Blue Cross Blue Shield of Michigan

HIPAA Transaction Standard Companion Guide

American National Standards Institute (ANSI) ASC X12N 834 (005010X220A1) Benefit Enrollment and Maintenance

Introduction

This document is the property of Blue Cross Blue Shield of Michigan (BCBSM) and is for use solely in your capacity as a Trading Partner of health care transactions with BCBSM, Blue Care Network (BCN) and National Account Services Corporation (NASCO).
This document is intended for use as a companion to the HIPAA-mandated ASC X12N 834 version 005010X220 and the modifications implemented with the adopted Type 1 Errata (X12N/5010X220A1) transaction set Technical Reports Type 3 (TR3). Specific payer instructions contained in this document are provided for clarification purposes only and should be used in conjunction with the applicable HIPAA TR3s and the adopted Type 1 Errata. TR3s can be purchased from X12. Click to visit the X12 website.

This document provides information related to specific elements within the ASC X12N 834 version 005010X220A1 transaction, but does not change the definition, data condition, or use of a data element or segment in a standard, add data elements or segments to the maximum defined data set, use any code or data elements that are either marked "not used" in the standard's implementation specification or are not in the standard's implementation specification(s), or change the meaning or intent of the HIPAA standards implementation specifications.[1]

For group specific reporting requirements refer to the BCN, BCBSM and Medicare Advantage group enrollment documents located in back of this EDI Companion Document:

APPENDIX A: BLUE CARE NETWORK GROUP ENROLLMENT DOCUMENT (INCLUDES BCN ADVANTAGE)

APPENDIX B: BCBSM MEMBERSEDGE GROUP ENROLLMENT DOCUMENT

APPENDIX C: BCBSM MEDICARE ADVANTAGE GROUP ENROLLMENT DOCUMENT (**NOTE**: THIS INFORMATION IS NOT INTENDED FOR USE BY BCN ADVANTAGE GROUPS)

APPENDIX D: MEMBERSEDGE CDH MAPPING DOCUMENT

APPENDIX E: CHANGE SUMMARY

All instructions were written as known at the time of publication and are subject to change based on mutually agreed-upon conditions between BCBSM/National, BCN, and their customers. Changes will be communicated in future letters and on the BCBSM web site: www.bcbsm.com.

[1]Standards for Electronic Transactions, *Federal Register*, Vol. 65, No. 160, August 17, 2000 pg. 50368

Testing Overview and Transmission Method

#1: Testing through CollabT is required.

- Effective March 2023, all testing is completed through CollabT. The previous Validator Testing tool has been retired.
  - **Existing** Third Party Administrators and Vendors will receive new login IDs and passwords for each group.
    - The assigned Automated Group Reporting (AGR) Analyst will contact the groups for TPA and vendor contact information.
  - **New submitters** must work with the assigned AGR Analyst to obtain a login ID and password.
    - An AGR Analyst will contact the submitter once all contracts are completed.
- CollabT User Guide information is available in the tool.
- To initiate a request for new 834 enrollment file feed, please work directly with your assigned BCBSM/BCN Sales Representative. Upon receipt and approval, an Automated Group Reporting (AGR) Analyst team will be assigned to outreach and engage you for the next steps in the process.

#2: Log in and begin self-testing.

NOTE: When testing with the CollabT Tool, do not send PHI data in the test file.Be sure to send test member data and not the actual member enrollment data. Keep the test file small, limiting it to about 15 or so samplings of your data. For example, if you will be sending Medicare, COB, etc. be sure to include them in your CollabT test.

#3: Complete CollabT self-testing.

- You must receive a green check to complete testing successfully.
- Once testing is complete, email your assigned AGR Analyst and include the following in your email for review:
  - Screenshot of green check
  - G Number (Login ID/Account Identifier) assigned
  - Identify HMO, PPO or Medicare Advantage
  - Date of file
  - Text of ISA through 1000B (and 1000C loop, if applicable). **Note: The information sent in ISA-1000B or 1000C should be the same as what will be submitted in UAT and Production.**

Example for BCBSM/PPO test file:

```
ISA*00*          *00*          *30*381111111      *ZZ*382069753      *220922*0650*^*00501*051232433*0*T*:~
GS*BE*381111111*382069753*20220922*0650*1*X*005010X220A1~
ST*834*0001*005010X220A1~
BGN*00*051232433*20220922*065019****RX~
REF*38*MOS~
DTP*007*D8*20220923~
```

N1*P5*Group Name*FI*123456789~
N1*IN*BCBSMI*FI*382069753~
N1*TV*TPA Name*FI*381111111~

Example of a BCN/HMO test file:
ISA*00* *00* *30*381111111 *ZZ*382069753 *220922*0650*^*00501*051232433*0*T*:~
GS*BE*381111111*382069753*20220922*0650*1*X*005010X220A1~
ST*834*0001*005010X220A1~
BGN*00*051232433*20220922*065019****RX~
REF*38*HMO~
DTP*007*D8*20220923~
N1*P5*Group Name*FI*381111111~
N1*IN*BLUE CARE NETWORK*FI*382069753~
N1*TV*TPA Name*FI*123456789~

#4: Obtain final approval.

- Once the CollabT testing review is complete, you will continue working with your AGR Analyst for UAT business testing through Production implementation.
  - Your AGR Analyst will submit a request for you to receive UAT Secured File Transfer Protocol (SFTP) credentials. You will use this SFTP connection to send test file(s), with 'T' in ISA 15.
  - You should receive the UAT SFTP Credentials within 5 business days.
  - Once your test file is approved for production by the AGR Analyst team, you will receive Production SFTP Credentials and will upload a Production file to the Production URL. Please note ISA15 should be 'P'.
  - You should receive the Production SFTP Credentials within 5 business days.
  - Files containing 'P' in ISA15 will then be recognized and processed as a production file.

ASC X12N Benefit Enrollment and Maintenance 834 (005010X220A1) – Reporting Instruction Clarifications

General Overview

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the version 005010X220A1 EDI standards for health care as established by the Secretary of Health and Human Services.

Change File, Full File Update or Full Audit File

The 834 transaction set can be used to report (in all three instances, BGN08 must be reported):

- A **change (update) file** contains add, terminate or update requests. A change file should only contain information about the changed members.
- A **full replacement file** can be used to apply updates. Submitters should send terminations on full files that are being used to apply updates.
- A **full audit verification file** lists all current members. A full audit file facilitates keeping the sponsor's and payer's systems synchronized. A full audit file is not intended to contain a history of all previous enrollments. When sending a full file audit, Loop 2000, INS03 must be 030. INS04 must be XN and Loop 2300, HD01 must be 030. It will do a compare only. Updates will not be applied.

