



FOR SMALL  
BUSINESS

NFP Health  
CCSB SHOP Solution  
834 Companion Guide

# Covered California for Small Business - SHOP Solution

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## 834 COMPANION GUIDE

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## 1 PREFACE

This Companion Guide to the v5010 Accredited Standards Committee (ASC) X12N Implementation Guides and associated errata adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with CCSB, the Health Insurance Exchange for the state of California.

Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide is based on, and must be used in conjunction with, the ASC X12 X12N/005010X220 Type 3 Technical Report (TR3) and its associated A1 addenda. The Companion Guide clarifies and specifies

specific transmission requirements for exchanging data CCSB. The instructions in this companion guide conform to the requirements of the TR3, ASC X12 syntax and semantic rules and the ASC X12 Fair Use Requirements. In case of any conflict between this Companion Guide and the instructions in the TR3, the TR3 takes precedence.

## 2 INTRODUCTION

### 2.1 BACKGROUND

The state of California a health insurance exchange for small employers to select and enroll in high quality, affordable health plans that fit their needs. The exchange is known as Covered California for Small Business (CCSB).

This companion guide contains detailed information about how CCSB will use the ASC X12 Benefit Enrollment and Maintenance (834) transaction, based on the 005010X220 Implementation Guide and its associated 005010X220A1 addenda.

### 2.2 BUSINESS PURPOSE

The Health Insurance Portability and Accountability Act (HIPAA) requires CCSB and all health insurance carriers to comply with the Electronic Data Interchange (EDI) standards for health care as established by the Department of Health and Human Services (HHS.). Those compliance standards are codified in the ASC X12N 5010 version of the Technical Report Type 3 (TR3) for each transaction type. CCSB will trade the following health care transaction types:

- 834 Membership Enrollments
- 999 Functional Acknowledgments
- TA1 Interchange Acknowledgments

Where applicable, the TR3s for these transactions are available electronically from the WPC website at <http://www.wpc-edi.com/>.

This Companion Guide is to be used in conjunction with the respective TR3s and is not meant to replace them.

### 3 FILE NAMING CONVENTIONS

The naming conventions for files transferred between CCSB and the Insurance Issuers (Carriers) are as follows:

Trxn Type	Frequency Daily*, Weekly, Monthly	Type	Direction I = In, O = Out	Naming Convention from/to Trading Partners
834	Daily	Enrollments	I/O	to_<Issuer_ID>_CA_834_SHOP_<YYYYMMDDHHMMSS>.edi from_<Issuer_ID>_CA_834_SHOP_<YYYYMMDDHHMMSS>.edi
TA1	Daily	Enrollment File Acknowledgment	I/O	from_<Issuer_ID>_CA_TA1_834_SHOP_<YYYYMMDDHHMMSS>.edi to_<Issuer_ID>_CA_TA1_834_SHOP_<YYYYMMDDHHMMSS>.edi
999	Daily	Enrollment Acknowledgment	I/O	from_<Issuer_ID>_CA_999_834_SHOP_<YYYYMMDDHHMMSS>.edi to_<Issuer_ID>_CA_999_834_SHOP_<YYYYMMDDHHMMSS>.edi

### 4 FILE TRANSFER PROCESS

Information on where to drop files, landing zone, etc. will be handled during the carrier onboarding process. NFP Health will work through these details directly with each carrier separately.

### 5 ACKNOWLEDGMENTS AND BUSINESS EDITS

EDI interchanges submitted to CCSB are processed through compliance edits that generate acknowledgments (Ack) files indicating the portions of data that were accepted vs. rejected. Those acknowledgment (Ack) files are returned to the submitter.

## 5.1 TA1 INTERCHANGE ACKNOWLEDGMENT

- CCSB expects to receive a TA1 interchange acknowledgment from Carrier within 24- hours, for every outbound 834 file sent.
- CCSB will send a TA1 acknowledgement within 24-hours, for every inbound 834 received when requested in the interchange control header.
- CCSB will require the request for a TA1 in the control header to be in all outbound and inbound 834 data. The request for a TA1 is part of the validation process, so any 834 data without this request will fail validation.
- CCSB will only support Interchange Acknowledgement Codes "A" and "R".

## 5.2 999 FUNCTIONAL ACKNOWLEDGMENTS

- CCSB expects to receive a 999 functional acknowledgment from Carrier within 24- hours, for every functional group sent in every 834 file. However, if the entire CCSB 834 file is rejected, on the QHP side, then CCSB does not expect a 999 file to be sent back, only a TA1 must be sent with a rejected “R” code.
- CCSB will send 999 functional acknowledgements to Carrier within 24-hours, for every functional group in every inbound 834 file received.
- If a TA1 is rejected, a 999 will not be sent.

## 6 SUBSCRIBERS/DEPENDENTS

Subscribers and dependents are sent as separate occurrences of Loop 2000 within the same file. The initial enrollment for the subscriber must be sent before sending the initial enrollment for any of the subscriber’s dependents.

## 7 UPPERCASE LETTERS, SPECIAL CHARACTERS, AND DELIMITERS

As specified in the TR3, the basic character set includes uppercase letters, digits, space, and other special characters with the exception of those used for delimiters.

