



Benefit Enrollment and Maintenance

(834) X12N/005010X220A1

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Introduction

The Health Insurance Portability and Accountability Act – Administration Simplification (HIPAA-AS) requires that Fallon Health (FCHP), Fallon Health Weinberg, and all other covered entities comply with the electronic data interchange standards for health care as established by the secretary of health and human services. The Department of Health and Human Services (HHS) released the Final Rule adopting the updated versions of the standards under the Health Insurance Portability and Accountability Act (HIPAA). This rule updates the mandated X12 transactions to version 005010 with a compliance date of January 1, 2012. The 5010 Technical Report Type 3s (TR3s) for each transaction can be downloaded for a fee from the WPC website, www.wpc-edi.com/.

Although the TR3s contain requirements for use of specific segments and data elements within the segments, the reports were for use by all health benefit payors. This document has been prepared as a Fallon Health-specific companion document to the TR3s to clarify when conditional data elements and segments must be used for Fallon Health reporting, and to identify those codes and data elements that do not apply to Fallon Health.

This companion guide document supplements, but does not contradict, any requirements in the 834 version 5010 TR3.

The intended audience for this document is the technical area that is responsible for submitting electronic enrollment transactions to Fallon Health.

Confidentiality, privacy, and security

Maintaining the confidentiality of personal health information has been, and continues to be, one of Fallon Health's guiding principles. Fallon Health has a strict confidentiality policy with regard to safeguarding patient, employee and health plan information. All staff is required to be familiar with, and comply with, Fallon Health's policy on the confidentiality of member personal and clinical information to ensure that all member information is treated in a confidential and respectful manner. The policy permits use or disclosure of members' medical or personal information only as necessary to conduct required business, care management, approved research or quality assurance or measurement activities, or when authorized to do so by a member or as required by law.

In order to comply with our own internal policies and the provisions of the Health Insurance Portability and Accountability Act, 1996 (HIPAA), Fallon Health has outlined specific requirements applicable to the electronic exchange of protected health information (PHI) including provisions for:

- maintaining confidentiality of protected information
- confidentiality safeguards
- security standards
- return or destruction of protected information
- compliance with state and federal regulatory and statutory requirements
- required disclosure
- use of business associates

Implementing EDI transactions with Fallon Health

Set-up for direct submission to Fallon Health

Providers wishing to request an enrollment directly to Fallon Health in the EDI 834 format should contact an EDI Coordinator at 1-866-275-3247, option 6, or via email to edi.coordinator@fallonhealth.org. The information necessary for implementation will be provided and an enrollment packet in PDF format can be obtained from the Fallon Health website at fallonhealth.org/providers/provider-tools/provider-tools-registration.aspx.

Trading partner set-up

There are many data elements in the ISA segment that are used for processing control purposes. For example, the ISA segment contains data elements such as authorization information, security information, sender identification, and receiver identification that can be used for control purposes. These data elements are agreed-upon by the trading partners prior to exchange of electronic information. Fallon Health-specific requirements are defined in subsequent sections of this document.

Testing

- All trading partners are required to test the exchange of electronic transactions with Fallon Health prior to the exchange of production files with live data.
- Fallon Health will assign 2 usernames and passwords: 1 for testing and another for production. The production username and password will be assigned upon successful completion of simulation testing.
- All test files will be processed at time of receipt and feedback to the employer group will occur within 5 business days. Preliminary test files should contain at least 25 enrollment transactions and no more than 50.
- Fallon Health requires the following naming convention for all test files submitted: XXMMDDYYVT.834 (eight character maximum). The first 2 letters are used to identify trading partner, then 2-digit month, 2-digit day, 2-digit year, version number, and test file indicator. If multiple files are to be sent on the same day, then version numbers would need to be sent as part of the file naming convention.

Note:

The test indicator is crucial to the entry of the file into the test environment.

Changes and “verify” (audit) transactions must be sent in separate files.

Production

At the completion of successful simulation testing, trading partners will be given a production username and password, as well as a date to begin the exchange of compliant production transaction files.

Fallon Health requires the following naming convention for all production files submitted: XXMMDDYYV1.834 (eight character maximum). The first 2 letters are used to identify trading partner, then 2-digit month, 2-digit day, 2-digit year, and version number. If multiple files are to be sent on the same day, then version numbers would need to be sent as part of the file naming convention.