Consumer Driven Health Plans (CDHP)

Some of our products offer CDHP, please refer to each appendix for specific requirements. Refer to the Data Requirements section for details to report information related to Health Savings Account (HSA), Health Reimbursement Account (HRA) and Flexible Spending Account (FSA) benefits.

Maximums/Limitations

To ensure proper routing when possible, lines of business should be submitted in separate transactions. Please refer to each appendix for specific requirements.

Additional Information

TA1 Interchange Acknowledgements

Interchange Acknowledgements (TA1) are used to reply to an interchange or transmission, notify the sending trading partner of problems that were encountered in the interchange control structure, and verify the envelope information. TA1 acknowledgements are only provided when requested in the Interchange Control Header.

Refer to Appendix B (B.1.1.5.1 Interchange Acknowledgement, TA1) of the ASC X12N 834 version 005010X220 TR3 for additional terminology, and information for the TA1 Interchange Acknowledgement.

999 Functional Acknowledgements

Functional Acknowledgements (999) are used to facilitate control of EDI. Segments within the 999 are used to identify the acceptance or rejection of functional groups, transaction sets or segments. Data elements in error can also be identified. BCBSM will return 999 acknowledgements daily to verify receipt of files from trading partners.

Refer to Section 1.6.2 999 Implementation Acknowledgement of the ASC X12N 834 version 005010X220 TR3 for additional terminology and information for the 999 Functional Acknowledgement.

Enrollment 834 Interchange Envelope and Functional Group Structure

Trading partners should follow the Interchange Control Structure (ICS) and Functional Group Structure (GS) guidelines for HIPAA found in Appendix C of the ASC X12N Technical Report Type 3. The following sections address specific information needed by BCBSM to process the ASC X12N/005010X220A1-834 Benefit Enrollment and Maintenance Transaction. This information should be used in conjunction with the ASC X12N/005010X220 – Benefit Enrollment and Maintenance TR3.

Element Name	Element	Instruction	Pg#
Authorization Information Qualifier	ISA01	Report 00.	C.4
Security Information Qualifier	ISA03	Report 00.	C.4
Interchange Sender ID	ISA06	Report the Federal Tax ID of the sender	C.4
Interchange ID Qualifier	ISA07	Report ZZ or 30. Reporting ZZ is recommended.	C.5
Interchange Receiver ID	ISA08	Report 382069753.	C.5
Functional Identifier Code	GS01	Report BE	C.7
Application Sender's Code	GS02	Report the Federal Tax ID of the sender.	C.7
Application Receiver's Code	GS03	Report 382069753.	C.7

Global Data Requirements for the 834 Transaction Set

Loop	Segment/Element	Instruction	Industry/Element Name	Pg#
Header	REF02	**Required for all 834 transactions**. For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document.	Master Policy Number	36
Header	DTP01	For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document.	Date/Time Qualifier	37
1000B	N103 N104	**All groups:** Report FI. Report 382069753.	Indicator Insurer Tax ID	42
1000C	N103 N104	For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document.	Qualifier and TPA or Broker Identification Code	44
2000	REF01	**All groups:** **Report 1L.** To facilitate processing of your enrollment files, we strongly encourage you to report the group number. For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document.	Reference Identification Member Policy Number	56

Loop	Segment/Element	Instruction	Industry/Element Name	Pg#
2000	REF02	For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document.	Reference Identification Member Supplemental Identifier	56
2100A	NM108 & NM109	**All groups:** Report qualifier 34 and the SSN for all subscribers and all dependents age 45 or older	Insured Identifier	64
2100A	DMG03	**All groups:** To facilitate processing of your enrollment files, we strongly encourage you limit usage to codes M or F.	Member Gender Code	72
2300	HD Segment	**All groups:** To facilitate processing of your enrollment files, report at least one HD loop. For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document.	Health Coverage	140
2300	HD03	For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document.	Insurance Line Code	141
2300	HD04	To facilitate processing of your enrollment files, we strongly encourage you to report the information if requested. For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document.	Plan Coverage Description	141
2300	DTP01	For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document.	Benefit Begin and Benefit End Date	143
2300	REF02	For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document.	Reference Identification Health Coverage Policy Number	146
2320	COB REF DTP Segments	For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document.	Coordination of Benefits	164
2330	NM103	For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document.	Coordination of Benefits Insurer Name	170

Appendix A: BLUE CARE NETWORK GROUP ENROLLMENT DOCUMENT

Loop	Segment/Element	Instruction	Industry/Element Name
Header	BGN08	Report RX for Replace file with current members and current terminations.	Action Code
Header	REF01 & REF02	Required for all 834 transactions. Report 38 in REF01 and report HMO in REF02.	Master Policy Number
Header	DTP01	**For proper adjudication of your enrollment files, BCN strongly encourages the sponsor, TPA or vendor to report the File Effective Date.** Report 007 for Effective Date. Any members removed from a Replace file without a termination date may be terminated at midnight of the Effective Date.	Date/Time Qualifier
1000A	N101 & N102	Report P5 in N101 N102 add BCN or Blue Care Network before the constant name of the employer group (e.g., BCN Employer Group Name)	Plan Sponsor Name
1000B	N101 & N102	Report IN in N101 and BCN or Blue Care Network in N102.	Payer / Insurer Name
1000C	N101 & N102	Report TV in N101 and TPA Name in N102.	TPA/Identification Code
2000	INS02	When enrolling a Sponsored Dependent, INS02 must contain a value of 38. BCN's business rule for Sponsored Dependents: Dependent is over the age of 26 (not disabled), supported by the subscriber and living in the subscriber's household. Typically, it is a parent of the subscriber or parent of the subscriber's spouse.	Individual Relationship Code
2000	INS04 & INS05	When enrolling a surviving spouse, report 11 in INS04 and S in INS05.	Maintenance Reason Code
2000	INS06	BCN assigns Medicare plans only if the member has both Medicare Parts A & B. Send C if member has both Parts A & B. Do not send a value if member does not have both Parts A & B.	Medicare Status Code
2000	REF01 & REF02	Report 1L in REF01 and report the insured's group number in REF02 (8-digit number includes leading zeros). Group number is supplied by BCN in the Group Structure document.	Reference Identification Member Policy Number
2000	REF01 & REF02	Report DX in REF01 and report the insured's 4-digit Sub-Group I.D. in REF02 (4-digit number includes leading zeros).	Reference Identification Member Supplemental Identifier
2000	REF01 & REF02	Report 17 in REF01 and report the insured's 4-digit Class I.D. in REF02 (4-digit number includes leading zeros).	Reference Identification Member Supplemental Identifier
2000	REF01 & REF02	FOR BCNA ONLY REF01 - Report F6 REF02 - Report the member's Member Beneficiary Identifier (MBI) number when the member is Medicare eligible. Any member who is age 65 or older is Medicare eligible or permanently handicapped. For optimal processing, BCBSM strongly encourages you to report the MBI#.	Medicare MBI Number
2100A	DMG05-3	FOR BCNA ONLY Use Code Source 859 to report race and ethnicity	Race or Ethnicity Information