- All HIPAA segments and qualifiers must be submitted in UPPERCASE letters only.
- Delimiters for the transactions are as follows:

Character	Name	Delimiter
*	Asterisk	Data Element Separator
^	Carat	Repetition Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator. This will also include a newline.

- To avoid syntax errors parentheses and spaces are not recommended to be used in values for identifiers.

Examples: Tax ID 123654321 SSN 123456789 Phone 8001235010

## 8 CONTROL SEGMENTS/ENVELOPES

Trading partners should follow the Interchange Control Structure (ICS) and Functional Group Structure (GS) guidelines for HIPAA that are located in the HIPAA implementation guides. The following sections address specific information needed by CCSB in order 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	Value
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Authorization Information Qualifier	ISA01	"00"
Security Information Qualifier	ISA03	"00"
Interchange Sender ID Qualifier	ISA05	"ZZ"
Interchange Sender ID	ISA06	900737353
Interchange Receiver ID Qualifier	ISA07	"ZZ"
Interchange Receiver Qualifier	ISA08	"<RECEIVERS FEDERAL TAX ID>"
Interchange Acknowledgment Requested	ISA14	"1" for 834 "0" for TA1/999
Functional Identifier Code	GS01	"BE"
Application Sender's Code	GS02	900737353
Application Receiver's Code	GS03	"<RECEIVER'S FEDERAL TAX ID>"
Group Control Number	GS06	The GS06 control number of all outbound 834 data will be set to the same value as the ISA13 control number to allow the 999 to reference the appropriate 834 transaction.
Version/Release/Industry Identifier Code	GS08	"005010X220A1"

## 9 CCSB BUSINESS RULES AND LIMITATIONS

### 9.1 GENERAL BUSINESS RULES EXCEPTIONS

CCSB will send separate transactions if multiple products (Medical & Dental) are selected from the same issuer. CCSB will not send these as multiple Member Detail Loops at the 2000 Member Level like the FFE. Only CCSB can Add/Term/Cancel/Change CCSB enrollments.

## 9.2 INITIAL ENROLLMENT SUPPLEMENTAL INSTRUCTIONS - CCSB TO QHP ISSUER

An Initial Enrollment transmission is created by CCSB and sent to the QHP Issuer after an application has been determined eligible and a QHP has been selected.

Not all reporting categories from the CMS 834 Companion Guide are being used.

Note: Each Element code value represents a separate line for same Element.

Table or Loop	Element	Industry/Element Name	Code	Instruction
Header	BGN	Beginning Segment		
	BGN08	Action Code	2	
Header	DTP	File Effective Date		Will transmit to indicate the date the information was gathered if that date is not the same as ISA09/GS04 date
Table or Loop	Element	Industry/Element Name	Code	Instruction
	DTP01	Date Time Qualifier	303	Maintenance Effective
Header	QTY	Transaction Control Totals	Set	Will transmit all 3 iterations of this segment.
			TO	Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set.
	QTY01	Quantity Qualifier	DT	Dependent Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "N"

			ET	Employee Total (Subscribers). Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "Y"
1000A	N1	Sponsor Name		
			24	CCSB identifies this as the Tax ID of the employer.
1000B	N1	Payer		Identifies the issuer of the QHP
	N103	Identification Code Qualifier	XV	Will transmit the CMS HIOS ID (The first 5 chars of the Plan ID)
1000C	N1	TPA/Broker Name	BO	Will transmit if an agent (broker) was involved in the enrollment.  Will transmit the general agent if applicable.
1100C	ACT	TPA/Broker Account Information		Will transmit if an agent (broker) was involved in the enrollment. General agent will not be sent for this segment.
2000	INS	Member Level Detail		
	INS02	Relationship Code		
	INS03	Maintenance Type Code	021	
	INS04	Maintenance Reason Code	EC	
	INS08	Employment Status Code	AC	

	INS10	Yes/No Condition or Response Code		This will always be set to N except for a disabled dependent, in which case it will be set to Y. This replaces Pinnacle's use of 15 in INS02 to represent disabled dependent
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	0F	
	REF02	Subscriber Identifier		CCSB Assigned ID of the subscriber (member id of subscriber).  If enrollment is for dependents only, the oldest member will be the subscriber.
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	17	CCSB Assigned Member ID conveyed in REF02
	NM109	Member Identifier		The SSN is allowed for this Federally administered program based on confidentiality regulations. Will transmit the member's SSN when known.
2100A	PER	Member Communications Numbers		Will transmit three communication contacts -  -- home phone, work phone, cell phone, or email address --- when the information is available.  Communication contacts will be sent in the following order:  1st --- Primary Phone ("TE")  2nd --- Secondary Phone ("AP")  3rd --- Communication Method ("EM" for email)

2100A	N3	Member Street Address		Address provided by Subscriber
2100A	N4	Member City, State, ZIP Code		Address provided by Subscriber
	N406	Location Identifier		Will transmit FIPS HUB 6-4 County of Residence when available.
2100A	DMG	Member Demographics		
	DMG02	Member Birth Date		
	DMG03	Gender Code		
	DMG04	Marital Status Code		'M' Sent only at subscriber level when a subscriber has a spouse in the same policy.  'U' Sent only at subscriber level when a subscriber does not have a spouse in the same policy.
	DMG05- 03	Race or Ethnicity Code		Will transmit when available.  Refer to section 13.5 for the codes that are supported.
Table or Loop	Element	Industry/Element Name	Code	Instruction
	DMG06	Citizenship Status Code		Will never transmit this segment.
2100A	LUI	Member Language		Transmission of this information is required when known and allowed.

