

# eMedNY MCE 834 Test Scenarios & Sample Files

---

*Managed Care Enrollment (MCE) 834 Testing Using Sample Data*

*Ver 1.6*

*Release: March 10, 2020*

## Table of Contents

Introduction .....	4
Communication Plan .....	4
Objective .....	4
Scope .....	5
Resources .....	6
Companion Guide .....	6
834 FAQs .....	6
eMedNY MCE 834 Testing Reference Table (Scenarios / Sample Data) .....	7
eMedNY MCE 834 Sample File (Verification/Audit) .....	8
ST*834*193230001*005010X220A1~ .....	8
ST*834*193230002*005010X220A1~ .....	10
ST*834*193230003*005010X220A1~ .....	12
eMedNY MCE 834 Sample File (1 <sup>st</sup> File) .....	15
ST*834*193240001*005010X220A1~ .....	15
ST*834*193240002*005010X220A1~ .....	17
ST*834*193240003*005010X220A1~ .....	19
ST*834*193240004*005010X220A1~ .....	21
ST*834*193240005*005010X220A1~ .....	23
ST*834*193240006*005010X220A1~ .....	24
ST*834*193240007*005010X220A1~ .....	26
eMedNY MCE 834 Sample File (2 <sup>nd</sup> File) .....	29
ST*834*193290001*005010X220A1~ .....	29
ST*834*193290002*005010X220A1~ .....	31
ST*834*193290003*005010X220A1~ .....	33
ST*834*193290004*005010X220A1~ .....	34
ST*834*193290005*005010X220A1~ .....	36
ST*834*193290006*005010X220A1~ .....	38
ST*834*193290007*005010X220A1~ .....	40
eMedNY MCE 834 Sample File (3 <sup>rd</sup> File) .....	43

eMedNY MCE 834 Test Scenarios & Sample Files

ST*834*193310001*005010X220A1~ .....	43
ST*834*193310002*005010X220A1~ .....	45
ST*834*193310003*005010X220A1~ .....	47
ST*834*193310004*005010X220A1~ .....	49

## Introduction

The eMedNY Roster Replacement project is intended to eliminate the Monthly WMS Rosters provided to Managed Care Plans (Plans). Once fully implemented, eMedNY will send Managed Care Enrollment (MCE) information for WMS enrollees in the ASC X12N/005010X220A1 Benefit Enrollment and Maintenance (834) format. eMedNY will use this transaction in much the same way as the Health Benefit Exchange does, that is, as changes occur in the enrollee's record, those changes will be communicated to the Plans. This means that Plans must prepare their systems to receive X12 834 file(s) from eMedNY once this project goes live.

## Communication Plan

During all phases of testing, the eMedNY EDI/HIPAA Transaction Support team at eMedNY will be the primary point of contact for all Plans. The DOS/DOH will also set up meetings with eMedNY staff and the Plans to discuss questions that arise during the testing phases.

EDI/HIPAA Support staff will send a welcome email to the Plans with links to the eMedNY MCE 834 Companion Guide, the eMedNY Trading Partner Information Standard Companion Guide, contact details, and sample data. Additionally, [www.emedny.org](http://www.emedny.org) will be updated with everything a Plan needs to get started.

EDI/HIPAA Support staff will triage all feedback that arises during testing and will communicate with the appropriate team(s) for answers to questions or for issue resolution. All feedback should be directed to the EDI/HIPAA Support team by emailing to [eMedNYHIPAASupport@gdit.com](mailto:eMedNYHIPAASupport@gdit.com).

## Objective

This phase of testing will allow the Plans to access and process additional samples files so that they may better understand data mapping and to also help finalize the setup of their systems. DOH also hopes to solicit feedback from the Plans to ultimately improve the process for production implementation.

## Scope

The sample data contained with this document is comprised of four (4) individual files. The sample data includes:

- a startup verification file sample
- three additional sample daily files containing ADD, CHANGE, TERM and CANCEL transactions

Plans may copy the sample data from this document into four (4) separate test files as defined under each heading. Alternatively, a copy of these same sample files may be obtained from the [eMedNY website](#). Next, using this document as reference, the Plans should modify all **highlighted** data elements (see *Example 1*) within each of those four (4) test files. Plans must also ensure that these test files are processed in their TEST REGIONS ONLY.

### (Example 1):

Sample File Data Elements (DE) that require modifications by the Plans prior to testing:

Change these DE once per test file (ISA/IEA):

Eight Digit MMIS Provider ID: **[ISA08]**

Three or Four Character Electronic Transmitter Identification Number (ETIN): **[GS03]**

Change these DE in every Transaction Set (ST/SE):

Eight Digit MMIS Provider ID: **[N104 (Loop1000B)]**

Eight Digit MMIS Provider ID: **[NM109 (Loop 2310C)]**

```
ISA*00*-----*00*-----*ZZ*EMEDNYVER-----*ZZ*8-DIGIT-PLAN-
ID*191119*2020*^^*00501*193230001*0*T*~
GS*BE*EMEDNYVER*ETIN*20191119*202000*193230001*X*005010X220A1~
ST*834*193230001*085010X220A1~
BGN*00*1932300000000011X*193230000000001*20191119*202004****4~
QTY*TO*1~
N1*P5*MEDICAID*FI*141797357~
N1*IN**94*8-DIGIT-PLAN-ID~
INS*Y*18*030**A~
REF*0F*XX99996X~
REF*17*XX99996X~
REF*3H*9969999999~
.
.
DTP*348*D8*20180101~
LX*1~
NM1*Y2*2*****SV*8-DIGIT-PLAN-ID*72~
LS*2700~
LX*1~
N1*75*FAM4ND~
```

Change the value in these three data elements to your 8-digit MMIS Provider ID

Change the value in this field to your 3-4 character ETIN

## Resources

### Companion Guide

As with all X12 transactions, eMedNY has published the eMedNY MCE 834 Companion Guide (CG) on the eMedNY website and is now available to all Plans. This eMedNY MCE 834 CG will include Code Lists, as well as sample transactions. This CG also includes a Crosswalk which contains a complete mapping of current WMS roster fields to the data elements in the X12 834 transaction that eMedNY will produce.

Page Link: <https://www.emedny.org/HIPAA/5010/transactions/index.aspx>

### 834 FAQs

Answers to common questions can be directed to the 834 FAQs page on the eMedNY website under eMedNY HIPAA Support tab.