Loop	Segment/Element	Instruction	Industry/Element Name
2100A	 LUI01 LUI02 LUI03	FOR BCNA ONLY Report member's primary language when NOT English If primary language is Spanish - Report LE or LD (language code source). Otherwise leave LUI01 blank. If primary language is Spanish - Report SPA (Spanish). Otherwise leave LUI02 blank. If primary language is not Spanish - Report Other	Member Language
2300	HD Segment	To facilitate processing of your enrollment files, BCN strongly encourages reporting only one HD loop.	Health Coverage
2300	HD03	Report HMO.	Insurance Line Code
2300	HD04	Do not report as this data is internally generated by BCN.	Plan Coverage Description
2300	DTP01	Use only codes 348 (Benefit Begin) and 349 (Benefit End). Use only code 349 on term transactions; HD01 must be 024 on term transactions	Benefit Begin and Benefit End Date
2300	REF02	Do not report the group number information in this Loop.	Reference Identification Health Coverage Policy Number
2310	NM1 Segment	This segment is used to report information related to the Primary Care Provider. The NPI of the Primary Care Provider should be reported when available. Otherwise, report either their identifier from the hardcopy provider directory or their physician number from www.mibcn.com.	Primary Care Provider
2330	NM103	Preferred reporting is MEDA, MEDB with respective 344 & 345 dates in the 2320.	Coordination of Benefits Insurer Name
2750	 REF01 REF02	FOR BCNA ONLY REF01 - Report 6M Application Number REF02 - Report Application Number (Confirmation #)	Reporting Category
2750	 REF01 REF02	FOR BCNA ONLY REF01 - Report ZZ Mutually Defined (Unit # - # of months of prior coverage) REF02 - Report # of months of prior coverage	Reporting Category
2750	 DTP02 DTP03	FOR BCNA ONLY DTP02 - D8 DTP03 - Report Application Date CCYYMMDD	Reporting Category Date
2750	 N101 N102 REF01 REF02	FOR BCNA ONLY Report choice of Accessibility Format (how a member would like to receive correspondence) Report 75 – Participant Report Accessibility Format Report XX1 – Special Program Code Report Large Print, or Audio CD	Reporting Category

<table>
<tr><th>Loop</th><th>Segment/Element</th><th>Instruction</th><th>Industry/Element Name</th></tr>
<tr><td>2750</td><td>N101
N102
REF01
REF02</td><td>FOR BCNA ONLY – Reporting of Member Gender and Sexual Orientation
BCNA will accept the following values. Each combination must be reported in a separate occurrence of Loop 2750.

Example:
LX*1
N1*75*GENDER
REF*17*1
LX*2
N1*75*SELF IDENTITY
REF*17*4
<table>
<tr><th>2750 - N101</th><th>2750-N102</th><th>2750_ REF01</th><th>2750-REF02</th></tr>
<tr><td>75</td><td>GENDER</td><td>17</td><td>1,2,3,4,5,6</td></tr>
<tr><td>75</td><td>DIFFERENT GENDER</td><td>17</td><td>Free form up to 25 characters</td></tr>
<tr><td>75</td><td>SELF-IDENTIFY</td><td>17</td><td>1,2,3,4,5,6,7</td></tr>
<tr><td>75</td><td>DIFFERENT SELF-IDENTIFY</td><td>17</td><td>Free form up to 25 characters</td></tr>
<tr><td>75</td><td>RELATIONSHIP</td><td>17</td><td>1,2,3,4,5,6,7</td></tr>
<tr><td>75</td><td>NPN</td><td>17</td><td>Free form up to 10 characters. Note: value cannot start with 0.</td></tr>
</table>
</td><td>Member Reporting Category Name
Member Reporting Category Reference ID</td></tr>
</table>

Appendix B: BCBSM MEMBERSEDGE GROUP ENROLLMENT DOCUMENT

Loop	Segment/Element	Instruction	Industry/Element Name
Header	BGN08	The BGN08 action code identifies whether the file should be used to update a membership database or to verify that the payer's and employer group's systems are synchronized. Report 2 for Update or Update file with changed members only. Report RX for Replace file with current members and current terminations.	Action Code
Header	REF01 & REF02	REF01 - Report 38. REF02 - Report MOS.	Master Policy Number
Header	DTP01	**For proper adjudication of your enrollment files, BCBSM strongly encourages the sponsor, TPA or vendor to report the File Effective Date.** Report 007 for Effective Date. Any members removed from a Replace file without a termination date may be terminated at midnight of the Effective Date.	Date/Time Qualifier
1000A	N101 & N102	N101 - Report P5. N102 – Report BCBSMI before the constant name of the Employer group (e.g., BCBSMI Employer Group Name)	Plan Sponsor Name
1000B	N101 & N102	N101 – Report IN N102 – Report BCBSMI, BCBS MI, or Blue Cross Blue Shield of Michigan	Payer/Insurer Name
1000C	N103 & N104	N103 - Report 94. N104 - Report the BCBSM Agent Code when applicable.	Qualifier and TPA or Broker Identification Code
2000	INS03	Report 001 change elements for Update file. Report 021 add coverage for Update file. Report 025 reinstate coverage for Update file. Report 024 terminate coverage for Update file. Report 030 for Replace file.	Maintenance Type Code
2000	INS04	Report XN for **active** members on a Replace file. Report appropriate code for **termination**s on an Update file. Report appropriate code for all members on an Update file.	Maintenance Reason Code