				Spoken and Written language information will be transmitted when known.
<b>2100A</b>	<b>LUI01</b>	<b>Identification Qualifier</b>	<b>Code</b> LE	Refer to section 13 for the spoken and written language codes supported.
	<b>LUI04</b>	<b>Language Use Indicator</b>	6 7	Written Language Spoken Language
<b>2100G</b>		<b>Responsible Person Loop</b>		The Responsible Person loop will be transmitted when a dependent is sent over as a subscriber (INS01=Y).
<b>2100G</b>	<b>NM1</b>	<b>Responsible Person</b>		
	<b>NM101</b>	<b>Entity Identifier Code</b>	QD	Will transmit "QD" as appropriate.
	<b>NM109</b>	<b>Responsible Party Identifier</b>		The SSN is allowed for this Federally administered program based on confidentiality regulations. Will transmit the SSN when known.
<b>Table</b> <b>or Loop</b>	<b>Element</b>	<b>Industry/Element Name</b>	<b>Code</b>	<b>Instruction</b>
<b>2100G</b>	<b>PER</b>	<b>Responsible Person Communication Numbers</b>		<p>Will transmit three communication contacts -</p> <p>-- home phone, work phone, cell phone, or email address --- when the information is available.</p> <p>Communication contacts will be sent in the following order:</p> <p>1st --- Primary Phone ("TE")</p> <p>2nd --- Secondary Phone ("AP")</p> <p>3rd --- Communication Method ("EM" for email).</p>

2300	HD	Health Coverage		
	HD01		021	Will send 021 (Addition)
	HD03	Insurance Line Code	HLT DEN	Will transmit coverage information for the qualifiers shown, as applicable.
2300	DTP	Health Coverage Dates		
	DTP01	Date Time Qualifier	348	Member Effective Date.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component and it will be conveyed in the associated REF02 element. (HIOS ID)
			E8 / 1L	Will transmit Account ID in the associated REF02 element.
2700		Member Reporting Categories Loop		This loop will be transmitted according to the scenario's outlined in section 13.3.
2750	N1	Reporting Category		This loop will be transmitted according to the scenario's outlined in section 13.3.
2750	REF02	See section 13.3 for values outlined in Add scenario.		This loop will be transmitted according to the scenario's outlined in section 13.3.

## 9.3 ENROLLMENT CONFIRMATION/EFFECTUATION SUPPLEMENTAL INSTRUCTIONS - QHP ISSUER TO CCSB

Table or Loop	Element	Industry/Element Name	Code	Instruction
Header	BGN	Beginning Segment		
	BGN06	Original Transaction Set Reference Number		Transmit the value from BGN02 in the initial enrollment transaction.
Header	QTY	Transaction Set Control Totals		If the transaction set control totals sent with the Initial Enrollment transaction are not accurate for this confirmation/effectuation, transmit accurate totals instead of the values received in the Initial Enrollment transaction.
	QTY01	Quantity Qualifier	TO  DT  ET	<p>Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set. It is required for all transactions.</p> <p>Dependent Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "N". It is required for all transactions.</p> <p>Employee Total. Will transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = "Y".</p> <p>CCSB requires all three be sent.</p>



2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code	28	Will transmit "28" when the QHP Issuer has effectuated member coverage.
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	23	Transmit with the QHP Issuer Assigned Member ID conveyed in REF02.
			ZZ	Transmit with the QHP Issuer Assigned Subscriber ID conveyed in REF02.
<b>Table or Loop</b>	<b>Element</b>	<b>Industry/Element Name</b>	<b>Code</b>	<b>Instruction</b>
<b>2300</b>	DTP	Health Coverage Dates		2 iterations are required.
			348	The Actual Enrollment Begin Date. It must be transmitted. Enrollment into the QHP is not effectuated until the initial premium has been paid.
	DTP01	Date Time Qualifier	543	The Last Premium Paid Date. It must be transmitted. For CCSB, send last day of month of effectuation (e.g., Send 1/31/2021 when effectuation date is 1/1/2021).
<b>2300</b>	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	X9	Transmit with the QHP Issuer assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element.

<b>2700</b>		Member Reporting Categories Loop		When sending an enrollment for effectuation back to CCSB, carriers are asked to send an additional CONFIRM 2750 loop for new effectuations.
<b>2750</b>	N1	Reporting Category		
	N102	Member Reporting Category Name		"ADDL MAINT REASON"
<b>2750</b>	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier 17		
	REF02	Member Reporting Category Reference ID		"CONFIRM"

## 9.4 CCSB MARKET CANCELLATION SUPPLEMENTAL INSTRUCTIONS - CCSB TO QHP ISSUER (SUBSCRIBER LEVEL - ENTIRE ENROLLMENT GROUP)

A cancellation transaction can be sent by CCSB. A cancellation transaction is initiated when the enrollment is to be ended without any coverage taking effect.

CCSB will send a cancellation transaction to the QHP Issuer for a variety of reasons including the individual getting coverage through an employer or another employer and moving out of a coverage area before coverage is started.