Page Link: <https://www.emedny.org/HIPAA/5010/834FAQs/>

## eMedNY MCE 834 Testing Reference Table (Scenarios / Sample Data)

Client ID	DoB	Verification / Audit 834 File 11/19/2019				First 834 File 11/20/2019				Second 834 File 11/25/2019				Third 834 File 11/27/2019			
		Type of 834 TXN	Begin Date	End Date	Comments	Type of 834 TXN	Begin Date	End Date	Comments	Type of 834 TXN	Begin Date	End Date	Comments	Type of 834 TXN	Begin Date	End Date	Comments
XX99991X	20010101					ADD	1/1/2019			CANCEL	1/1/2019	1/1/2019					
XX99992X	20020202					ADD	1/1/2019			TERM	1/1/2019	11/30/2019	WMS DISENROLLMEN T RSN 93	ADD	1/1/2019		Assume some change on TERM txn (RRE)
XX99993X	20030303					ADD	1/1/2019			CHANGE	1/1/2019		Change Demographics ONLY				
XX99996X	20060606	VERIFY	1/1/2018			CHANGE	1/1/2018		Change Demographics (Name & DoB)	TERM	1/1/2018	11/30/2019	WMS DISENROLLMEN T RSN LPS	ADD	1/1/2018		Reinstatement Elig extended to 2020
XX99994X	20040404	VERIFY	1/1/2019			CHANGE	1/1/2019		Change Demographics (Name & RaceEthn Cd)	TERM	1/1/2019	6/30/2019	Retro Term (Death Scenario)				
XX99995X	20050505					ADD	2/1/2020			CANCEL	2/1/2020	2/1/2020	Coverage changed from 2/1 to 1/1 & Added multiple COB payers				
XX99997X	20070707	VERIFY	2/1/2018			TERM	2/1/2018	10/31/2019		ADD	1/1/2020			ADD	12/1/2019		Gap in Coverage

## eMedNY MCE 834 Sample File (Verification/Audit)

*Outbound Date: 11/19/2019*

*Transaction Count: 3*

		Verification / Audit 834 File 11/19/2019				
Client ID	DoB	TSCN (ST02)	Type of 834 TXN	Begin Date	End Date	Comments
XX99991X	20010101					
XX99992X	20020202					
XX99993X	20030303					
XX99996X	20060606	<a href="#">193230001</a>	VERIFY (030)	1/1/2018		
XX99994X	20040404	<a href="#">193230002</a>	VERIFY (030)	1/1/2019		
XX99995X	20050505					
XX99997X	20070707	<a href="#">193230003</a>	VERIFY (030)	2/1/2018		

ISA\*00\* \*00\* \*ZZ\*EMEDNYVER \*ZZ\*8-DIGIT PLAN  
 ID\*191119\*2020\*^\*00501\*193230001\*0\*T\*:~  
 GS\*BE\*EMEDNYVER\*ETIN\*20191119\*202000\*193230001\*X\*005010X220A1~  
 ST\*834\*193230001\*005010X220A1~  
 BGN\*00\*1932300000000011XF193230000000001\*20191119\*202004\*\*\*\*4~  
 QTY\*TO\*1~  
 N1\*P5\*MEDICAID\*FI\*141797357~  
 N1\*IN\*\*94\*8-DIGIT PLAN ID~  
 INS\*Y\*18\*030\*\*A~  
 REF\*OF\*XX99996X~  
 REF\*17\*XX99996X~  
 REF\*3H\*9969999999~  
 REF\*ABB\*XX99996X~  
 DTP\*356\*D8\*20180101~  
 NM1\*IL\*1\*SUBSCRIBER 6 LAST NAME\*SUBSCRIBER 6 FIRST NAME\*MI\*\*\*34\*999999996~  
 PER\*IP\*\*TE\*9999996666~  
 N3\*126 FOX ST~  
 N4\*FNYTOWN\*NY\*14456~  
 DMG\*D8\*20000606\*F\*\*B~  
 LUI\*LE\*ENG\*\*6~



eMedNY MCE 834 Test Scenarios & Sample Files

LUI\*LE\*ENG\*\*7~  
LUI\*LE\*ENG\*\*5~  
HD\*030\*\*HLT\*\*IND~  
DTP\*348\*D8\*20180101~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
COB\*U\*1923000000000001\*1~  
DTP\*344\*D8\*20190901~  
NM1\*IN\*2\*COMMERCIAL INSURANCE NAME\*\*\*\*\*NI\*95222~  
N3\*2850 WEST XXXXX BOULEV~  
N4\*DETROIT\*MI\*48202~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*F~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*D8\*20190101~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*D8\*20190101~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36069~  
DTP\*007\*D8\*20190101~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*91~  
DTP\*007\*D8\*20190101~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*70~  
DTP\*007\*RD8\*20180101-20181231~  
LX\*7~  
N1\*75\*BEN PKG CODE~  
REF\*17\*77~  
DTP\*007\*D8\*20190101~  
LX\*8~  
N1\*75\*ORIGIN CODE~  
REF\*17\*U~

eMedNY MCE 834 Test Scenarios & Sample Files

DTP\*007\*D8\*20180101~  
LX\*9~  
N1\*75\*RECERT DATE~  
REF\*ZZ\*20191031~  
LX\*10~  
N1\*75\*RRE CODES~  
REF\*17\*02~  
LX\*11~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*N~  
LX\*12~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*13~  
N1\*75\*TPL CVRG~  
REF\*ZZ\*1923000000000001-030405060708111314171819202122~  
LX\*14~  
N1\*75\*NAMI/EXCESS MSG~  
REF\*17\*CONTACT DISTRICT FOR INFORMATION ON SPENDDOWN/NAMI~  
DTP\*007\*D8\*20190101~  
LX\*15~  
N1\*75\*WMS ENROLL/DISENROLL REASON CODE~  
REF\*ZZ\*02~  
DTP\*007\*D8\*20180101~  
LE\*2700~  
SE\*85\*193230001~  
**ST\*834\*193230002\*005010X220A1~**  
BGN\*00\*1932300000000011XF1932300000000002\*20191119\*202005\*\*\*\*4~  
QTY\*TO\*1~  
N1\*P5\*MEDICAID\*FI\*141797357~  
N1\*IN\*\*94\***8-DIGIT PLAN ID**~  
INS\*Y\*18\***030**\*\*A~  
REF\*OF\*XX99994X~  
REF\*17\*XX99994X~  
REF\*3H\*9949999999~  
REF\*ABB\*XX99994X~  
DTP\*356\*D8\*20190101~  
NM1\*IL\*1\*SUBSCRIBER 4NA LAST NAME\*SUBSCRIBER 4NA FIRST NAME\*MI\*\*\*34\*999999994~  
PER\*IP\*\*TE\*9999994444~  
N3\*124 DEE ST\*CARE OF NAME FOR SUB 4~  
N4\*DNYTOWN\*NY\*13367~  
DMG\*D8\*20040404\*F\*\*8~

