational entity, a physical location, property or an individual		X	X	X	X	X	X	X
date	PLA03	S		This is the effective date of the change of PCP.		X	X	X	X	X	X	X
Maintainence Reason Code	PLA05	S		Code identifying the reason for the maintenance change		X	X	X	X	X	X	X
Loop: 2320 COB-Coordination of Benefits - (SITUATIONAL)						X	X	X	X	X	X	X
Payer Responsibility Sequence Number	COB01	R	p-primary U-Unknown			X	X	X	X	X	X	X
Reference Identification	COB02	S				X	X	X	X	X	X	X
Coordination of Benefits Code	COB03	S	1-COB 5-unknown			X	X	X	X	X	X	X
Loop: 2320 COORDINATION OF BENEFITS ELIGIBILITY DATES (SITUATIONAL)						X	X	X	X	X	X	X
Date/Time Qualifier	DTP01	R	344-COB begin 345-COB end			X	X	X	X	X	X	X
Date Time Period Format Qualifier	DTP02	R	D8			X	X	X	X	X	X	X
Date Time Period	DTP03	R	Format CCYYMMDD			X	X	X	X	X	X	X
Loop: 2330 COORDINATION OF BENEFITS RELATED ENTITY(SITUATIONAL)						X	X	X	X	X	X	X
Entity Identifier Code	NM101	R	IN Insurer			X	X	X	X	X	X	X
Entity Type Qualifier	NM102	R	2 Non-Person Entity			X	X	X	X	X	X	X
Name Last or Organization Name	NM103	R	Free form Text			X	X	X	X	X	X	X
Loop: 2700 Additional Reporting Category - (REQUIRED)						X	X	X	X	X	X	X
Loop Identifier Code	LS01	R		2700		X	X	X	X	X	X	X
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	X
Assigned Number	LX	R	1	1		X	X	X	X	X	X	X
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	X
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	X
Name	N102	R	LOB	Member Reporting Category Name		X	X	X	X	X	X	X
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	X
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	X

2400	Segment/Element	Usage	Element Value	Element Description	Notes	Full File	Change file	100	700	120	720	2400
Reference Identification		R	700 = Medi-Cal San Diego, 100 = Medi-Cal Los Angeles, 2400 = Medicare, 120 CalMediConnect Los Angeles, and 720 = CalMediConnect San Diego			X	X	X	X	X	X	X
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	X
Assigned Number	LX	R	2	2		X	X	X	X	X	X	X
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	X
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	X
Name	N102	R	REGION	Member Reporting Category Name		X	X	X	X	X	X	X
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	X
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	X
Reference Identification		R	List of REGION Values	these values will be from Care1st DB		X	X	X	X	X	X	X
MEDICARE INDICATIORS						X	X			X	X	X
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X			X	X	X
Assigned Number	LX	R	7	7		X	X			X	X	X
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X			X	X	X
Entity Identifier Code`	N101	R		75		X	X			X	X	X
Name	N102	R	HOSPICE	Member Reporting Category Name		X	X			X	X	X
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X			X	X	X
Reference Identification Qualifier	REF01	R		9V		X	X			X	X	X
Reference Identification		R	List of HOSPICE Values	these values will be from Care1st DB		X	X			X	X	X
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X			X	X	X
Assigned Number	LX	R	8	8		X	X			X	X	X
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X			X	X	X
Entity Identifier Code	N101	R		75		X	X			X	X	X
Name	N102	R	MEDICARE ESRD	Member Reporting Category Name		X	X			X	X	X
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X			X	X	X
Reference Identification Qualifier	REF01	R		9V		X	X			X	X	X
Reference Identification		R	List of MEDICARE ESRD Values	these values will be from Care1st DB		X	X			X	X	X
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X			X	X	X
Assigned Number	LX	R	9	9		X	X			X	X	X
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X			X	X	X
Entity Identifier Code`	N101	R		75		X	X			X	X	X
Name	N102	R	AGED/DISABLED MSP	Member Reporting Category Name		X	X			X	X	X
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X			X	X	X
Reference Identification Qualifier	REF01	R		9V		X	X			X	X	X
Reference Identification		R	List of AGED/DISABLED MSP Values	these values will be from Care1st DB		X	X			X	X	X
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X			X	X	X
Assigned Number	LX	R	10	10		X	X			X	X	X
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X			X	X	X
Entity Identifier Code`	N101	R		75		X	X			X	X	X
Name	N102	R	MEDICARE INSTITUTUIONAL	Member Reporting Category Name		X	X			X	X	X
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X			X	X	X
Reference Identification Qualifier	REF01	R		9V		X	X			X	X	X
Reference Identification		R	List of MEDICARE INSTITUTTIONAL Values	these values will be from Care1st DB	Lis	X	X			X	X	X
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X			X	X	X
Assigned Number	LX	R	11	11		X	X			X	X	X
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X			X	X	X
Entity Identifier Code`	N101	R		75		X	X			X	X	X
Name	N102	R	NHC	Member Reporting Category Name		X	X			X	X	X
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X			X	X	X
Reference Identification Qualifier	REF01	R		9V		X	X			X	X	X