Table		Industry/Element Name		
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or Loop	Element		Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	14 59 07	Voluntary Termination Non-Pay Termination All other Terminations
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier	0F	CCSB Subscriber assigned ID of the primary coverage person.
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	17 23 ZZ	CCSB Member assigned ID conveyed in REF02  When the QHP Issuer Assigned Member ID is conveyed in REF02 when available.  When the QHP Issuer Assigned Subscriber ID is conveyed in REF02 when available.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	356 357	Original Effective Date Eligibility End Date
	DTP03	Status Information Effective Date		The eligibility end date of the cancellation will match the benefit begin date sent on the Initial Enrollment.

2300	HD	Health Coverage		
Table or Loop	Element	Industry/Element Name	Code	Instruction
	HD01	Maintenance Type Code	024	
2300	DTP	Health Coverage Dates		
			348	Enrollment Period Begin Date.
	DTP01	Date Time Qualifier	349	Enrollment Period End Date must match the benefit begin date sent on the Initial Enrollment.
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component and it will be conveyed in the associated REF02 element. (HIOS ID)
	REF01	Reference Identification Qualifier	E8	Will transmit Carrier Group ID in the associated REF02 element. If no Carrier Group ID exists will transmit CCSB Account ID in the associated REF02 element.
	REF01	Reference Identification Qualifier	1L	Will transmit CCSB Account ID in the associated REF02 element.
	REF01	Reference Identification Qualifier	X9	Will transmit with the QHP Issuer Assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element where applicable.
2700		Member Reporting Categories Loop		This loop will be transmitted according to the scenario's outlined in section 13.3.
2750	N1	Reporting Category		This loop will be transmitted according to the scenario's outlined in section 13.3.

2750	REF02	See section 13.3 for values outlined in CANCEL/TERM scenario.		This loop will be transmitted according to the scenario's outlined in section 13.3.
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## 9.5 CCSB TERMINATION TRANSACTION - CCSB TO QHP ISSUER (SUBSCRIBER AND/OR MEMBER LEVEL)

A termination transaction shall be sent by CCSB. A termination transaction is initiated when the enrollment is to be ended after coverage has taken effect. This transaction is sent at the subscriber and/or member level and terminates any member(s) of the enrollment.

CCSB will send a termination transaction to the QHP Issuer for a variety of reasons including the Member terminating from the employer group.

Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	
	INS04	Maintenance Reason Code	14 59 07	Voluntary Termination Non-Pay Termination All other Terminations
2000	REF	Subscriber Identifier		
	REF01	Subscriber Identifier	0F	CCSB Assigned ID of the subscriber is conveyed in REF02.

2000	REF	Member Supplemental Identifier		
	REF01	Member Identifiers	17  23  ZZ	CCSB Assigned Member ID is conveyed in REF02.  For the QHP Issuer Assigned Member ID is conveyed in REF02.  For the QHP Issuer Assigned Subscriber ID is conveyed in REF02.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	356  357	Original Effective Date in associated DTP03 segment  Eligibility End Date in in associated DTP03 segment
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	
Table or Loop	Element	Industry/Element Name	Code	Instruction
2300	DTP	Health Coverage Dates		Both dates are required.
	DTP01	Coverage Period	348 349	Either original or Last Plan Effective Date Enrollment Period End Date
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component and it will be conveyed in the associated REF02 element. (HIOS ID)

	REF01	Reference Identification Qualifier	E8	Will transmit Carrier Group ID in the associated REF02 element. If no Carrier Group ID exists will transmit CCSB Account ID in the associated REF02 element.
	REF01	Reference Identification Qualifier	1L	Will transmit CCSB Account ID in the associated REF02 element.
	REF01	Reference Identification Qualifier	X9	Will transmit with the QHP Issuer Assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element where applicable.
<b>2700</b>		<b>Member Reporting Categories Loop</b>		This loop will be transmitted according to the scenario's outlined in section 13.3.
<b>2750</b>	<b>N1</b>	<b>Reporting Category</b>		This loop will be transmitted according to the scenario's outlined in section 13.3.
<b>2750</b>	<b>REF02</b>	<b>See section 13.3 for values outlined in CANCEL/TERM scenario.</b>		This loop will be transmitted according to the scenario's outlined in section 13.3.

## 10 OTHER CCSB TRANSACTIONS - CCSB TO QHP ISSUER

CCSB will send the normal set of transactions type (change or reinstate) to reflect members' circumstance since initial enrollment and/or last termination.

### 10.1 CCSB CHANGE TRANSACTIONS

CCSB will issue a standard Change transaction to update information that has changed pertaining to a Subscriber or Dependent as applicable.

Examples of this would be: Name, Address and contact information changes.

CCSB will send a Change transaction/record to QHP Issuer whenever any change occurs to Subscriber's/Dependent's record from the original enrollment.

Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	001	
	INS04	Maintenance Reason Code		See table 13.2 for possible values
2000	REF	Subscriber Identifier		
	REF01	Subscriber Identifier	0F	CCSB Assigned ID of the subscriber is conveyed in REF02.
2000	REF	Member Supplemental Identifier		
	REF01	Member Identifiers	17  23  ZZ	CCSB Assigned Member ID is conveyed in REF02.  For the QHP Issuer Assigned Member ID is conveyed in REF02 if available  For the QHP Issuer Assigned Subscriber ID is conveyed in REF02 if available.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	001	
2300	DTP			
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the



				Variation Component and it will be conveyed in the associated REF02 element. (HIOS ID)
	REF01	Reference Identification Qualifier	E8	Will transmit Carrier Group ID in the associated REF02 element. If no Carrier Group ID exists will transmit CCSB Account ID in the associated REF02 element.
	REF01	Reference Identification Qualifier	1L	Will transmit CCSB Account ID in the associated REF02 element.
	REF01	Reference Identification Qualifier	X9	Will transmit with the QHP Issuer Assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element where applicable.

This is the base structure of the change transaction. Due to the large volume of scenarios and variability to the actual transactions, NFP will work through these details with carriers in future scenario files and during testing.

## 10.2 CCSB COBRA TRANSACTIONS

CCSB will issue cobra transactions at least 3 different ways:

### 10.2.1 COBRA Term/Add

This transaction will have 2 steps (term, then add) in the case an employee terminates one day and comes back in a different batch of EDI, for instance if they decide to choose Cobra at a later date. This will also occur if the subscriber does not elect cobra, but the spouse or other dependent does and becomes the primary subscriber on the insurance. In both cases carriers will receive a term, then add.

Termination:

Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	024	

	INS04	Maintenance Reason Code	07	
2000	REF	Subscriber Identifier		
	REF01	Subscriber Identifier	0F	CCSB Assigned ID of the subscriber is conveyed in REF02.
2000	REF	Member Supplemental Identifier		
	REF01	Member Identifiers	17  23  ZZ	CCSB Assigned Member ID is conveyed in REF02.  For the QHP Issuer Assigned Member ID is conveyed in REF02 if available  For the QHP Issuer Assigned Subscriber ID is conveyed in REF02 if available.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	356  357	Original Effective Date  Eligibility End Date
	DTP03	Status Information Effective Date		The eligibility end date of the termination must be transmitted.
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	024	
Table or Loop	Element	Industry/Element Name	Code	Instruction
2300	DTP	Health Coverage Dates		Both dates are required.
	DTP01	Coverage Period	348  349	Either original or Last Plan Effective Date  Enrollment Period End Date

2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component and it will be conveyed in the associated REF02 element. (HIOS ID)
	REF01	Reference Identification Qualifier	E8	Will transmit Carrier Group ID in the associated REF02 element. If no Carrier Group ID exists will transmit CCSB Account ID in the associated REF02 element.
	REF01	Reference Identification Qualifier	1L	Will transmit CCSB Account ID in the associated REF02 element.
	REF01	Reference Identification Qualifier	X9	Will transmit with the QHP Issuer Assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element where applicable.
<b>2700</b>		<b>Member Reporting Categories Loop</b>		This loop will be transmitted according to the scenario's outlined in section 13.3.
<b>2750</b>	<b>N1</b>	<b>Reporting Category</b>		This loop will be transmitted according to the scenario's outlined in section 13.3.
<b>2750</b>	<b>REF02</b>	<b>See section 13.3 for values outlined in CANCEL/TERM scenario.</b>		This loop will be transmitted according to the scenario's outlined in section 13.3.

Add:

Table or Loop	Element	Industry/Element Name	Code	Instruction
	INS	Member Level Detail		
	INS03	Maintenance Type Code	021	
	INS04	Maintenance Reason Code	AI	
	INS05	Benefit Status Code	C	If element C is present, then this subscriber and linked dependents in the 2000 loops attached to this subscriber are all Cobra. In all other cases this element will have A for Active.
	INS08	Employment Status Code	TE	If the subscriber is COBRA, the INS08 will contain TE for "Terminated".
2000	REF	Subscriber Identifier		
	REF01	Subscriber Identifier	0F	CCSB Assigned ID of the subscriber is conveyed in REF02. In the case of the member returning on Cobra, this subscriber ID will be having the same value as the prior iteration of the member. Otherwise, if they are a dependent being elevated as a subscriber in the case a dependent opts for Cobra, then the dependent ID will be here and INS02 will be Y.
2000	REF	Member Supplemental Identifier		
	REF01	Member Identifiers	17	CCSB Assigned Member ID is conveyed in REF02. In the case of the member returning on Cobra, this subscriber ID will be having the same value as the prior iteration of the member.

			23	For the QHP Issuer Assigned Member ID is conveyed in REF02 if available. If it is a new member then the exchange will be expecting back effectuations.
			ZZ	For the QHP Issuer Assigned Subscriber ID is conveyed in REF02 if available. If it is a new member then the exchange will be expecting back effectuations.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	356	Effective Date conveyed in DTP03
			340	Cobra Eligibility Begin Date conveyed in DTP03. This is the date that the subscriber's Cobra eligibility begins. This is will be the same as the DTP*348 eligibility begin date in the 2300 loop.
Table or Loop	Element	Industry/Element Name	Code	Instruction
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	021	
2300	DTP	Health Coverage Dates		
	DTP01	Coverage Period	348	Cobra/Plan Effective Date
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component and it will be conveyed in the associated REF02 element. (HIOS ID)
	REF01	Reference	E8	Will transmit Carrier Group ID in the associated REF02 element. If no Carrier Group ID exists will