eMedNY MCE 834 Test Scenarios & Sample Files

NM1\*QD\*1\*CASE NAME~  
HD\*030\*\*HLT\*\*IND~  
DTP\*348\*D8\*20190101~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
COB\*P\*4AC0Y25NP81\*1~  
DTP\*344\*D8\*20190101~  
DTP\*345\*D8\*20191231~  
NM1\*36\*2\*MEDICARE-A~  
COB\*P\*4AC0Y25NP82\*1~  
DTP\*344\*D8\*20190601~  
DTP\*345\*D8\*20191231~  
NM1\*36\*2\*MEDICARE-B~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*F~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*D8\*20190101~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*D8\*20190101~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36049~  
DTP\*007\*D8\*20190101~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*91~  
DTP\*007\*D8\*20190101~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*70~  
DTP\*007\*RD8\*20190101-20190131~  
LX\*7~  
N1\*75\*BEN PKG CODE~  
REF\*17\*14~  
DTP\*007\*D8\*20190201~  
LX\*8~

eMedNY MCE 834 Test Scenarios & Sample Files

N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*D8\*20190101~  
LX\*9~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*N~  
LX\*10~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*11~  
N1\*75\*NAMI~  
REF\*9V\*0.00~  
DTP\*007\*D8\*20190101~  
LX\*12~  
N1\*75\*EXCESS~  
REF\*9V\*0.00~  
DTP\*007\*D8\*20190101~  
LX\*13~  
N1\*75\*WMS ENROLL/DISENROLL REASON CODE~  
REF\*ZZ\*06~  
DTP\*007\*D8\*20190101~  
LX\*14~  
N1\*75\*DISABILITY ACCOMMODATION INDICATOR~  
REF\*ZZ\*V1~  
LX\*15~  
N1\*75\*LOW INCOME SUBSIDY CVRG~  
REF\*ZZ\*2~  
DTP\*007\*D8\*20190901~  
LX\*16~  
N1\*75\*MEDICARE PART-D~  
REF\*17\*H2775~  
DTP\*007\*RD8\*20190101-20191231~  
LE\*2700~  
SE\*92\*193230002~  
**ST\*834\*193230003\*005010X220A1~**  
BGN\*00\*1932300000000011XF1932300000000003\*20191119\*202007\*\*\*\*4~  
QTY\*TO\*1~  
N1\*P5\*MEDICAID\*FI\*141797357~  
N1\*IN\*\*94\***8-DIGIT PLAN ID**~  
INS\*Y\*18\***030**\*\*A~  
REF\*OF\*XX99997X~  
REF\*17\*XX99997X~

eMedNY MCE 834 Test Scenarios & Sample Files

REF\*3H\*997999999~  
REF\*ABB\*XX99997X~  
DTP\*356\*D8\*20180201~  
NM1\*IL\*1\*SUBSCRIBER 7 LAST NAME\*SUBSCRIBER 7 FIRST NAME\*MI\*\*\*34\*999999997~  
PER\*IP\*\*TE\*9999997777~  
N3\*127 GREEN ST\*APT 7G~  
N4\*GNYTOWN\*NY\*10512\*\*CY\*36079~  
DMG\*D8\*20070707\*F\*\*8~  
HD\*030\*\*HLT\*\*IND~  
DTP\*348\*D8\*20180201~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*I~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*D8\*20180201~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*D8\*20180201~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*66~  
DTP\*007\*D8\*20180201~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*90~  
DTP\*007\*D8\*20180201~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*66~  
DTP\*007\*D8\*20180201~  
LX\*7~  
N1\*75\*ORIGIN CODE~  
REF\*17\*D~  
DTP\*007\*D8\*20180201~  
LX\*8~  
N1\*75\*COPAY EXEMPT IND~

eMedNY MCE 834 Test Scenarios & Sample Files

REF\*ZZ\*Y~  
LX\*9~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*10~  
N1\*75\*NAMI~  
REF\*9V\*0.00~  
DTP\*007\*D8\*20190101~  
LX\*11~  
N1\*75\*EXCESS~  
REF\*9V\*0.00~  
DTP\*007\*D8\*20190101~  
LX\*12~  
N1\*75\*WMS ENROLL/DISENROLL REASON CODE~  
REF\*ZZ\*05~  
DTP\*007\*D8\*20180101~  
LE\*2700~  
SE\*68\*193230003~  
GE\*3\*193230001~  
IEA\*1\*193230001~

## eMedNY MCE 834 Sample File (1<sup>st</sup> File)

Outbound Date: 11/20/2019

Transaction Count: 7

First 834 File 11/20/2019						
Client ID	DoB	TSCN (ST02)	Type of 834 TXN	Begin Date	End Date	Comments
XX99991X	20010101	<a href="#">193240001</a>	ADD (021)	1/1/2019		
XX99992X	20020202	<a href="#">193240002</a>	ADD (021)	1/1/2019		
XX99993X	20030303	<a href="#">193240003</a>	ADD (021)	1/1/2019		
XX99996X	20060606	<a href="#">193240004</a>	CHANGE (001)	1/1/2018		Change Demographics (Name & DoB)
XX99994X	20040404	<a href="#">193240005</a>	CHANGE (001)	1/1/2019		Change Demographics (Name & RaceEthn Cd)
XX99995X	20050505	<a href="#">193240006</a>	ADD (021)	2/1/2020		
XX99997X	20070707	<a href="#">193240007</a>	TERM (024)	2/1/2018	10/31/2019	

ISA\*00\* 00\* \*ZZ\*EMEDNYMCR \*ZZ\*8-DIGIT PLAN  
 ID\*191120\*2020\*^\*00501\*193240001\*0\*T\*:~  
 GS\*BE\*EMEDNYMCR\*ETIN\*20191120\*202000\*193240001\*X\*005010X220A1~  
 ST\*834\*193240001\*005010X220A1~  
 BGN\*00\*1932400000000001XF1932400000000001\*20191120\*202001\*\*\*\*2~  
 QTY\*TO\*1~  
 N1\*P5\*MEDICAID\*FI\*141797357~  
 N1\*IN\*\*94\*8-DIGIT PLAN ID~  
 INS\*Y\*18\*021\*28\*A\*\*\*AC~  
 REF\*0F\*XX99991X~  
 REF\*17\*XX99991X~  
 REF\*3H\*9919999999~  
 REF\*ABB\*XX99991X~  
 DTP\*356\*D8\*20190101~  
 NM1\*IL\*1\*SUBSCRIBER 1 LAST NAME\*SUBSCRIBER 1 FIRST NAME\*MI\*\*\*34\*999999991~  
 PER\*IP\*\*TE\*9999991111~  
 N3\*121 AYE ST~  
 N4\*ANYTOWN\*NY\*12901\*\*CY\*36019~  
 DMG\*D8\*20010101\*M\*\*C~  
 LUI\*LE\*ITA\*\*5~  
 LUI\*LE\*ITA\*\*6~