The production indicator is crucial to the entry of the file into the production environment.

Maintenance

Routine downtime is scheduled weekly from 6 p.m. to 11 p.m. on Thursdays and 8 a.m. to 12 p.m. on Sundays to support maintenance and enhancements for all EDI transactions. Non-routine downtime will be communicated via email at least one week in advance. Emergency unscheduled downtime will be communicated to trading partners via email within one hour following the determination that emergency downtime is needed.

Acknowledgements

TA1 interchange acknowledgement

Both lines of business will generate a TA1 acknowledgement if the trading partner requests it by submitting a 1 in the ISA14. If a trading partner does not want a TA1 acknowledgement, a 0 should be submitted in the ISA14.

999 implementation acknowledgements

Both lines of business will generate 999 acknowledgements for all trading partners. It is the trading partner's responsibility to retrieve and review the 999 to determine if Fallon Health accepted or rejected the file in its entirety.

Payor-specific data requirements

The purpose of this section is to clarify when data elements and segments must be used for Fallon Health. The following information is designed to help you complete the 834 transactions. If you follow these guidelines, we will be better able to process your enrollment transactions accurately and efficiently.

Fallon Health requires the following terminators:

- Segment Terminator (ASCII Value 126) ~
- Element Terminator (ASCII Value 42) *
- Sub-element Terminator (ASCII Value 62) >

BOLD indicates value should be submitted as shown. All fields in the ISA are required as fixed length and should be blank filled if field value is not at the requested length.

ISA segment specifications

Size	Description	Req	Field #	Description	Fallon Health-specific	Fallon Health notes
	ISA	R				
2		R	1	Authorization information qualifier	00	
10		R	2	Authorization information	Blank fill	
2		R	3	Security information qualifier	00	
10		R	4	Security information	Blank fill	
2		R	5	Interchange ID qualifier	ZZ	
15		R	6	Interchange sender ID	Trading partner name	Limited to 15 characters
2		R	7	Interchange ID qualifier	ZZ	
15		R	8	Interchange receiver ID	FCHP	Appropriate to the line of business
6		R	9	Interchange date	YYMMDD	
4		R	10	Interchange time	24-hour time	
1		R	11	Repetition separator	^	^
5		R	12	Interchange control version number	005010	
9		R	13	Interchange control number	Unique number sent by TP	
1		R	14	Acknowledgement requested	1	
1		R	15	Usage indicator	T/P	Test/ Production
1		R	16	Component Element Separator	*	

BOLD indicates value should be submitted as shown. All fields in the ISA are required and fixed length and should be blank filled if field value sent is not at the requested length.

GS segment specifications

Size	Description	Req	Field #	Description	Fallon Health-specific requirements	Fallon Health notes
	Functional group header	R				
2		R	1	Functional identifier code	BE	
2-15		R	2	Application sender's code	Sender TIN	
2-15		R	3	Application receiver's code	FALLON834	
8		R	4	Date	CCYYMMDD	
4-8		R	5	Time	HHMM	
1-9		R	6	Group Control Number	<Unique #>	
1-2		R	7	Responsible agency code	X	
1-12		R	8	Version/release/industry identifier code	005010X220A1	

BOLD indicates value should be submitted as shown.

ST segment specifications

Size	Description	Req	Field #	Description	Fallon Health-specific requirements	Fallon Health notes
	Transaction set header	R				
3		R	1	Transaction set identifier code	834	
4-9		R	2	Transaction set control number	ID# or counter	
1-35		R	3	Implementation convention reference	005010X220A1	Should be the same value as what is submitted in the GS08

BOLD indicates value should be submitted as shown.

BGN segment specifications

Size	Description	Req	Field #	Description	Fallon Health-specific requirements	Fallon Health notes
	Beginning	R				
		R	1	Transaction set identifier code	00	
		R	2	Transaction Reference ID	<CCYYMMDD>	
		R	3	Date	<CCYYMMDD>	
		R	4	Time	<HHMM>	
		R	8	Action Code	2/4	2-Daily and 4 Monthly

BOLD indicates value should be submitted as shown.