		Identification Qualifier		transmit CCSB Account ID in the associated REF02 element.
	REF01	Reference Identification Qualifier	1L	Will transmit CCSB Account ID in the associated REF02 element.
	REF01	Reference Identification Qualifier	X9	Will transmit with the QHP Issuer Assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element where applicable.
<b>2700</b>		<b>Member Reporting Categories Loop</b>		This loop will be transmitted according to the scenario's outlined in section 13.3.
<b>2750</b>	<b>N1</b>	<b>Reporting Category</b>		This loop will be transmitted according to the scenario's outlined in section 13.3.
<b>2750</b>	<b>REF02</b>	<b>See section 13.3 for values.</b>		This loop will be transmitted according to the scenario's outlined in section 13.3.

## 10.2.2 COBRA Change

This will occur if the employee termination and Cobra election happens in the same EDI batch (Day). The system will roll the term/add into 1 change transaction.

Table or Loop	Element	Industry/Element Name	Code	Instruction
	INS	Member Level Detail		
	INS03	Maintenance Type Code	001	
	INS04	Maintenance Reason Code	AI	
	INS05	Benefit Status Code	C	If element C is present, then this subscriber and linked dependents in the 2000 loops attached to this subscriber are all Cobra. In all other cases this element will have A for Active.

	INS08	Employment Status Code	TE	If the subscriber is COBRA, the INS08 will contain TE for “Terminated”.
2000	REF	Subscriber Identifier		
	REF01	Subscriber Identifier	0F	CCSB Assigned ID of the subscriber is conveyed in REF02.
2000	REF	Member Supplemental Identifier		
	REF01	Member Identifiers	17  23  ZZ	CCSB Assigned Member ID is conveyed in REF02.  For the QHP Issuer Assigned Member ID is conveyed in REF02 if available.  For the QHP Issuer Assigned Subscriber ID is conveyed in REF02 if available.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	356  340	Effective Date conveyed in DTP03  Cobra Eligibility Begin Date conveyed in DTP03. This is the date that the subscriber’s Cobra eligibility begins. This is will be the same as the DTP*348 eligibility begin date in the 2300 loop.
Table or Loop	Element	Industry/Element Name	Code	Instruction
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	001	

2300	DTP	Health Coverage Dates		
	DTP01	Coverage Period	348	Cobra/Plan Effective Date
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component and it will be conveyed in the associated REF02 element. (HIOS ID)
	REF01	Reference Identification Qualifier	E8	Will transmit Carrier Group ID in the associated REF02 element. If no Carrier Group ID exists will transmit CCSB Account ID in the associated REF02 element.
	REF01	Reference Identification Qualifier	1L	Will transmit CCSB Account ID in the associated REF02 element.
	REF01	Reference Identification Qualifier	X9	Will transmit with the QHP Issuer Assigned Health Coverage Purchased Policy Number conveyed in the associated REF02 element where applicable.
2700		Member Reporting Categories Loop		See referenced table in appendix for possible values.
2750	N1	Reporting Category		See referenced table in appendix for possible values.

### 10.2.3 COBRA Add

In the case a subscriber or responsible person chooses a different carrier that they were not on prior, the resulting carrier will only receive an Add, but the other carrier will get the termination. Omitting the termination in this example as it is the same as the termination from 11.2.1. As with regular effectuations, CCSB will also be expecting an effectuation for these members. This effectuation will be the same as is sent today.



Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	DTP	Member Level Date	340	Cobra Eligibility Begin Date. This is the date that the subscriber's Cobra eligibility begins. This is will be the same as the DTP*348 eligibility begin date in the 2300 loop.
	INS	Member Level Detail		
	INS03	Maintenance Type Code	021	
	INS04	Maintenance Reason Code	AI	
	INS05	Benefit Status Code	C	If element C is present, then this subscriber and linked dependents in the 2000 loops attached to this subscriber are all Cobra. In all other cases this element will have A for Active.
	INS08	Employment Status Code	TE	If the subscriber is COBRA, the INS08 will contain TE for "Terminated".
2000	REF	Subscriber Identifier		
	REF01	Subscriber Identifier	0F	CCSB Assigned ID of the subscriber is conveyed in REF02.
2000	REF	Member Supplemental Identifier		
	REF01	Member Identifiers	17	CCSB Assigned Member ID is conveyed in REF02. In the case of a new member then an effectuation is expected from the carrier containing identifiers from section 9.3
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	356	Effective Date conveyed in DTP03

			340	Cobra Eligibility Begin Date conveyed in DTP03. This is the date that the subscriber's Cobra eligibility begins. This is will be the same as the DTP*348 eligibility begin date in the 2300 loop.
Table or Loop	Element	Industry/Element Name	Code	Instruction
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	021	
2300	DTP	Health Coverage Dates		
	DTP01	Coverage Period	348	Cobra/Plan Effective Date
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component and it will be conveyed in the associated REF02 element. (HIOS ID)
	REF01	Reference Identification Qualifier	E8	Will transmit Carrier Group ID in the associated REF02 element. If no Carrier Group ID exists will transmit CCSB Account ID in the associated REF02 element.
	REF01	Reference Identification Qualifier	1L	Will transmit CCSB Account ID in the associated REF02 element.
2700		Member Reporting Categories Loop		See referenced table in appendix for possible values.
2750	N1	Reporting Category		See referenced table in appendix 13.3 for possible values.