eMedNY MCE 834 Test Scenarios & Sample Files

LUI\*LE\*ITA\*\*7~  
NM1\*QD\*1\*CASE NAME~  
HD\*021\*\*HLT\*\*IND~  
DTP\*348\*D8\*20190101~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
COB\*P\*7AC0Y25NP81\*1~  
DTP\*344\*D8\*20190901~  
DTP\*345\*D8\*20191231~  
NM1\*36\*2\*MEDICARE-A~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*I~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*D8\*20190901~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*D8\*20190901~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36019~  
DTP\*007\*D8\*20190901~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*90~  
DTP\*007\*D8\*20190901~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*14~  
DTP\*007\*D8\*20190101~  
LX\*7~  
N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*D8\*20190101~  
LX\*8~  
N1\*75\*RRE CODES~  
REF\*17\*06~  
LX\*9~



eMedNY MCE 834 Test Scenarios & Sample Files

N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*Y~  
LX\*10~  
N1\*75\*WMS ENROLL/DISENROLL REASON CODE~  
REF\*ZZ\*02~  
DTP\*007\*D8\*20190101~  
LX\*11~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*12~  
N1\*75\*NAMI~  
REF\*9V\*271.00~  
DTP\*007\*D8\*20190101~  
LX\*13~  
N1\*75\*EXCESS~  
REF\*9V\*0~  
DTP\*007\*D8\*20190101~  
LX\*14~  
N1\*75\*RECERT DATE~  
REF\*ZZ\*20200530~  
LX\*15~  
N1\*75\*DISABILITY ACCOMMODATION INDICATOR~  
REF\*ZZ\*V1~  
LX\*16~  
N1\*75\*LOW INCOME SUBSIDY CVRG~  
REF\*ZZ\*2~  
DTP\*007\*D8\*20190901~  
LX\*17~  
N1\*75\*MEDICARE PART-D~  
REF\*17\*H2775~  
DTP\*007\*RD8\*20190101-20191231~  
LE\*2700~  
SE\*93\*193240001~  
**ST\*834\*193240002\*005010X220A1~**  
BGN\*00\*1932400000000001XF193240000000002\*20191120\*202002\*\*\*\*2~  
QTY\*TO\*1~  
N1\*P5\*MEDICAID\*FI\*141797357~  
N1\*IN\*\*94\***8-DIGIT PLAN ID**~  
INS\*Y\*18\*021\*28\*A\*\*\*AC~  
REF\*0F\*XX99992X~  
REF\*17\*XX99992X~  
REF\*3H\*992999999~

eMedNY MCE 834 Test Scenarios & Sample Files

REF\*ABB\*XX99992X~  
DTP\*356\*D8\*20190101~  
NM1\*IL\*1\*SUBSCRIBER 2 LAST NAME\*SUBSCRIBER 2 FIRST NAME\*MI\*\*\*34\*999999992~  
PER\*IP\*\*TE\*9999992222~  
N3\*122 BEE ST\*CARE OF NAME FOR SUB 2~  
N4\*BNYTOWN\*NY\*14001\*\*CY\*36029~  
DMG\*D8\*20020202\*F\*\*C~  
LUI\*LE\*FRE\*\*6~  
LUI\*LE\*FRE\*\*7~  
NM1\*31\*1~  
N3\*CARE OF MAILING ADDRESS FOR SUB 2\*APT BB~  
N4\*BNYTOWN\*NY\*14001~  
HD\*021\*\*HLT\*\*IND~  
DTP\*348\*D8\*20190101~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*I~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*D8\*20190101~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*D8\*20190101~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36029~  
DTP\*007\*D8\*20190101~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*90~  
DTP\*007\*D8\*20190101~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*14~  
DTP\*007\*D8\*20190101~  
LX\*7~  
N1\*75\*ORIGIN CODE~

eMedNY MCE 834 Test Scenarios & Sample Files

REF\*17\*U~  
DTP\*007\*D8\*20190101~  
LX\*8~  
N1\*75\*RRE CODES~  
REF\*17\*06~  
LX\*9~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*Y~  
LX\*10~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*11~  
N1\*75\*NAMI~  
REF\*9V\*0.00~  
DTP\*007\*D8\*20190101~  
LX\*12~  
N1\*75\*EXCESS~  
REF\*9V\*0.00~  
DTP\*007\*D8\*20190101~  
LX\*13~  
N1\*75\*WMS ENROLL/DISENROLL REASON CODE~  
REF\*ZZ\*05~  
DTP\*007\*D8\*20190101~  
LE\*2700~  
SE\*76\*193240002~  
**ST\*834\*193240003\*005010X220A1~**  
BGN\*00\*1932400000000001XF193240000000003\*20191120\*202003\*\*\*\*2~  
QTY\*TO\*1~  
N1\*P5\*MEDICAID\*FI\*141797357~  
N1\*IN\*\*94\***8-DIGIT PLAN ID**~  
INS\*Y\*18\***021**\*28\*A\*\*\*AC~  
REF\*0F\*XX99993X~  
REF\*17\*XX99993X~  
REF\*3H\*993999999~  
REF\*ABB\*XX99993X~  
DTP\*356\*D8\*20190101~  
NM1\*IL\*1\*SUBSCRIBER 3 LAST NAME\*SUBSCRIBER 3 FIRST NAME\*MI\*\*\*34\*999999993~  
PER\*IP\*\*TE\*9999993333~  
N3\*123 SEA ST~  
N4\*CNYTOWN\*NY\*12414\*\*CY\*36039~  
DMG\*D8\*20030303\*M\*\*H~  
LUI\*LE\*SPA\*\*6~

eMedNY MCE 834 Test Scenarios & Sample Files

LUI\*LE\*SPA\*\*7~  
NM1\*31\*1~  
N3\*PATIENT'S MAILING ADDRESS~  
N4\*CNYTOWN\*NY\*12414~  
HD\*021\*\*HLT\*\*IND~  
DTP\*348\*D8\*20190101~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*I~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*D8\*20190101~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*D8\*20190101~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36039~  
DTP\*007\*D8\*20190101~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*90~  
DTP\*007\*D8\*20190101~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*14~  
DTP\*007\*D8\*20190101~  
LX\*7~  
N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*D8\*20190101~  
LX\*8~  
N1\*75\*RRE CODES~  
REF\*17\*06~  
LX\*9~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*Y~