DTP segment specifications

Size	Description	Req	Field #	Description	Fallon Health-specific requirements	Fallon Health notes
	File Effective Date					
		R	1	Date/Time Qualifier	<HHMM>	
		R	2	Date/Time Period Format Qualifier	D8	
		R	3	Date/Time Period	<CCYYMMDD>	

Sponsor and payer segment specification

Loop	Seg	Description	Req	Field	Description	Fallon Health-specific requirements	Fallon Health notes
1000 A	N1	Sponsor Name	R				
			R	N10	Entity Identifier Code	P5	
			R	N102	Name	<Client Name>	Sender Name
			R	N103	Id Code Qualifier	FI	
			R	N104	Identification Code	<Sender's TIN>	Federal Tax ID
1000 B	N1	Payer	R				
			R	N101	Entity Identifier Code	IN	
			R	N102	Name	FallonHealth	Insurer Name
			R	N103	Identifier Code Qualifier	FI	
			R	N104	-Identification Code	TIN	FallonHealth TIN

Member-level specific details

Loop	Seg	Description	Req	Field	Description	Fallon Health-specific requirements	Fallon Health notes
2000	INS	Member Level Details					
			R	INS01	Yes/No Condition	Y	Always Y (subscriber)
			R	INS02	Ind Relation Code	18	Self
			R	INS03	Maintenance Reason Code	001/002/021/024/025/030	
			R	INS04	Maintenance Reason Code	For Terms - 01,05,37,47,49,91 For all others - AI	01 - Involuntary for Loss of SNP Eligibility 05 - Involuntary for a Move Out of Plan Service Area 37 - Product Change 47 - Voluntary 49 - Deceased 91 - Loss Of Medicare Part A and B
			R	INS05	Benefit Status Code	A	A - Active

Loop	Seg	Description	Req	Field	Description	Fallon Health-specific requirements	Fallon Health notes
			R	INS06	Medicare Plan Code	C	C- Medicare A and B
			S	INS12	Date/Time Period	<CCYYMMDD>	Date of Death
2000	REF	Subscriber Number	R				
			R	REF01RE	Ref Identification Qualifier	0F	
			R	REF02	Reference Identification	Customer Number	
2000	REF	Member Policy Number	R				
			R	REF01	Ref Identification Qualifier	1L	
			R	REF02	Reference Identification	Group Number	
2000	REF		R	REF01	Ref Identification Qualifier	17	
			R	REF02	Ref Identification Qualifier	803/804	803 - Fallon Medicare Plus Premier HMO 804 - Fallon Medicare Plus Central Premier HMO
			R	REF01	Ref Identification Qualifier	3H	
			S	REF02	Ref Identification Qualifier	Medicaid ID	
2000	REF	Member Identification Number	R				
			R	REF01	REF01-Ref Identification Qualifier	F6	
			R	REF02	REF02-Reference Identification	Subscriber's MBI	Medicare Beneficiary Identifier
			R	REF01-	Ref Identification Qualifier	ZZ	
			S	REF01-	Ref Identification Qualifier	Fallon Member ID	If available
2000	DTP	Member Level Dates	R				
			R	DTP01-	Date/Time Qualifier	300	Enrollment signature date
			R	DTP03-	Date/Time Period	<CCYYMMDD>	
			R	DTP01-	Date/Time Qualifier	356	356 -Effective Date
			R	DTP02-	Date/Time Format Qualifier	D8	
			R	DTP03-	Date/Time Period	<CCYYMMDD>	
			R	DTP01-	Date/Time Qualifier	357	357 - term date
			R	DTP02	Date/Time Format Qualifier	D8	
			R	DTP03-	Date/Time Period	<CCYYMMDD>	
2100	NM1	Member Name					