Loop	Segment/Element	Instruction	Industry/Element Name
2000	INS05	Report A if member is active in the plan. Report C if member has COBRA. COBRA Begin and End dates are required when enrolled in COBRA. Report S if member is the Surviving Insured.	Benefit Status Code
2000	INS06	**For proper adjudication of your enrollment files, BCBSM strongly encourages the sponsor, TPA or vendor to report the Medicare Plan Code when a member is 65 years old or older, or permanently handicapped**. **Claims may not be adjudicated appropriately if the data is not available on the file.** INS06-01 - Report A, B, or C when member is Medicare eligible. INS06-02 - Report 0 when member is Medicare Eligible because of Age. INS06-02 - Report 1 when member is Medicare Eligible because of Disability. INS06-02 - Report 2 when member is Medicare Eligible because of ESRD.	Medicare Plan Code
2000	INS07	Report a valid Qualifying Event when INS05 = C for COBRA.	COBRA Qualifying Event
2000	INS08	**Report an Employment Status Code based on the following for a Subscriber:** **AC Active** **RT Retired** **L1 Leave of Absence** **TE COBRA**	Employment Status Code
2000	INS10	Report Y when member is permanently handicapped, or Medicare disabled.	Yes/No Condition or Response Code
2000	INS17	Report Birth Sequence Number **only** when multiple dependents have the same birth date.	Number
2000	REF01 & REF02	REF01 - Report 0F. REF02 - Report the contract number (e.g., SSN) of the subscriber.	Subscriber Number
2000	REF01 & REF02	**For proper adjudication of your enrollment files, BCBSM strongly encourages the sponsor, TPA or vendor to report the Group and Division numbers supplied by BCBSM. Errors may be returned if the data is not available on the file. The Policy or Group Number must be reported in the 2000 Loop or the 2300 Loop.** REF01 - Report 1L REF02 - Report the member's Group Number followed by a space and then the Division Number. (e.g. xxxxxxxxx xxxx).	Qualifier and Group or Policy Number
2000	REF01 & REF02	REF01 - Report 17 REF02 - Report Other Reporting Category.	Client Reporting Category

Loop	Segment/Element	Instruction	Industry/Element Name
2000	REF01 & REF02	REF01 - Report 23 REF02 - Report the Servicing Plan Code for Claims Paid in other States.	Client Number
2000	REF01 & REF02	REF01 - Report DX REF02 - Report the Payroll or Department Number only if validated by BCBSM.	Payroll or Department Number
2000	REF01 & REF02	REF01 - Report 6O REF02 - Report the Surviving Insured's prior contract number.	Cross Reference Number
2000	REF01 & REF02	REF01 - Report F6. REF02 - Report the member's Member Beneficiary Identifier (MBI) number when the member is Medicare eligible. Any member who is age 65 or older is Medicare eligible or permanently handicapped. If the MBI number is reported in COB02, then is not required in a REF*F6.	Member Beneficiary Identifier (MBI)
2000	DTP01	Report 336 for Employment Begin Date. Report 356 for Eligibility Begin Date. This date is not the date coverage begins. Report 340 for COBRA Begin Date. Report 340 when INS05 = C for COBRA. Report 341 for COBRA End Date. Report 341 when INS05 = C for COBRA.	Member Level Date Qualifier
2100A	NM108 & NM109	NM108 - Report 34. NM109 - Report the member's social security number. When reported, report the social security number of the member identified in NM103-NM107 of this segment.	Identification Code
2100A	PER03 PER05 PER07	Report up to three of the communication numbers below in the PER segment. Report EM for Electronic Mail. Report HP for Home Phone Number. Report WP for Work Phone Number.	Communication Number Qualifier
2100A	DMG03	**For proper adjudication of your enrollment files, BCBSM strongly encourages the sponsor, TPA or vendor to report the appropriate Gender Code. Errors will be returned if the data is spaces or U on the file.** Report F for female. Report M for male. U is not advised.	Member Gender Code

Loop	Segment/Element	Instruction	Industry/Element Name
2100A	HLH01	Health related code may be required for specific employer groups. Report a valid code listed in the 834 TR3.	Health Information
2100G	NM101, NM102, NM103 & NM104	**For proper adjudication of your enrollment files, BCBSM strongly encourages the sponsor, TPA or vendor to report QMSCO including the Responsible Party Name for dependents in the 2100G Loop. Errors may be returned if the data is not submitted on the file.** NM101 Report E1 for QMSCO dependents and 19 for Child in INS02. Supporting court documentation must be sent to BCBSM. NM102 Report 1 for Person NM103 Report Responsible Party Last Name NM104 Report Responsible Party First Name	Responsible Person
2300	HD Segment	**For proper adjudication of your enrollment files, BCBSM strongly encourages the sponsor, TPA or vendor to report at least one HD or 2300 Loop. Report additional HD Loops if HD03 is different. The exception is the CDHP products where HD03 is the same.**	Health Coverage
2300	HD01	Report 001 Change data on Update file. Report 021 Add coverage on Update file. Report 024 Terminate coverage on Update or Replace file. Report 030 for Replace member other than a termination of the coverage.	Maintenance Type Code

Loop	Segment/Element	Instruction	Industry/Element Name
2300	HD04	For proper adjudication of your enrollment files, BCBSM strongly encourages the sponsor, TPA or vendor to report the Benefit Package ID or Benefit Identifier based on the criteria outlined below and supplied by BCBSM. **Errors may be returned if the data is not submitted on the file.** **Existing groups (in production/testing prior to May 2023):** Report the 8-character Benefit Package ID on every member of the contract. Example: HD*030**PPO*XXXXXXXX*EMP~ (Subscriber record) **New non-Hybrid group implementations or vendor change (May 2023 forward):** Report the 5-character alphanumeric Benefit Identifier on every member of the contract. Example: HD*030**PPO*RXXXX*EMP~ or HD*030**PPO*CXXXX*EMP~ (Subscriber record) Note: Reporting of HSA, HRA and or FSA benefits requires submission of an additional HD segment to provide the CDH related information. Each product selected by the Subscriber requires a separate HD Loop. See Appendix D for further details on CDH requirements. For HSA, HRA and FSA benefits complete this data element as follows: <u>Position Value</u> 1 – 3 constant 'CDH' (to identify subsequent data) 4 – blank or space 5 – 12 Product Identifier (refer to Appendix D for a list of valid product identifier codes) 13 – blank or space 14 – 22 Goal Amount for FSA Products (formatted as 999999.99 or leave blank). Do not report a Goal Amount for HSA or HRA.	Plan Coverage Description
2300	HD05	Report the Coverage Level code from those listed in the 834 TR3 for subscribers only.	Coverage Level Code
2300	DTP01 & DTP03	Report one of the following dates: DTP01 - Report 348 Benefit Begin Date for Replace or Update files. DTP01 - Report 349 Benefit End Date for Replace or Update files. HD01 must be 024 if DTP 349 is sent. DTP01 - Report 303 Maintenance Effective Date for Update files only. DTP03 - Benefit End Date is the coverage end date. The member will have coverage through the date submitted as the Benefit End Date.	Health Coverage Dates