eMedNY MCE 834 Test Scenarios & Sample Files

LX\*10~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*11~  
N1\*75\*NAMI~  
REF\*9V\*0~  
DTP\*007\*D8\*20190101~  
LX\*12~  
N1\*75\*EXCESS~  
REF\*9V\*0~  
DTP\*007\*D8\*20190101~  
LX\*13~  
N1\*75\*WMS ENROLL/DISENROLL REASON CODE~  
REF\*ZZ\*00~  
DTP\*007\*D8\*20190101~  
LE\*2700~  
SE\*76\*193240003~  
**ST\*834\*193240004\*005010X220A1~**  
BGN\*00\*1932400000000001XF193240000000004\*20191120\*202004\*\*\*\*2~  
QTY\*TO\*1~  
N1\*P5\*MEDICAID\*FI\*141797357~  
N1\*IN\*\*94\***8-DIGIT PLAN ID**~  
INS\*Y\*18\*001\*\*A\*\*\*AC~  
REF\*0F\*XX99996X~  
REF\*17\*XX99996X~  
REF\*3H\*9969999999~  
REF\*ABB\*XX99996X~  
DTP\*303\*D8\*20191120~  
DTP\*356\*D8\*20180101~  
NM1\*74\*1\*SUBSCRIBER 6A LAST NAME\*SUBSCRIBER 6A FIRST NAME\*MI\*\*\*34\*999999996~  
PER\*IP\*\*TE\*9999996666~  
N3\*126 FOX ST~  
N4\*FNYTOWN\*NY\*14456~  
DMG\*D8\*20060606\*F\*\*B~  
LUI\*LE\*ENG\*\*6~  
LUI\*LE\*ENG\*\*7~  
LUI\*LE\*ENG\*\*5~  
NM1\*70\*1\*SUBSCRIBER 6 LAST NAME\*SUBSCRIBER 6 FIRST NAME\*MI\*\*\*34\*999999996~  
DMG\*D8\*20000606\*F\*\*B~  
HD\*001\*\*HLT\*\*IND~  
DTP\*348\*D8\*20180101~  
LX\*1~

eMedNY MCE 834 Test Scenarios & Sample Files

NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*F~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*D8\*20190101~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*D8\*20190101~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36069~  
DTP\*007\*D8\*20190101~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*91~  
DTP\*007\*D8\*20190101~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*70~  
DTP\*007\*RD8\*20180101-20181231~  
LX\*7~  
N1\*75\*BEN PKG CODE~  
REF\*17\*77~  
DTP\*007\*D8\*20190101~  
LX\*8~  
N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*D8\*20180101~  
LX\*9~  
N1\*75\*RECERT DATE~  
REF\*ZZ\*20191031~  
LX\*10~  
N1\*75\*RRE CODES~  
REF\*17\*02~  
LX\*11~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*N~

eMedNY MCE 834 Test Scenarios & Sample Files

LX\*12~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*13~  
N1\*75\*NAMI/EXCESS MSG~  
REF\*17\*CONTACT DISTRICT FOR INFORMATION ON SPENDDOWN/NAMI~  
DTP\*007\*D8\*20190101~  
LE\*2700~  
SE\*76\*193240004~  
**ST\*834\*193240005\*005010X220A1~**  
BGN\*00\*1932400000000001XF1932400000000005\*20191120\*202005\*\*\*\*2~  
QTY\*TO\*1~  
N1\*P5\*MEDICAID\*FI\*141797357~  
N1\*IN\*\*94\***8-DIGIT PLAN ID**~  
INS\*Y\*18\***001**\*\*A\*\*\*AC~  
REF\*OF\*XX99994X~  
REF\*17\*XX99994X~  
REF\*3H\*9949999999~  
REF\*ABB\*XX99994X~  
DTP\*303\*D8\*20191120~  
DTP\*356\*D8\*20190101~  
NM1\*74\*1\*SUBSCRIBER 4 LAST NAME\*SUBSCRIBER 4 FIRST NAME\*MI\*\*\*34\*999999994~  
PER\*IP\*\*TE\*9999994444~  
N3\*124 DEE ST\*CARE OF NAME FOR SUB 4~  
N4\*DNYTOWN\*NY\*13367~  
DMG\*D8\*20040404\*F\*\*B~  
NM1\*70\*1\*SUBSCRIBER 4NA LAST NAME\*SUBSCRIBER 4NA FIRST NAME\*MI\*\*\*34\*999999994~  
DMG\*D8\*20040404\*F\*\*8~  
NM1\*QD\*1\*CASE NAME~  
HD\*001\*\*HLT\*\*IND~  
DTP\*348\*D8\*20190101~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\***8-DIGIT PLAN ID**\*72~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*F~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*D8\*20190101~  
LX\*3~

eMedNY MCE 834 Test Scenarios & Sample Files

N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*D8\*20190101~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36049~  
DTP\*007\*D8\*20190101~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*91~  
DTP\*007\*D8\*20190101~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*70~  
DTP\*007\*RD8\*20190101-20190131~  
LX\*7~  
N1\*75\*BEN PKG CODE~  
REF\*17\*14~  
DTP\*007\*D8\*20190201~  
LX\*8~  
N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*D8\*20190101~  
LX\*9~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*N~  
LX\*10~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*11~  
N1\*75\*NAMI~  
REF\*9V\*120.25~  
DTP\*007\*D8\*20190101~  
LX\*12~  
N1\*75\*EXCESS~  
REF\*9V\*0~  
DTP\*007\*D8\*20190101~  
LE\*2700~  
SE\*72\*193240005~  
**ST\*834\*193240006\*005010X220A1~**  
BGN\*00\*1932400000000001XF1932400000000006\*20191120\*202006\*\*\*\*2~  
QTY\*TO\*1~



eMedNY MCE 834 Test Scenarios & Sample Files

N1\*P5\*MEDICAID\*FI\*141797357~  
N1\*IN\*\*94\*8-DIGIT PLAN ID~  
INS\*Y\*18\*021\*28\*A\*\*\*AC~  
REF\*OF\*XX99995X~  
REF\*17\*XX99995X~  
REF\*3H\*995999999~  
REF\*ABB\*XX99995X~  
DTP\*356\*D8\*20200201~  
NM1\*IL\*1\*SUBSCRIBER 5 LAST NAME\*SUBSCRIBER 5 FIRST NAME\*MI\*\*\*34\*999999995~  
PER\*IP\*\*TE\*999999555~  
N3\*125 EAT ST~  
N4\*ENYTOWN\*NY\*11758\*\*CY\*36059~  
DMG\*D8\*20050505\*M\*\*A~  
LUI\*LE\*CHI\*\*6~  
LUI\*LE\*CHI\*\*7~  
NM1\*31\*1~  
N3\*PATIENT'S MAILING ADDRESS\*#505~  
N4\*ENYTOWN\*NY\*11758~  
HD\*021\*\*HLT\*\*IND~  
DTP\*348\*D8\*20200201~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*I~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*D8\*20200201~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*D8\*20200201~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36059~  
DTP\*007\*D8\*20200201~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*90~  
DTP\*007\*D8\*20200201~