2400	Segment/Element	Usage	Element Value	Element Description	Notes	Full File	Change file	100	700	120	720	2400
Reference Identification		R	List of NHC Values	these values will be from Care1st DB		X	X			X	X	X
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X			X	X	X
Assigned Number	LX	R	12	12		X	X			X	X	X
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X			X	X	X
Entity Identifier Code	N101	R		75		X	X			X	X	X
Name	N102	R	MEDICAID	Member Reporting Category Name		X	X			X		X
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X			X	X	X
Reference Identification Qualifier	REF01	R		9V		X	X			X	X	X
Reference Identification		R	List of MEDICAID Values	these values will be from Care1st DB		X	X			X	X	X
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X			X	X	X
Assigned Number	LX	R	13	13		X	X			X	X	X
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X			X	X	X
Entity Identifier Code	N101	R		75		X	X			X	X	X
Name	N102	R	LTI	Member Reporting Category Name		X	X			X	X	X
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X			X	X	X
Reference Identification Qualifier	REF01	R		9V		X	X			X	X	X
Reference Identification		R	List of LTI Values	these values will be from Care1st DB		X	X			X	X	X
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X			X	X	X
Assigned Number	LX	R	14	14		X	X			X	X	X
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X			X	X	X
Entity Identifier Code	N101	R		75		X	X			X	X	X
Name	N102	R	MEDICARE ERSD MSP	Member Reporting Category Name		X	X			X	X	X
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X			X	X	X
Reference Identification Qualifier	REF01	R		9V		X	X			X	X	X
Reference Identification		R	List of MEDICARE ESRD MSP Values	these values will be from Care1st DB		X	X			X	X	X
MEDICAID INDICATORS						X	X					
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X			
Assigned Number	LX	R	16	16		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	
Name	N102	R	CBAS CLASS	Member Reporting Category Name		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	
Reference Identification		R	List of CBAS CLASS Values	these values will be from Care1st DB		X	X	X	X	X	X	
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	
Assigned Number	LX	R	17	17		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	
Name	N102	R	MEDI-CAL PARTICIPATION	Member Reporting Category Name		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	
Reference Identification		R	List of MEDI-CAL PARTICIPATION Values	these values will be from Care1st DB		X	X	X	X	X	X	
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	
Assigned Number	LX	R	18	18		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	
Name	N102	R	CCI OPT OUT	Member Reporting Category Name		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	
Reference Identification		R	List of CCI OPT OUT Values	these values will be from Care1st DB		X	X	X	X	X	X	
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	

2400	Segment/Element	Usage	Element Value	Element Description	Notes	Full File	Change file	100	700	120	720	2400
Assigned Number	LX	R	19	19		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	
Name	N102	R	MEDICAID ESRD	Member Reporting Category Name		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	
Reference Identification		R	List of MEDICAID ESRD Values	these values will be from Care1st DB		X	X	X	X	X	X	
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	
Assigned Number	LX	R	20	20		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	
Name	N102	R	PART D LIS REASSIGNEE	Member Reporting Category Name		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	
Reference Identification		R	List of PART D REASSIGNEE Values	these values will be from Care1st DB		X	X	X	X	X	X	
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	
Assigned Number	LX	R	21	21		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	
Name	N102	R	CCI EXCLUSION	Member Reporting Category Name		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	
Reference Identification		R	List of CCI EXCLUSION Values	these values will be from Care1st DB		X	X	X	X	X	X	
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	
Assigned Number	LX	R	22	22		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	
Name	N102	R	NURSING FACILITY RESIDENT	Member Reporting Category Name		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	
Reference Identification		R	List of NURSING FACILITY RESIDENT Values	these values will be from Care1st DB		X	X	X	X	X	X	
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	
Assigned Number	LX	R	23	23		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	
Name	N102	R	SI-NSI	Member Reporting Category Name		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	
Reference Identification		R	List of SI-NSI Values	these values will be from Care1st DB		X	X	X	X	X	X	
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	
Assigned Number	LX	R	24	24		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	
Name	N102	R	HCBS HIGH	Member Reporting Category Name		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	
Reference Identification		R	List of HCBS HIGH Values	these values will be from Care1st DB		X	X	X	X	X	X	
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	