Loop	Segment/Element	Instruction	Industry/Element Name
2300	REF01 & REF02	**For proper adjudication of your enrollment files, BCBSM strongly encourages the sponsor, TPA or vendor to report the Group and Division numbers supplied by BCBSM. Errors may be returned if the data is not available on the file. If the member has several coverage levels, report each Group and Division number associated with each coverage level in separate 2300 Loops.** REF01 - Report 1L REF02 - Report the member's Group Number followed by a space and then the Division Number. Example: xxxxxxxxx xxxx	Qualifier and Group or Policy Number
2320		**For proper adjudication of your enrollment files, BCBSM strongly encourages the sponsor, TPA or vendor to report the Medicare Beneficiary Identifier (MBI) and the Medicare Part Dates in the 2320 Loops. Repeat 2320 Loop up to 2 times. Claims may not be adjudicated appropriately if the data is not available on the file.**	Coordination of Benefits
2320	COB01	Report P for Primary (Retired) Report S for Secondary (Employed)	Payer Responsibility Sequence Number Code
2320	COB02	Report **Medicare Beneficiary Identifier (MBI)** when indicating Medicare coverage.	Reference Identification Insured Group or Policy Number
2320	COB03	Report 1 for Coordination of Benefits.	Coordination of Benefits Code
2320	DTP01	Report a DTP segment with each Medicare Part sent. Report 344 COB Begin Date. Report 345 COB End Date.	Coordination of Benefit Eligibility Dates
2330	NM103	Report MEDICARE PART A for Medicare Part A Report MEDICARE PART B for Medicare Part B	Coordination of Benefit Related Entity

Appendix C: BCBSM MEDICARE ADVANTAGE GROUP ENROLLMENT DOCUMENT

Loop	Segment/Element	Instructions	Industry/Element Name
Header	BGN08	The BGN08 action code identifies whether the file should be used to update a membership database or to verify that the payer's and employer group's systems are synchronized. BGN - Report RX for Replace file with current members and current terminations. For optimal processing, BCBSM strongly recommends using RX and sending full replacement files that include all members.	Action Code
Header	REF01 & REF02	REF01 - Report 38 REF02 - Report MAGP	Master Policy Number
1000A	N101 & N102	N101 - Report P5 N102 - Report constant name of the employer group	Plan Sponsor Name
1000C	N101 & N102	N101 – Report BO for broker or sales office; or N101 – Report TV for third party administrator (TPA) N102 – Report name	TPA/Broker Name
2000	INS03	Report 001 change Report 021 add coverage Report 024 cancellation or termination Report 025 reinstatement Report 030 audit or compare on members with no changes/updates to their enrollment.	Maintenance Type Code
2000	INS04	Report 01 divorce Report 03 death Report 04 retirement Report 07 termination of benefits Report 08 termination of employment Report 09 COBRA Report 11 surviving spouse Report 14 voluntary withdrawal Report 21 disability Report 22 plan change Report 25 change in identifying data elements Report 28 initial enrollment Report 29 benefit selection Report 31 legal separation Report 32 marriage Report 33 personal data Report 41 re-enrollment Report 43 change of location Report 59 non-payment Report EC member benefit selection Report XN notification only	Maintenance Reason Code

Loop	Segment/Element	Instructions	Industry/Element Name
2000	INS05	Report A for active Report C for COBRA Report S for surviving insured	Benefit Status Code
2000	INS06-1 INS06-2	INS06-1 - Report A for Medicare Part A only INS06-1 - Report B for Medicare Part B only INS06-1 - Report C for Medicare Part A and B INS06-1 - Report D if no Medicare Dates are available INS06-2 - Report 0 for Age INS06-2 - Report 1 for Disability INS06-2 - Report 2 for ESRD	Medicare Status Code
2000	INS08	AC - Active (Actively participating in MA) TE - Terminated (Termed from MA) BCBSM strongly recommends use of these codes.	Employment Status Code
2000	INS10	Report Y when member is permanently handicapped	Yes/No Condition or Response Code
2000	INS12	Report the date of death	Date Time Period
2000	REF01 & REF02	REF01 - Report 0F REF02 - Report the contract number (e.g., SSN) of the subscriber	Subscriber Number
2000	REF01 & REF02	**For proper adjudication of your enrollment files, BCBSM strongly encourages the sponsor, TPA or vendor to report the GROUP and Suffix numbers supplied by BCBSM. Errors may be returned if the data is not available on the file. The Group and Suffix Number must be reported in the 2000 loop or the 2300 loop.** REF01 - 1L REF02 - see below for effective dates and reporting information: <u>Non-Migrating Group members and Migrating Group members with an effective date **before** 01/01/25</u> • Report the Group Id(5 digits)+4 spaces+Suffix(3 digits). o Example: 12345••••123 <u>Migrating Group members who will have effective date **on or after** 01/01/2025</u> • Report the Group Id(9 digits) and Suffix(4 digits) without spaces between values. o Example: 1234567891234	Member Group or Policy Number
2000	REF01 & REF02	REF01 - Report F6 REF02 - Report the member's Member Beneficiary Identifier (MBI) number when the member is Medicare eligible. Any member who is age 65 or older is Medicare eligible or permanently handicapped. For optimal processing, BCBSM strongly encourages you to report the MBI#.	Medicare MBI Number
2000	REF01 & REF02	REF01 - Q4 Prior Identification Number REF02 - Member's Commercial De-ID	Prior Identification Number
2000	REF01 & REF02	REF01 – 6O	Reference Identification