eMedNY MCE 834 Test Scenarios & Sample Files

LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*14~  
DTP\*007\*D8\*20200201~  
LX\*7~  
N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*D8\*20200201~  
LX\*8~  
N1\*75\*RRE CODES~  
REF\*17\*05080910H1H3H9359296~  
LX\*9~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*Y~  
LX\*10~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*11~  
N1\*75\*NAMI~  
REF\*9V\*0~  
DTP\*007\*D8\*20200201~  
LX\*12~  
N1\*75\*EXCESS~  
REF\*9V\*240.75~  
DTP\*007\*D8\*20200201~  
LX\*13~  
N1\*75\*WMS ENROLL/DISENROLL REASON CODE~  
REF\*ZZ\*07~  
DTP\*007\*D8\*20200201~  
LE\*2700~  
SE\*76\*193240006~  
**ST\*834\*193240007\*005010X220A1~**  
BGN\*00\*1932400000000001XF193240000000007\*20191120\*202007\*\*\*\*2~  
QTY\*TO\*1~  
N1\*P5\*MEDICAID\*FI\*141797357~  
N1\*IN\*\*94\***8-DIGIT PLAN ID**~  
INS\*Y\*18\***024**\*\*A\*\*\*TE~  
REF\*0F\*XX99997X~  
REF\*17\*XX99997X~  
REF\*3H\*9979999999~  
REF\*ABB\*XX99997X~  
DTP\*356\*D8\*20180201~

eMedNY MCE 834 Test Scenarios & Sample Files

DTP\*357\*D8\*20191031~  
NM1\*IL\*1\*SUBSCRIBER 7 LAST NAME\*SUBSCRIBER 7 FIRST NAME\*MI\*\*\*34\*999999997~  
PER\*IP\*\*TE\*9999997777~  
N3\*127 GREEN ST\*APT 7G~  
N4\*GNYTOWN\*NY\*10512\*\*CY\*36079~  
DMG\*D8\*20070707\*\*F\*\*8~  
HD\*024\*\*HLT\*\*IND~  
DTP\*348\*D8\*20180201~  
DTP\*349\*D8\*20191031~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*I~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*RD8\*20180201-20191031~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*RD8\*20180201-20191031~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*66~  
DTP\*007\*RD8\*20180201-20191031~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*90~  
DTP\*007\*RD8\*20180201-20191031~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*66~  
DTP\*007\*RD8\*20180201-20191031~  
LX\*7~  
N1\*75\*ORIGIN CODE~  
REF\*17\*D~  
DTP\*007\*RD8\*20180201-20191031~  
LX\*8~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*Y~

eMedNY MCE 834 Test Scenarios & Sample Files

LX\*9~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*10~  
N1\*75\*ADDL MAINT REASON~  
REF\*17\*TERM~  
LX\*11~  
N1\*75\*NAMI~  
REF\*9V\*0.00~  
DTP\*007\*D8\*20190101~  
LX\*12~  
N1\*75\*EXCESS~  
REF\*9V\*0.00~  
DTP\*007\*D8\*20190101~  
LX\*13~  
N1\*75\*WMS ENROLL/DISENROLL REASON CODE~  
REF\*ZZ\*93~  
DTP\*007\*D8\*20180201~  
LE\*2700~  
SE\*73\*193240007~  
GE\*7\*193240001~  
IEA\*1\*193240001~

## eMedNY MCE 834 Sample File (2<sup>nd</sup> File)

Outbound Date: 11/25/2019

Transaction Count: 7

		Second 834 File 11/25/2019				
Client ID	DoB	TSCN (ST02)	Type of 834 TXN	Begin Date	End Date	Comments
XX99991X	20010101	<a href="#">193290001</a>	CANCEL (024)	1/1/2019	1/1/2019	
XX99992X	20020202	<a href="#">193290002</a>	TERM (024)	1/1/2019	11/30/2019	WMS DISENROLLMENT RSN 93
XX99993X	20030303	<a href="#">193290003</a>	CHANGE (001)	1/1/2019		Change Demographics ONLY
XX99996X	20060606	<a href="#">193290004</a>	TERM (024)	1/1/2018	11/30/2019	WMS DISENROLLMENT RSN LPS
XX99994X	20040404	<a href="#">193290005</a>	TERM (024)	1/1/2019	6/30/2019	Retro Term (Death Scenario)
XX99995X	20050505	<a href="#">193290006</a>	CANCEL (024)	2/1/2020	2/1/2020	Coverage changed from 2/1 to 1/1 & Added multiple COB payers
		<a href="#">193290007</a>	ADD (021)	1/1/2020		
XX99997X	20070707					

```

ISA*00*      *00*      *ZZ*EMEDNYMCR  *ZZ*8-DIGIT PLAN
ID*191125*1409*^*00501*193290002*0*T*:~
GS*BE*EMEDNYMCR*ETIN*20191125*140914*193290002*X*005010X220A1~
ST*834*193290001*005010X220A1~
BGN*00*1932900000000002XF1932900000000001*20191125*140914****2~
QTY*TO*1~
N1*P5*MEDICAID*FI*141797357~
N1*IN**94*8-DIGIT PLAN ID~
INS*Y*18*024**A***TE~
REF*OF*XX99991X~
REF*17*XX99991X~
REF*3H*9919999999~
REF*ABB*XX99991X~
DTP*356*D8*20190101~
DTP*357*D8*20190101~
NM1*IL*1*SUBSCRIBER 1 LAST NAME*SUBSCRIBER 1 FIRST NAME*MI***34*999999991~
PER*IP**TE*9999991111~
    
```

eMedNY MCE 834 Test Scenarios & Sample Files

N3\*121 AYE ST~  
N4\*ANYTOWN\*NY\*12901~  
DMG\*D8\*20010101\*M\*\*C~  
HD\*024\*\*HLT\*\*IND~  
DTP\*348\*D8\*20190101~  
DTP\*349\*D8\*20190101~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*F~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*D8\*20191120~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*D8\*20191120~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36019~  
DTP\*007\*D8\*20191120~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*31~  
DTP\*007\*D8\*20191120~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*14~  
DTP\*007\*D8\*20190101~  
LX\*7~  
N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*D8\*20190101~  
LX\*8~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*Y~  
LX\*9~  
N1\*75\*MED RATE CODE~  
REF\*17\*2201~