Loop	Seg	Description	Req	Field	Description	Fallon Health-specific requirements	Fallon Health notes
A							
			R	NM101	Entity Identifier Code	IL - Subscriber Name 74 - Corrected Insured Name	
			R	NM102	Entity Type Qualifier		
			R	NM103	Last Name		
			R	NM104	First Name		
			R	NM108	ID Code Qualifier	34	
			S	NM109	Identification Code	Social Security Number	
2100 A	PER	Member Communication Numbers					
			S	PER01	Contact Function Code	IP	
			S	PER03	Communication Number Qualifier	TE	PHONE
			S	PER03	Communication Number Qualifier	AP	ALTERNATE PHONE
			S	PER04	Communication Number	<number>	
			S	PER05	Communication Number Qualifier	CP	CELL
			S	PER06	Communication Number	<number>	
			S	PER07	Communication Number Qualifier	EM	EMAIL
			S	PER08	Communication Number	<number>	
2100 A	N3	Member Residence Street Address					
			R	N301	Address Information	<address line 1>	
			S	N302	Address Information	<address line 2>	
2100 A	N4	Member Residence City, State, Zip code					
			R	N401	City Name	City	
			R	N402	State or Providence Code	State	
			R	N403	Postal Code	Zip Code	
2100 A	DMG	Member Demographics					
			R	DMG01	Date/Time Format Qualifier	D8	
			R	DMG02-	Date/Time Period	<CCYYMMDD>	DOB
			R	DMG03	Gender Code	F = Female M = Male U = Unknown	Gender at birth
2100 A	LUI	Member Language					
			S	LUI01 -		LE	
			S	LUI03 -		english/spanish/portugese/vietnamese/chinese/khmer/albanian/haitia	

Loop	Seg	Description	Req	Field	Description	Fallon Health-specific requirements	Fallon Health notes
						n_creole/other/form left blank/I choose not to answer	
			S	LUI04 -		6	6 - written language
2100 A	LUI	Member language					
			S	LUI01		LE	
			S	LUI03		english/spanish/portugese/vietnamese/chinese/khmer/albanian/haitian_creole/other/form left blank/I choose not to answer	
			S	LUI04		7	7 - spoken language
2100 B	NM1	INCORRECT MEMBER NAME					
			S	NM101	Entity Identifier Code	70	
			S	NM102	Entity Type Qualifier	1	
			S	NM103	Name Last		
			S	NM104	Name First		
			S	NM105	Name Middle		
			S	NM107	Name Suffix		
			S	NM108	ID Code Qualifier	34 - SSN	
			S	NM109	Identification Code		
2100 B	DMG	INCORRECT MEMBER DEMOGRAPHICS					
			S	DMG01	Date/Time Format Qualifier	D8	
			S	DMG02	Date/Time Period	CCYYMMDD	DOB
			S	DMG03	Gender Code	F = Female M = Male U = Unknown	Gender at birth
2100 C	NM1	MEMBER MAILING ADDRESS					
			R	NM101	Entity Identifier Code	31	
			R	NM102	Entity Type Qualifier	1	
2100 C	N3	MEMBER MAIL STREET ADDRESS					
			R	N301	Address Information	address line 1	
			S	N302	Address Information	address line 2	
2100 C	N4	MEMBER MAIL CITY,STATE,ZIP					
			R	N401	City Name	city	
			R	N402	State or Providence Code	state	
			R	N403	Postal Code	zip code	
			S	N404	Country Code		
2300	HD	Health Coverage					

Loop	Seg	Description	Req	Field	Description	Fallon Health-specific requirements	Fallon Health notes
				HD01	Maintenance Type Code	001/002/021/024/025/030	
				HD03	Insurance Line Code	HMO	
	DTP	Health Coverage Date					
			R	DTP01	Benefit Begin Date	348	
			R	DTP01	Benefit End Date	349	
			S	DTP01	Effective Date of Change	303	
2310	NM1	Provider Name					
			S	NM101	Entity Identifier Code	P3	PCP
			S	NM102	Entity Type Qualifier	1	
			S	NM103	Name Last		
			S	NM104	Name First		
			S	NM107	Name Suffix		
			S	NM108	ID Code Qualifier	XX	
			S	NM109	Identification Code	NPI	
			S	NM110	Entity Relationship Code	25/26/72	25- established patient 26- not established 72 – Unknown
2700	LX	Member Reporting Categories				1	
2750			S	N101	Reporting Category	75	
			S	N102	Reporting Category Reference	SPECIAL NEEDS	
			S	REF01		17	
			S	REF02		Braille/Large print/Auto CD/DATA CD	
2700	LX	Member Reporting Categories				2	
2750			R	N101	Reporting Category	75	
			R	N102	Reporting Category Reference	GENDER IDENTITY	
			R	REF01		17	
			R	REF02	Reporting Category Reference	1/2/3/4/5	1 – Woman 2 – Man 3 – Non-Binary 4 – I use a different term 5 – I choose not to answer
LX01		Member Reporting Categories	R			3	
2750			R	N101	Reporting Category	75	
			R	N102		SEXUAL ORIENTATION	
			R	REF01		17	
			R	REF02		1/2/3/4/5/6	1 – Lesbian or gay 2 – straight, that is not gay or lesbian 3 – Bisexual