Loop	Segment/Element	Instructions	Industry/Element Name
		REF02 – Report the Medicare A and B effective dates as follows: REF*6O*MED PART A CCYYMMDD MED PART B CCYYMMDD~	Qualifier
2000	DTP01	Report 300 the Enrollment Signature Date Report 303 for Maintenance Effective Report 338 for Medicare Begin Report 339 for Medicare End Report 340 for COBRA Begin Report 341 for COBRA End	Member Level Date Qualifier
2000	DTP03	Report the appropriate date associated with the qualifiers in DTP01	Member Level Date Period
2100A	NM108 & NM109	NM108 - Report 34 NM109 - Report the member's social security number. When reported, report the social security number of the member identified in NM103-NM107 of this segment.	Identification Code
2100A	PER03 PER05 PER07	Report up to three of the communication numbers below in the PER segment. Report AP for Alternate Telephone. Report CP for Cellular Phone. Report EM for Electronic Mail. Report HP for Home Phone Number. Report TE for Telephone.	Communication Number Qualifier
2100A	DMG03	For proper adjudication of your enrollment files, BCBSM strongly encourages the sponsor, TPA or vendor to report the appropriate Gender Code. Errors will be returned if the data contains U on the file. Report F for female. Report M for male. U is not advised.	Member Gender Code
2100A	DMG05-3	Use Code Source 859 to report race and ethnicity	Race or Ethnicity Information
2100A	 LUI01 LUI02 LUI03	Report member's primary language when NOT English If primary language is Spanish - Report LE or LD (language code source). Otherwise leave LUI01 blank. If primary language is Spanish - Report SPA (Spanish). Otherwise leave LUI02 blank. If primary language is not Spanish - Report Other	Member Language
2100C	 NM1 N3 N4	To facilitate processing of your enrollment files, BCBSM strongly encourages reporting the Member's mailing address information if different than the Member's residence address. Member Mailing Address Member Mailing Street Address Member Mailing City, State, Zip Code	Member Mailing Address
2100G	NM101 thru NM107	NM101 - Report one of the following: • QD responsible party • EI executor of estate • J6 power of attorney • LR legal representative	Entity ID Code

Loop	Segment/Element	Instructions	Industry/Element Name
		• S1 parent • TZ significant other • X4 spouse NM102 - Report 1 Person NM103 - Report Last name or Organization name NM104 - Report First name NM105 - Report Middle name NM106 - Report Name Prefix NM107 - Report Name Suffix	
2100G	PER03 PER05 PER07	Report up to three of the communication numbers below in the PER segment for the responsible party. Report AP for Alternate Telephone. Report CP for Cellular Phone. Report EM for Electronic Mail. Report HP for Home Phone Number. Report TE for Telephone.	Communication Number Qualifier
2100G	N301 N302	N301 - Report responsible party address line 1 N302 - Report responsible party address line 2	Address Information
2100G	N401 thru N404	N401 - Report responsible party City N402 - Report responsible party State N403 - Report responsible party Zip Code (no dashes or spaces) N404 - Report responsible party Country if not in United States	City, State or Province Code, Postal Code, Country Code
2200	DTP01	DTP01 - Report 360 Initial Disability Period Start DTP02 - Report 361 Initial Disability Period End	Disability Eligibility Dates
2300	HD Segment	HD01 - Report 001 change. HD01 - Report 021 add coverage. HD01 - Report 024 cancellation or termination. HD01 - Report 025 reinstatement. HD01 - Report 030 for Audit or Compare to be sent on members with no changes/updates to their enrollment. HD03 - Report Medicare Advantage Plan Type.	Maintenance Type code
2300	DTP01	Report 303 for Maintenance Effective (this date will be used to reflect a change in the HD01 - 001) Report 348 for Benefit Begin (this date will be used to reflect an add in the HD01 – 021, or a reinstatement in the HD01 – 025) Report 349 for Benefit End	Health Coverage Date Qualifier
2300	DTP02	Report D8	Health Coverage Date
2320	COB02	COB02 - Report policy number	Coordination of Benefits
2320	REF01 & REF02	REF01 - Report 6P REF02 - Report Group Number	Reference Identification Qualifier

<table>
<tr><th>Loop</th><th>Segment/Element</th><th>Instructions</th><th>Industry/Element Name</th></tr>
<tr><td>2330</td><td>NM103</td><td>NM103 - Report name of the insurance company</td><td>Coordination of Benefits Related Entity</td></tr>
<tr><td>2750</td><td>REF01
REF02</td><td>REF01 - Report 6M Application Number REF02 - Report Application Number (Confirmation #)</td><td>Reporting Category</td></tr>
<tr><td>2750</td><td>REF01
REF02</td><td>REF01 - Report ZZ Mutually Defined (Unit # - # of months of prior coverage)
REF02 - Report # of months of prior coverage</td><td>Reporting Category</td></tr>
<tr><td>2750</td><td>DTP02
DTP03</td><td>DTP02 - D8
DTP03 - Report Application Date CCYYMMDD</td><td>Reporting Category Date</td></tr>
<tr><td>2750</td><td>
N101
N102
REF01
REF02</td><td>Report choice of Accessibility Format (how a member would like to receive correspondence)
Report 75 – Participant
Report Accessibility Format
Report XX1 – Special Program Code
Report Large Print, or Audio CD</td><td>Reporting Category</td></tr>
<tr><td>2750</td><td>N101
N102
REF01
REF02</td><td>Reporting of Member Gender and Sexual Orientation.
Medicare Advantage will accept the following values. Each combination must be reported in a separate occurrence of Loop 2750.

<u>Example</u>:
LX*1
N1*75*GENDER
REF*17*1
LX*2
N1*75*SELF IDENTITY
REF*17*4
<table>
<tr><th>2750 - N101</th><th>2750-N102</th><th>2750_ REF01</th><th>2750-REF02</th></tr>
<tr><td>75</td><td>GENDER</td><td>17</td><td>1,2,3,4,5,6</td></tr>
<tr><td>75</td><td>DIFFERENT GENDER</td><td>17</td><td>Free form up to 25 characters</td></tr>
<tr><td>75</td><td>SELF-IDENTIFY</td><td>17</td><td>1,2,3,4,5,6,7</td></tr>
<tr><td>75</td><td>DIFFERENT SELF-IDENTIFY</td><td>17</td><td>Free form up to 25 characters</td></tr>
<tr><td>75</td><td>RELATIONSHIP</td><td>17</td><td>1,2,3,4,5,6,7</td></tr>
<tr><td>75</td><td>NPN</td><td>17</td><td>Free form up to 10 characters. Note: value cannot start with 0.</td></tr>
</table>
</td><td>Member Reporting Category Name
Member Reporting Category Reference ID</td></tr>
</table>

Appendix D: MEMBERSEDGE CDH MAPPING DOCUMENT

The HD segment is repeated multiple times to identify the CDH Product election(s) followed by the DTP segment(s). The CDH Product(s) indicator is reported in the 2300 Loop as shown below. Repeat to identify the HSA product indicator and if applicable, repeat for additional CDH products with the goal amounts. This applies to the Subscriber only.