## 10.3 CCSB RE-INSTATEMENT TRANSACTION WITHOUT LAPSE IN COVERAGE

A re-instatement transaction is generated when an enrollee who has been previously terminated, needs to be re-enrolled without a lapse in coverage.

Table or Loop	Element	Industry/Element Name	Code	Instruction
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	025	
	INS04	Maintenance Reason Code	41	
2000	REF	Subscriber Identifier		
	REF01	Subscriber Identifier	0F	CCSB Assigned ID of the subscriber is conveyed in REF02.
2000	REF	Member Supplemental Identifier		
	REF01	Member Identifiers	17	CCSB Assigned Member ID is conveyed in REF02.
			23	For the QHP Issuer Assigned Member ID is conveyed in REF02 if available.
			ZZ	For the QHP Issuer Assigned Subscriber ID is conveyed in REF02 if available.
2000	DTP	Member Level Dates		
	DTP01	Date Time Qualifier	356	Effective Date
Table or Loop	Element	Industry/Element Name	Code	Instruction

2300	HD	Health Coverage		
	HD01	Maintenance Type Code	021	
2300	DTP	Health Coverage Dates		
	DTP01	Coverage Period	348	Original Plan Effective Date
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	CE	QHP ID Purchased is the Assigned Plan Identifier (standard component identifier) plus the Variation Component and it will be conveyed in the associated REF02 element. (HIOS ID)
	REF01	Reference Identification Qualifier	E8	Will transmit Carrier Group ID in the associated REF02 element. If no Carrier Group ID exists will transmit CCSB Account ID in the associated REF02 element.
	REF01	Reference Identification Qualifier	1L	Will transmit CCSB Account ID in the associated REF02 element.
	HD01	Maintenance Type Code	025	
2750	N1	Reporting Category	75	
	N102	Member Reporting Category Name		"PRE AMT TOT"
2750	REF	Reporting Category Reference		
	REF01	Reference Identification Qualifier	9X	
	REF02	Member Reporting Category Reference ID		Total Premium Amount
2750	DTP	REPORTING CATEGORY DATE		
	DTP01	Date/Time Qualifier	007	

	DTP02	Date Time Period Format Qualifier	D8	
	DTP03	Date Time Period		Reinstatement date

## 10.4 CCSB RE-ENROLL TRANSACTION WITH LAPSE IN COVERAGE

For Member(s) of a Group that has previously terminated from CCSB, and later wishes to re-apply, must have at least one full month of lapse in coverage, must be re-enrolled/re-apply with a new Effective Date.

A re-enrollment will be sent in the same way as an initial enrollment. See section 9.2 for more details.

## 11 CCSB MEMBERSHIP - ANNUAL RENEWALS

The following sections describe the types of transactions that will be sent to the QHP Issuers (Carriers) at annual renewal period.

### 11.1 RENEWAL - PLAN CHANGE WITH NEW CARRIER

During the renewal and/or open enrollment period, if a Member selects a different Carrier Plan than their current Carrier Plan, the following transactions are sent by CCSB:

1. A termination transaction is sent to the current Carrier with existing Plan. Loop 2000: INS03 = '024';

Loop 2300: DTP348 – Last Effective Date; DTP349 – Plan Term Date

2. An initial Add enrollment transaction is sent to the new Carrier with new Plan. INS03 = '021';

Loop 2300: DTP348 – New Plan Year Effective Date

3. Carriers are required to send a TA1 and 999 to confirm receipt of file and member(s) transaction were processed successfully.

4. Carrier receiving the new enrollments, are also required to send CCSB a return 834 “Effectuation” transaction to confirm the new Member(s) are processed with Carrier assigned Member Id.

## 11.2 RENEWAL - PLAN CHANGE WITH SAME CURRENT CARRIER

At renewal period, Member(s) can change to a new Plan offered by the Group, with same Carrier. This is reported by CCSB via the 834 with two transactions in the same file.

- A termination transaction is sent to the current Carrier with existing Plan:- Loop 2000: INS03 = ‘024’ and Loop 2300: DTP348 – Last Effective Date; DTP349 – Plan Term Date
- An add transaction is sent to the same Carrier with new Plan:- Loop 2000 INS03 = ‘021’; and Loop 2300: DTP348 – New Plan Year Effective Date
- Carriers are required to send a TA1 and 999 to confirm file and member transactions were processed successfully.

Note: Unless, Carrier is going to change the Member’s Carrier assigned Id, Carrier are not required to send CCSB an 834 effectuation transaction to confirm the new Plan change for the same existing Member.

## 11.3 RENEWAL – NO PLAN CHANGE

At renewal period, Member(s) can choose the same plan (as currently enrolled in) with same Carrier. This is reported by CCSB via the 834 with two transactions in the same file.

- A termination transaction is sent to the current Carrier with existing Plan:- Loop 2000: INS03 = ‘024’; and loop 2300: DTP348 – Last Effective Date; DTP349 – Plan Term Date
- An add transaction is sent to the same Carrier with new Plan:- Loop 2000 INS03 = ‘021’; and loop 2300: DTP348 – New Plan Year Effective Date
- Carriers are required to send a TA1 and 999 to confirm file and member transactions were processed successfully.