eMedNY MCE 834 Test Scenarios & Sample Files

LX\*10~  
N1\*75\*ADDL MAINT REASON~  
REF\*17\*CANCEL~  
LX\*11~  
N1\*75\*NAMI~  
REF\*9V\*0~  
DTP\*007\*D8\*20190101~  
LX\*12~  
N1\*75\*EXCESS~  
REF\*9V\*0~  
DTP\*007\*D8\*20190101~  
LE\*2700~  
SE\*69\*193290001~  
ST\*834\*193290002\*005010X220A1~  
BGN\*00\*193290000000002XF193290000000002\*20191125\*140915\*\*\*\*2~  
QTY\*TO\*1~  
N1\*P5\*MEDICAID\*FI\*141797357~  
N1\*IN\*\*94\*8-DIGIT PLAN ID~  
INS\*Y\*18\*024\*\*A\*\*\*TE~  
REF\*OF\*XX99992X~  
REF\*17\*XX99992X~  
REF\*3H\*992999999~  
REF\*ABB\*XX99992X~  
DTP\*356\*D8\*20190101~  
DTP\*357\*D8\*20191130~  
NM1\*IL\*1\*SUBSCRIBER 2 LAST NAME\*SUBSCRIBER 2 FIRST NAME\*MI\*\*\*34\*99999992~  
PER\*IP\*\*TE\*9999992222~  
N3\*122 BEE ST\*CARE OF NAME FOR SUB 2~  
N4\*BNYTOWN\*NY\*14001\*\*CY\*36029~  
DMG\*D8\*20020202\*F\*\*C~  
HD\*024\*\*HLT\*\*IND~  
DTP\*348\*D8\*20190101~  
DTP\*349\*D8\*20191130~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*I~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~

eMedNY MCE 834 Test Scenarios & Sample Files

DTP\*007\*RD8\*20190101-20191130~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*RD8\*20190101-20191130~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36029~  
DTP\*007\*RD8\*20190101-20191130~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*90~  
DTP\*007\*RD8\*20190101-20191130~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*14~  
DTP\*007\*RD8\*20190101-20191130~  
LX\*7~  
N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*RD8\*20190101-20191130~  
LX\*8~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*Y~  
LX\*9~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*10~  
N1\*75\*ADDL MAINT REASON~  
REF\*17\*TERM~  
LX\*11~  
N1\*75\*NAMI~  
REF\*9V\*0.00~  
DTP\*007\*D8\*20190101~  
LX\*12~  
N1\*75\*EXCESS~  
REF\*9V\*0.00~  
DTP\*007\*D8\*20190101~  
LX\*13~  
N1\*75\*WMS ENROLL/DISENROLL REASON CODE~  
REF\*ZZ\*93~  
DTP\*007\*D8\*20191201~



eMedNY MCE 834 Test Scenarios & Sample Files

LE\*2700~  
SE\*73\*193290002~  
ST\*834\*193290003\*005010X220A1~  
BGN\*00\*1932900000000002XF1932900000000003\*20191125\*140916\*\*\*\*2~  
QTY\*TO\*1~  
N1\*P5\*MEDICAID\*FI\*141797357~  
N1\*IN\*\*94\*8-DIGIT PLAN ID~  
INS\*Y\*18\*001\*\*A\*\*\*AC~  
REF\*OF\*XX99993X~  
REF\*1L\*QHPGRPID99993X~  
REF\*17\*XX99993X~  
REF\*23\*QHPMEMID99993X~  
REF\*3H\*9939999999~  
REF\*ABB\*XX99993X~  
REF\*ZZ\*QHPSUBID99993X~  
DTP\*303\*D8\*20191125~  
DTP\*356\*D8\*20190101~  
NM1\*IL\*1\*SUBSCRIBER 3 LAST NAME\*SUBSCRIBER 3 FIRST NAME\*MI\*\*\*34\*999999993~  
PER\*IP\*\*TE\*9999993333~  
N3\*123 SEA ST~  
N4\*CNYTOWN\*NY\*12414~  
DMG\*D8\*20030303\*F\*\*H~  
NM1\*70\*1\*SUBSCRIBER 3 LAST NAME\*SUBSCRIBER 3 FIRST NAME\*MI\*\*\*34\*999999993~  
DMG\*D8\*20080303\*F\*\*8~  
HD\*001\*\*HLT\*\*IND~  
DTP\*348\*D8\*20190101~  
REF\*X9\*QHPPLCYID99993X~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
COB\*U\*1903900000000001\*1~  
DTP\*344\*D8\*20190901~  
NM1\*IN\*2\*COMMERCIAL INSURANCE NAME\*\*\*\*\*NI\*95222~  
N3\*2850 WEST XXXXX BOULEV~  
N4\*DETROIT\*MI\*48202~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*F~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*D8\*20190101~

eMedNY MCE 834 Test Scenarios & Sample Files

LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*D8\*20190101~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36039~  
DTP\*007\*D8\*20190101~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*91~  
DTP\*007\*D8\*20190101~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*14~  
DTP\*007\*D8\*20190101~  
LX\*7~  
N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*D8\*20190101~  
LX\*8~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*N~  
LX\*9~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*10~  
N1\*75\*TPL CVRG~  
REF\*ZZ\*1903900000000001-030405060708111314171819202122~  
LX\*11~  
N1\*75\*NAMI~  
REF\*9V\*0~  
DTP\*007\*D8\*20190201~  
LX\*12~  
N1\*75\*EXCESS~  
REF\*9V\*0~  
DTP\*007\*D8\*20190201~  
LE\*2700~  
SE\*79\*193290003~  
**ST\*834\*193290004\*005010X220A1~**  
BGN\*00\*1932900000000002XF1932900000000004\*20191125\*140917\*\*\*\*2~  
QTY\*TO\*1~

eMedNY MCE 834 Test Scenarios & Sample Files

N1\*P5\*MEDICAID\*FI\*141797357~  
N1\*IN\*\*94\*8-DIGIT PLAN ID~  
INS\*Y\*18\*024\*\*A\*\*\*TE~  
REF\*OF\*XX99996X~  
REF\*17\*XX99996X~  
REF\*3H\*996999999~  
REF\*ABB\*XX99996X~  
DTP\*356\*D8\*20180101~  
DTP\*357\*D8\*20191130~  
NM1\*IL\*1\*SUBSCRIBER 6A LAST NAME\*SUBSCRIBER 6A FIRST NAME\*MI\*\*\*34\*999999996~  
PER\*IP\*\*TE\*9999996666~  
N3\*126 FOX ST~  
N4\*FNYTOWN\*NY\*14456~  
DMG\*D8\*20060606\*F\*\*B~  
LUI\*LE\*ENG\*\*6~  
LUI\*LE\*ENG\*\*7~  
LUI\*LE\*ENG\*\*5~  
HD\*024\*\*HLT\*\*IND~  
DTP\*348\*D8\*20180101~  
DTP\*349\*D8\*20191130~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*I~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*RD8\*20180101-20191130~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*RD8\*20180101-20191130~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36069~  
DTP\*007\*RD8\*20180101-20191130~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*90~  
DTP\*007\*RD8\*20180101-20191130~