General guidelines:
Loop 2300 HD Segment breakdown:
1st loop report the BPID segment or Benefit Identifier
2nd loop report the HSA product
3rd loop report the CDH products w/ goal amount (*Goal Amount for FSA Products start at 14 - 22*)

```
Example of contract with an HSA and FSA Dependant Care with a $100 Contract Goal Amount:
INS*Y*18*030*XN*A*E**FT~
REF*0F*999999999~
REF*1L*XXXXXXXXX XXXX~
DTP*336*D8*19000101~
NM1*IL*1*SMITH*SMITH*S***34*999999999~
N3*123 Street CT~
N4*HOLLY*MI*99999~
DMG*D8*19991122*M~
1st HD*030**HLT*LA00XXXX*FAM~
   DTP*348*D8*20130101~
2nd HD*030**HLT*CDH HSA~
   DTP*348*D8*20130101~
3rd HD*030**HLT*CDH FSADEPCA 000100.00~
   DTP*348*D8*20130101~
```

Note: Goal amounts are not reported to BCBSM for HSA product elections.

Note: Goal Amount for FSA Products start at 14 - 22

Product Identifiers	Full Product Description	Product Identifiers	Full Product Description
FSA	Flexible Spending Account	HRA	Health Reimbursement Account contribution or allocation based
FSADEPCA	FSA Dependent Care	HRALPDV	HRA Limited Purpose Dental Vision
FSALPDV	FSA Limited Purpose Dental Vision	HRAPDED	HRA Post Deductible
FSAPARK	FSA Parking	HRARET	HRA Retiree only
FSAPDED	FSA Post Deductible	HSA	Health Savings Account
FSATRANS	FSA Transportation		

Removing CDH Products: When removing one or all CDH product(s), the DTP 348 must be updated for both the CDH loop and the related HD loop.

- **Remove all CDH product(s):**
  - Report CDH Product Identifier "0000" with a Date/Time Period (DTP) 348 Begin Date. The date reported with DTP 348 should equal the first date of **no CDH coverage**.
  - If the CDH Product is FSA, do NOT send the goal amount.
  - For the CDH HD segment, the date reported with DTP 348 is the effective date of **no CDH coverage**.

LOOP	834 DATA	ELEMENT PASSED
2000	INS*Y*18*030*XN*A***FT~ REF*0F*999999999~	
2100A	NM1*IL*1*SMITH*JOHN*S***34*999999999~ N3*123 STREET CT~ N4*HOLLY*MI*99999~ DMG*D8*19791122*M~	
2300	**HD*030**HLT*LA00XXXX*FAM~** **DTP*348*D8*20150801~**	BPID BPID Effective Date
	REF*1L*007XXXXXX 0000~	Group/Division
	HD*030HLT*CDH 0000~** **DTP*348*D8*20150801~**	CDH Product #1 & #2 Identifier CDH Product #1 & #2 De-selection Effective Date

- **Remove CDH product(s) with one or more remaining active:**
  - When more than one product exists on a contract, pass the **remaining active** CDH product(s) with a Date/Time Period (DTP) 348 Begin Date. The date reported with DTP 348 should equal the **first date** for the remaining CDH product(s). Remove the CDH Loop from the 834 as applicable.
  - For the CDH HD segment, the date reported with DTP 348 is the effective date for the **remaining active** CDH product(s).
  - For the terminating CDH product(s), remove the associated CDH Loop 2300 from the 834 file.

LOOP	834 DATA	ELEMENT PASSED
2000	INS*Y*18*030*XN*A***FT~ REF*0F*999999999~	
2100A	NM1*IL*1*SMITH*JOHN*S***34*999999999~ N3*123 STREET CT~ N4*HOLLY*MI*99999~ DMG*D8*19791122*M~	
2300	**HD*030**HLT*LA00XXXX*FAM~** **DTP*348*D8*20150801~**	BPID BPID Effective Date
	REF*1L*007XXXXXX 0000~	Group/Division
	HD*030HLT*CDH HSA~** **DTP*348*D8*20150801~**	CDH Product #1 Identifier CDH Product #1 Effective Date

Appendix E: CHANGE SUMMARY

This section describes the differences between the current Companion Guide and previous guide(s)

The table below summarizes the changes to this companion document.

Section	Description of Change	Page	Date
Appendix A, Appendix C	Updated N1 and REF segments in the 2750 Loop	12,23	Jan 2025
Appendix C	Updated REF 01 & 02 reporting instructions 2000 Loop	19	June 2024
Appendix A	Updated N102 reporting instructions for 1000B Loop	10	July 2023
Appendix B	Updated N102 reporting instructions for 1000A Loop	12	July 2023
Appendix B	Updated N102 reporting instructions for 1000B Loop	12	July 2023
Appendix B	Updated Language for Loop 2300 added Benefit Identifier and removed reference to RRA.	16, 23	May 2023
Appendix D	Added note to indicate CDH applies to Subscriber only.	23	May 2023
Appendix A	Added Header Loop DTP01 Segment information	10	Apr 2023
Appendix A, Appendix C	Added Loop 2100A DMG05-3 Segment Information	10, 20	Apr 2023
Testing Overview and Transmission Method	Replaced Validator Tool information with CollabT Testing Tool. Revised instructions for testing setup.	3	Mar 2023
Appendix D	Revised MembersEdge CDH Mapping	21	Mar 2023
Testing Overview and Transmission Method	Updated Instructions	3	June 2022
Appendix D	Revised CDH Instructions	22	June 2022
Appendix A	Added Header info in loop BGN08	8	July 2021
Appendices C-F	Removed Appendix C and updated the following appendices.		Nov 2020
Appendix C	Loop 2100G PER03, PER05, PER07 Added: Report AP for Alternate Telephone, Report CP for Cellular Phone, Report TE for Telephone. Removed: Report WP for Work Phone Number.	21	Nov 2020
Appendix C	Loop 2100A PER03, PER05, PER07 Added: Report CP for Cellular Phone, Report TE for Telephone.	21	Nov 2020
Appendix C	Loop 2000, INS04 Removed: Report 16 quit, Report 17 fired, Report TX transfer.	21	Nov 2020
Appendix C	Added loop 2750, REF01 & REF02 REF01 - Report ZZ Mutually Defined (Unit # - # of months of prior coverage)	22	Nov 2020