Loop	Seg	Description	Req	Field	Description	Fallon Health-specific requirements	Fallon Health notes
							4 – I use a different term 5 – I don't know 6 – I choose not to answer
LX01		Member Reporting Categories				4	
			R	NM101	Reporting Category	75	
			R	NM102		RELATIONSHIP TO ENROLLEE	
2750			R	REF01	Reporting Category Reference	17	
			R	REF02		1/2/3/4/5/6/7	1 – Agent 2 – Broker 3 – SHIP counselor 4 – Authorized Representative 5 – Other (third party) 6 – Self 7 – I choose not to answer
LX01		Member Reporting Categories				5	
			R	N101	Reporting Category	75	
			R	N102		HOSPICE	
			R	REF01	Reporting Category Reference	17	
			R	REF02		Y/N	Send N If no longer applies
LX01		Member Reporting Categories				6	
			R	N101	Reporting Category	75	
			R	N102		INSTITUTIONAL	
2750			R	REF01	Reporting Category Reference	17	
			R	REF02		Y/N	Send N If no longer applies
LX01		Member Reporting Categories				7	
			R	N101	Reporting Category	75	
			R	N102		ESRD	
			R	REF01	Reporting Category Reference	17	
			R	REF02		Y/N	Send N If no longer applies
LX01		Member Reporting Categories		LX01		8	
			R	N101	Reporting Category	75	
			R	N102		CREDITABLE COVERAGE	
2750			R	REF01	Reporting Category Reference	17	
			R	REF02		Y/N	

Loop	Seg	Description	Req	Field	Description	Fallon Health-specific requirements	Fallon Health notes
LX01		Member Reporting Categories				9	
			R	N101	Reporting Category	75	
			R	N102		UNCOVERED MONTHS	
			R	REF01	Reporting Category Reference	17	
			R	REF02		Y/N	If Creditable Coverage is N, # of uncovered months
LX01		Member Reporting Categories				10	
			R	N101	Reporting Category	75	
			R	N102		LIS PREMIUM	
			R	REF01	Reporting Category Reference	17	
			R	REF02		Y/N	Send N If no longer applies
LX01		Member Reporting Categories				11	
			R	N101	Reporting Category	75	
			R	N102		PREMIUM WITHHOLD OPTION	
			R	REF01	Reporting Category Reference	17	
			R	REF02		D/N/R/S/O	D = Direct Self Pay N = No Premium Applicable R = Deduct from RRB benefits S = Deduct from SSA benefits O = Other
LX01		Member Reporting Categories				12	
			R	N101	Reporting Category	75	
			R	N102		PRONOUNS	
			R	REF01	Reporting Category Reference	17	
			R	REF02		He/Him, Other, She/Her, They/Them, Unknown	
LX01		Member Reporting Categories				13	
			R	N101	Reporting Category	75	
			R	N102		PART A	
			R	REF01	Reporting Category Reference	17	
			R	REF02		<CCYYMMDD>	Effective Date
LX01		Member Reporting Categories				14	
			R	N101	Reporting Category	75	
			R	N102		PART B	

Loop	Seg	Description	Req	Field	Description	Fallon Health-specific requirements	Fallon Health notes
			R	REF01	Reporting Category Reference	17	
			R	REF02		<CCYYMMDD>	Effective Date
LX01		Member Reporting Categories				15	
			R	N101	Reporting Category	75	
			R	N102		PART D	
			R	REF01	Reporting Category Reference	17	
			R	REF02		<CCYYMMDD>	Effective Date
LX01		Member Reporting Categories				16	
			R	N101	Reporting Category	75	
			R	N102		APPLICATION TYPE	
			R	REF01	Reporting Category Reference	17	
			R	REF02		B	B = Beneficiary Election - Research Options
LX01		Member Reporting Categories				17	
			R	N101	Reporting Category	75	
			R	N102		DO YOU WORK?	
			R	REF01	Reporting Category Reference	17	
			R	REF02		Y/N	
LX01		Member Reporting Categories				18	
			R	N101	Reporting Category	75	
			R	N102		DOES YOUR SPOUSE WORK?	
			R	REF01	Reporting Category Reference	17	
			R	REF02		Y/N	
LX01		Member Reporting Categories				19	
			R	N101	Reporting Category	75	
			R	N102		EMAIL OPT IN?	
			R	REF01	Reporting Category Reference	17	
			R	REF02		Y/N	
LX01		Member Reporting Categories				20	
			R	N101	Reporting Category	75	
			R	N102		RACE	
			R	REF01	Reporting Category Reference	17	
			R	REF02			See B .Race_Ethnicity tab for mapping
LX01		Member Reporting				21	