Note: Unless, Carrier is going to change the Member's Carrier assigned Id, Carrier are not required to send CCSB an 834 effectuation transaction to confirm the new Plan change for the same existing Member.

## 12 WEEKLY / MONTHLY FULL MEMBERSHIP AUDIT & RECONCILIATION

The CCSB reconciliation file format and other details will be provided in a future document.

## 13 APPENDIX

### 13.1 INDIVIDUAL RELATIONSHIP CODES

Position	Code Value	Code Value Description
INS02		
	01	Spouse
	18	Self
	19	Child

### 13.2 MAINTENANCE REASON CODES

Position	Code Value	Code Value Description
INS04		
	01	Divorce/Legal Separation
	02	Birth
	03	Death
	05	Adoption / Foster Care / Court Ordered Care
	07	Termination of Benefits
	08	Termination of Employment
	14	Voluntary Withdrawal
	22	Plan Change (when member changes their plan selection – same carrier)
	25	Change in Identifying Data Elements
	32	Marriage

Position	Code Value	Code Value Description
	33	Personnel Data
	43	Change of Location (Address change)
	59	Termination for Non-Payment
	AI	No Reason Given (Default if no other code is available, may be used for data corrections)

## 13.3 REPORTING CATEGORIES

NFP HEALTH SYSTEM 2750 - If not explicitly defined below, segment is not sent.									
	N102	REF01	REF02	DTP Y/N	Initial Enrollment/ Reinstatement	Confirmation Enroll	Cancel	Term	Maintenance
Additional Maintenance Reason (reason category)		17	The specific reason code, see below						
Cancellation (cancellation category)	ADDL MAINT REASON	17	"CANCEL"	Y			Y	N	Y
Cancellation (cancellation category)	ADDL MAINT REASON	17	"TERM"	Y			N	Y	Y
Confirmation (confirmation category)	ADDL MAINT REASON	17	"CONFIRM"	Y		Y			
Premium amount	PRE AMT 1	9X	NNNNNNNN.NN	Y	Y	Y	Y	Y	Y



(premium category)			This is the individual premium rate of the member.						
Policy Amount	PRE AMT TOT	9X	NNNNNNNN.NN  This is the sum of list rates of the entire policy. <b>Will be sent for subscriber only.</b>	Y	Y	Y	Y	Y	Y
Transaction Timestamp	REQUEST SUBMIT TIMESTAMP	17	CCYYMMDDHHMM SS	Y	Y	Y	Y	Y	Y
Employer Contribution Amount	TOT EMP RES AMT	9V	NNNNNNNN.NN  This is the employer contribution to the policy amount. <b>Will be sent for subscriber only.</b>	Y	Y	Y	Y	Y	Y
Employee Contribution Amount	TOT IND RES AMT	9V	NNNNNNNN.NN  This is the employee contribution to the policy amount. <b>Will be sent for subscriber only.</b>	Y	Y	Y	Y	Y	Y
Rating area used to determine premium amounts.  (premium category)	RATING AREA	9X	R- XX999 – where XX is the State Abbreviation Code and 999 represents the numerical value assigned (between 001 and 150) for the area. This is the rating area used in determining the individual or family premium amounts.	Y	Y	Y	Y	Y	Y

Source Exchange ID (source category)	SOURCE EXCHANGE ID	17	This is the Source Exchange ID. This is the Tennant ID a two-character State Abbreviation and a single numeric character of 1 (CA0).	Y	Y	Y	Y	Y	Y
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## 13.4 LANGUAGE CODES

### 13.4.1 SPOKEN LANGUAGE CODES

CCSB will send the following codes for spoken language:

- eng – English
- ara – Arabic
- hye – Armenian
- fas – Farsi
- khmr – Cambodian
- cesm – Cantonese
- cmn – Mandarin
- hmn – Hmong
- kor – Korean
- rus – Russian
- spa – Spanish
- tgl – Tagalog
- vie – Vietnamese

## 13.4.2 WRITTEN LANGUAGE CODES

CCSB will send the following codes for spoken language:

- eng - English
- ara – Arabic
- hye - Armenian
- fas – Farsi
- khmr – Cambodian
- zho – Traditional Chinese character
- hmn – Hmong
- kor – Korean
- rus – Russian
- spa – Spanish
- tgl – Tagalog
- vie – Vietnamese

## 13.5 RACE/ETHNICITY CODES

CCSB will send the following race/ethnicity codes:

- 2182-4 Cuban
- 2148-5 Mexican, Mexican American or Chicano/a
- 2180-8 Puerto Rican
- 1002-5 American Indian or Alaskan Native
- 2029-7 Asian Indian
- 2054-5 Black or African American
- 2034-7 Chinese

- 2036-2 Filipino
- 2086-7 Guamanian or Chamorro
- 2039-6 Japanese
- 2040-4 Korean
- 2079-2 Native Hawaiian
- 2028-9 Other Asian
- 2500-7 Other Pacific Islander
- 2080-0 Samoan
- 2047-9 Vietnamese
- 2106-3 White
- 2131-1 Other