	REF02 - Report # of months of prior coverage		
Appendix C	Made clarifications to loop 2300, DTP01.	22	Nov 2020
Appendix C	Modified loop 2300, HD Segment. Add: HD01 - Report 025 reinstatement	22	Nov 2020
Appendix C	Modified loop 2100G, NM101-NM107 Added: NM101 - Report one of the following: EI executor of estate J6 power of attorney LR legal representative S1 parent TZ significant other X4 spouse	21	Nov 2020
Appendix C	Added loop 2100C, NM1, NM3, NM4 Member Mailing Address Member Mailing Street Address Member Mailing City, State, Zip Code	21	Nov 2020
Appendix C	Modified loop 2100A, PER03, PER05, PER07 Add: Report AP for Alternate Telephone. Remove: Report WP	21	Nov 2020
Appendix C	Modified loop 2000, DTP01 Add: Report 300 the Enrollment Signature Date Report 303 for Maintenance Effective Report 340 for COBRA Begin Report 341 for COBRA End Remove: Report 300 the Enrollment Signature Date	20	Nov 2020
Appendix C	Modified loop 2000, REF01 & REF02 REF01 - Q4 Prior Identification Number REF02 - Member's Commercial De-ID	20	Nov 2020
Appendix C	Added loop 2000, INS12, Report the date of death	20	Nov 2020
Appendix C	Removed several codes from loop 2000, INS08	20	Nov 2020
Appendix C	Combined INS06-1 and INS06-2	20	Nov 2020
Appendix C	Added to loop 2000, INS05: Report A for active Report C for COBRA Report S for surviving insured	20	Nov 2020

Appendix C	Added 24 additional maintenance codes to loop 2000, INS04	19	Nov 2020
Appendix C	Added Report 025 reinstatement to loop 2000, INS03	19	Nov 2020
Appendix A	Loop 1000A, 1000B, 1000C, N101& N102. Replaced REF01 with N101 Replaced REF02 with N102	8	Nov 2020
Appendix A	Loop 2300, HD Segment Changed wording from requiring at least one HD loop to only one HD loop.	8	Nov 2020
Appendix B	Added 1000B loop instructions.	9	Nov 2017
Appendix D	Removed appendix.		Nov 2017
Appendices B, E	Changed names on appendices.	9, 22	Nov 2017
ASC X12N Benefit Enrollment and Maintenance 834 (005010X220A1) – Reporting Instruction Clarifications	Clarified change file explanations.	4	April 2017
Consumer Driven Health Plans (CDHP)	Added direction to refer to instructions in each appendix for CDH.	4	April 2017
Enrollment 834 Interchange Envelope and Functional Group Structure	Clarified send information.	6	April 2017
Global Data Requirements for the 834 Transaction Set	Added instructions to loop 2000, REF02.	6	April 2017
Appendix A: BLUE CARE NETWORK GROUP ENROLLMENT DOCUMENT (INCLUDES BCN ADVANTAGE)	Removed reference to BCN HMO. Also removed segment from instructions if the notation refers to a single segment.	8	April 2017
Appendix B: BCBSM MOS (METAVANCE) GROUP ENROLLMENT DOCUMENT	Removed segment from instructions if the notation refers to a single segment. Clarified instructions in loop 2000, HLH01 Also updated the following: Loop 2000 - INS06-01 - ref to D & E removed. Loop 2000 - INS08 - INS08 added, INS09 removed. Loop 2000 - INS10 - Added clarification. Loop 2100A - PER - Removed ref to report TE for Telephone from instruction list. Loop 2000 HLH01 Clarified Instructions Loop 2100G - NM101 - NM102, NM103, NM104 added. Loop 2300 - HD01 - Removed HD01 under instruction for each value listed. Loop 2300 - HD04 - Removed HD04 reference under instruction.	9	April 2017
Appendix C: BCBSM Local Group Enrollment Document	Removed.		April 2017
Appendix C: BCBSM NATIONAL GROUP	Changed name to Appendix C. Removed segment from instructions if the	15-18	April 2017

ENROLLMENT DOCUMENT	notation refers to a single segment. Added CDH guidance. Made adjustments to the following: Header BGN08 - Added this segment not in previous version. Header REF01 & REF02 - Added REF02. Loop 1000A N101 & N102 - Combined N101 & N102 on one line and updated N102. Loop 1000A N103 & N104 - Combined N103& N104 on one line and updated info. Loop 1000B N101 & N102 - Combined N101& N102 on one line and updated info. Loop 1000B N103 & N104 - Combined N103& N104 on one line and updated info. Loop 1000C N101 & N102 - Combined N101& N102 on one line and updated info. Loop 1000C N103 & N104 - Combined N103& N104 on one line and updated info. Loop 2000 INS02 Removed. Loop 2000 INS03 Info updated and condensed. Loop 2000 INS12 Info updated and expanded. Loop 2000 REF01& REF02 Combined REF01& REF02 on one line and updated info for all Reports. Loop 2000 REF - Removed all other REF types. Loop 2000 DTP01 Reference to 303 was removed and 356/357 put in separate row. Loop 2100A PER03, PER05, PER07 - Combined to one row but not noted as a change and additional verbiage added. Loop 2100A N302 Added Loop 2100A N403 Removed N401, N404, N407 references. Loop 2100F PER All reference to PER03, PER05, and PER07 were combined to one line and all N4 references for this loop were removed. Loop 2100G All Removed reference to NM101 and changed to All. Loop 2300 HD03 Updated as Health coverage. Loop 2300 HD04 Updated Health coverage info. Loop 2300 HD03 Updated for CDHC. Loop 2300 HD04 Updated for CDHC detail. Loop 2330 NM103 Removed NM101 and NM102.		
Appendix D: BCBSM HYBRID/ METAVANCE GROUP ENROLLMENT DOCUMENT	Changed name to Appendix D. Removed segment from instructions if the notation refers to a single segment.	19	April 2017

Appendix E: BCBSM MEDICARE ADVANTAGE GROUP ENROLLMENT DOCUMENT	Changed name to Appendix E. Removed segment from instructions if the notation refers to a single segment. Made the following changes: Header BGN08 Added optimal processing statement. Loop 2000, INS03 Removed Report 025 and removed reference to update file. Loop 2000, INS08 Removed reference to Employment Status Code. Loop 2000, REF01 & REF02 Added optimal processing statement. Loop 2300, HD segment Removed reference to Update files. Loop 2300, DTP01 Added Report 303 for Maintenance Effective Date. Loop 2750, REF02 Added Confirmation # clarification.	24	April 2017
Appendix F: BCBSM CDH Mapping Document	Changed name to Appendix F. Added instructions for removing CDH products.	27	April 2017
Appendix G: Change Summary	Added Change Summary, changed name to Appendix G.	29	April 2017
All	Published document in new format		April 2017