Loop	Seg	Description	Req	Field	Description	Fallon Health-specific requirements	Fallon Health notes
		Categories					
			R	N101	Reporting Category	75	
			R	N102		ETHNICITY	
			R	REF01	Reporting Category Reference	17	
			R	REF02			See B .Race_Ethnicity tab for mapping
LX01		Member Reporting Categories				22	
			R	N101	Reporting Category	75	
			R	N102		OTHER PRESCRIPTION DRUG COVERAGE?	
			R	REF01		17	
				REF02	Yes or No	Y/N	IF YES, INCLUDE THE FOLLOWING
LX01		Member Reporting Categories				23	
				N101	Reporting Category	75	
				N102		NAME OF OTHER COVERAGE	
				REF01		17	
				REF02			Name of Other Coverage
LX01		Member Reporting Categories				24	
				N101	Reporting Category	75	
				N102	REF02 - REFERENCE IDENTIFICATION	SEP REASON CODE	
				REF01	Reporting Category Reference	17	
				REF02			See A .SEP Reason Code tab for mapping

Trailer-level specific requirements

Loop	Seg	Description	Req	Field	Description	Fallon Health-specific requirements	Fallon Health notes
	SE						
		Transaction Set Trailer		SE01	SE01 Number of included Segment		
				SE02	SE02-Control Number	<number>	
		Functional Group Trailer					
				GE01	GE01-Number of Transaction Sets Included	<number>	
				GE02	GE02-Group	<number>	

Loop	Seg	Description	Req	Field	Description	Fallon Health-specific requirements	Fallon Health notes
					Control Number		
		Interchange Control Trailer					
				IEA01	IEA01-Number of Transaction Sets Included	<number>	
				IEA02	IEA02-Group Control Number	<number>	

Table A – SEP Codes

SEP Reason Code	Description	Enrollment	Disenrollment
01	GOVT EMERGENCY OR DISASTER	X	X
11	CMS TERM OF CONTRACT	X	X
12	TERM/CNTRCT MOD MUTUAL CONSENT	X	X
21	ACCESSIBLE FRMT RECEIPT DELAY	X	X
22	INVOL LOSS OF CRED CVG	X	
24	PART D DISENR FOR OTH CRED CVG	X	X
27	DISENROLLMENT FORM MAPD TO PACE	X	X
28	COST PLANS NON-RENEWALS	X	
29	DROP MEDIGAP IN TRIAL PERIOD		X
30	CHRONIC CARE C-SNP	X	
32	RETRO ENTITLEMENT DETERM	X	
33	BENES AGE 65 (SEP65)		X
34	PART B GEP ENROLLMENT	X	
35	LOSS OF SNP	X	
37	LAWFULLY PRESENT	X	
38	QUALIFIED / LOSE SPAP ELIG	X	
39	PLAN IN RECEIVERSHIP	X	X
40	CMS ID CONSISTENT POOR PERF	X	X
41	MA ADD PART D IEP	X	X
42	MA FOR A/B EXCEPT COND ENROLL	X	
43	PT D-A/B EXCEPT COND ENROLL	X	

Table B – Race and Ethnicity

Race

300	American Indian or Alaska Native
401	Asian Indian
201	Black or African American
411	Chinese
421	Filipino
521	Guamanian or Chamorro
431	Japanese
441	Korean
501	Native Hawaiian
499	Other Asian
599	Other Pacific Islander
511	Samoan
451	Vietnamese
101	White
999	I choose not to answer

Ethnicity

NA	Not of Hispanic, Latino/a or Spanish origin
PR	Puerto Rican
OTH	Another Hispanic, Latino or Spanish origin
MX	Mexican, Mexican American, Chicano/a
CUB	Cuban
NR	I choose not to answer