	Segment/Element	Usage	Element Value	Element Description	Notes	Full File	Change file	100	700	120	720	2400
Assigned Number	LX	R	25	25		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	
Name	N102	R	MEDICAID INSTITUTIONAL	Member Reporting Category Name		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	
Reference Identification		R	List of MEDICAID INSTITUTIONAL Values	these values will be from Care1st DB		X	X	X	X	X	X	
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	
Assigned Number	LX	R	26	26		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	
Name	N102	R	SUB PLAN	Member Reporting Category Name	Placeholder for Proprietary Provider ID (PPID)	X		X	X	X	X	
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	
Reference Identification		R	List of SUB PLAN Values	these values will be from Care1st DB		X	X	X	X	X	X	
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	
Assigned Number	LX	R	27	27		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	
Name	N102	R	PREVIOUS HICN	Member Reporting Category Name		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	
Reference Identification		R	List of PREVIOUS HICN Values	these values will be from Care1st DB		X	X	X	X	X	X	
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	
Assigned Number	LX	R	29	29		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	
Name	N102	R	EXPECTED DELIVERY DATE	Member Reporting Category Name		X	X	X	X	X	X	
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	
Reference Identification		R	List of EXPECTED DELIVERY DATE Values	these values will be from Care1st DB		X	X	X	X	X	X	
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	
Assigned Number	LX	R	30	30		X	X	X	X	X	X	X
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	X
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	X
Name	N102	R	LEGACY CFST MEMBER ID	Member Reporting Category Name		X	X	X	X	X	X	X
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	X
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	X
Reference Identification		R	List of LEGECY CFST MEMBER ID Values	these values will be from Care1st DB		X	X	X	X	X	X	X
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	X
Assigned Number	LX	R	31	31		X	X	X	X	X	X	X
Loop :2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	X
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	X
Name	N102	R	LEGACY CFST GROUP NUMBER	Member Reporting Category Name		X	X	X	X	X	X	X
Loop :2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	X
Reference Identification Qualifier	REF01	R		9V		X	X	X	X	X	X	X
Reference Identification		R	List of LEGECY CFST GROUP NUMBER Values	4-digit AID Code	Addendum for AID code values	X						
Loop: 2710 MEMBER REPORTING CATEGORIES - (SITUATIONAL)						X	X	X	X	X	X	X
Assigned Number	LX	R	32	32		X	X	X	X	X	X	X
Loop: 2750 REPORTING CATEGORY (SITUATIONAL)						X	X	X	X	X	X	X
Entity Identifier Code	N101	R		75		X	X	X	X	X	X	X
Name	N102	R	ALTERNATIVE FORMAT SELECTION	Member Reporting Category Name		X	X	X	X	X	X	X

	Segment/Element	Usage	Element Value	Element Description	Notes	Full File	Change file	100	700	120	720	2400
Loop: 2750 REPORTING CATEGORY REFERENCE (SITUATIONAL)						X	X	X	X	X	X	X
Reference Identification Qualifier	REF01	**R**		9V		X	X	X	X	X	X	X
Reference Identification		**R**	No Alternative Format Needed Large Print Braille Audio CD Data CD Encrypted Audio CD Encrypted Data CD Not Selected	Alternative Format Preference description		X	X	X	X	X	X	X
2700 LE - ADDITIONAL REPORTING CATEGORIES **LOOP TERMINATION (SITUATIONAL)**						X	X	X	X	X	X	X
Loop Identifier Code	LE01	**R**	2700	The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE		X	X	X	X	X	X	X
Loop: None Segment: SE Transaction Set Trailer (REQUIRED)						X	X	X	X	X	X	X
Number of included Segments	SE01	**R**	<Number>	Count of Segments in Transaction Set		X	X	X	X	X	X	X
Transaction Set Control Number	SE02	**R**	<Number>	Same Number as in ST 02		X	X	X	X	X	X	X
Loop: None Segment: GE Functional Group Trailer (REQUIRED)						X	X	X	X	X	X	X
Number of Transaction Sets Included	GE01	**R**	<Number>	Count of Segments all Transaction Sets in Functional Group		X	X	X	X	X	X	X
Control Group Number	GE02	**R**	<Number>	Same Number as in GS06		X	X	X	X	X	X	X
Loop: None Segment: IEA Interchange Control Trailer (REQUIRED)						X	X	X	X	X	X	X
Number of Included Functional Group	IEA01	**R**	<Number>	Count of all Functional Groups in Interchange		X	X	X	X	X	X	X
Interchange Control Number	IEA02	**R**	<Number>	Same Number as in ISA13		X	X	X	X	X	X	X