eMedNY MCE 834 Test Scenarios & Sample Files

LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*70~  
DTP\*007\*RD8\*20180101-20181231~  
LX\*7~  
N1\*75\*BEN PKG CODE~  
REF\*17\*77~  
DTP\*007\*RD8\*20190101-20191130~  
LX\*8~  
N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*RD8\*20180101-20191130~  
LX\*9~  
N1\*75\*RRE CODES~  
REF\*17\*02~  
LX\*10~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*Y~  
LX\*11~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*12~  
N1\*75\*ADDL MAINT REASON~  
REF\*17\*TERM~  
LX\*13~  
N1\*75\*NAMI/EXCESS MSG~  
REF\*17\*CONTACT DISTRICT FOR INFORMATION ON SPENDDOWN/NAMI~  
DTP\*007\*D8\*20190101~  
LX\*14~  
N1\*75\*DISENROLL RSN~  
REF\*ZZ\*LPS~  
LE\*2700~  
SE\*78\*193290004~  
**ST\*834\*193290005\*005010X220A1~**  
BGN\*00\*193290000000002XF193290000000005\*20191125\*140918\*\*\*\*2~  
QTY\*TO\*1~  
N1\*P5\*MEDICAID\*FI\*141797357~  
N1\*IN\*\*94\***8-DIGIT PLAN ID**~  
INS\*Y\*18\***024**\*03\*A\*\*\*TE\*\*\*D8\*20190630~  
REF\*0F\*XX99994X~  
REF\*17\*XX99994X~  
REF\*3H\*9949999999~

eMedNY MCE 834 Test Scenarios & Sample Files

REF\*ABB\*XX99994X~  
DTP\*356\*D8\*20190101~  
DTP\*357\*D8\*20190630~  
NM1\*IL\*1\*SUBSCRIBER 4 LAST NAME\*SUBSCRIBER 4 FIRST NAME\*MI\*\*\*34\*999999994~  
PER\*IP\*\*TE\*9999994444~  
N3\*124 DEE ST\*CARE OF NAME FOR SUB 4~  
N4\*DNYTOWN\*NY\*13367~  
DMG\*D8\*20040404\*F\*\*B~  
HD\*024\*\*HLT\*\*IND~  
DTP\*348\*D8\*20190101~  
DTP\*349\*D8\*20190630~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*I~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*RD8\*20190101-20190630~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*RD8\*20190101-20190630~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36049~  
DTP\*007\*RD8\*20190101-20190630~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*90~  
DTP\*007\*RD8\*20190101-20190630~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*70~  
DTP\*007\*RD8\*20190101-20190131~  
LX\*7~  
N1\*75\*BEN PKG CODE~  
REF\*17\*14~  
DTP\*007\*RD8\*20190201-20190630~  
LX\*8~

eMedNY MCE 834 Test Scenarios & Sample Files

N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*RD8\*20190101-20190630~  
LX\*9~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*Y~  
LX\*10~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*11~  
N1\*75\*ADDL MAINT REASON~  
REF\*17\*TERM~  
LX\*12~  
N1\*75\*WMS ENROLL/DISENROLL REASON CODE~  
REF\*ZZ\*85~  
DTP\*007\*D8\*20190701~  
LE\*2700~  
SE\*69\*193290005~  
ST\*834\*193290006\*005010X220A1~  
BGN\*00\*193290000000002XF193290000000006\*20191125\*140920\*\*\*\*2~  
QTY\*TO\*1~  
N1\*P5\*MEDICAID\*FI\*141797357~  
N1\*IN\*\*94\*8-DIGIT PLAN ID~  
INS\*Y\*18\*024\*\*A\*\*\*TE~  
REF\*OF\*XX99995X~  
REF\*17\*XX99995X~  
REF\*3H\*995999999~  
REF\*ABB\*XX99995X~  
DTP\*356\*D8\*20200201~  
DTP\*357\*D8\*20200201~  
NM1\*IL\*1\*SUBSCRIBER 5 LAST NAME\*SUBSCRIBER 5 FIRST NAME\*MI\*\*\*34\*999999995~  
PER\*IP\*\*TE\*9999995555~  
N3\*125 EAT ST~  
N4\*ENYTOWN\*NY\*11758~  
DMG\*D8\*20050505\*M\*\*A~  
HD\*024\*\*HLT\*\*IND~  
DTP\*348\*D8\*20200201~  
DTP\*349\*D8\*20200201~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
LS\*2700~  
LX\*1~

eMedNY MCE 834 Test Scenarios & Sample Files

N1\*75\*FAM IND~  
REF\*17\*F~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*D8\*20200201~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*D8\*20200201~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36059~  
DTP\*007\*D8\*20200201~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*31~  
DTP\*007\*D8\*20200201~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*66~  
DTP\*007\*D8\*20200201~  
LX\*7~  
N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*D8\*20200201~  
LX\*8~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*Y~  
LX\*9~  
N1\*75\*MED RATE CODE~  
REF\*17\*2201~  
LX\*10~  
N1\*75\*ADDL MAINT REASON~  
REF\*17\*CANCEL~  
LX\*11~  
N1\*75\*NAMI~  
REF\*9V\*0~  
DTP\*007\*D8\*20200201~  
LX\*12~  
N1\*75\*EXCESS~  
REF\*9V\*240.75~

eMedNY MCE 834 Test Scenarios & Sample Files

DTP\*007\*D8\*20200201~

LE\*2700~

SE\*69\*193290006~

ST\*834\*193290007\*005010X220A1~

BGN\*00\*193290000000002XF193290000000007\*20191125\*140919\*\*\*\*2~

QTY\*TO\*1~

N1\*P5\*MEDICAID\*FI\*141797357~

N1\*IN\*\*94\*8-DIGIT PLAN ID~

INS\*Y\*18\*021\*28\*A\*\*\*AC~

REF\*0F\*XX99995X~

REF\*17\*XX99995X~

REF\*3H\*9959999999~

REF\*ABB\*XX99995X~

DTP\*356\*D8\*20200101~

NM1\*IL\*1\*SUBSCRIBER 5 LAST NAME\*SUBSCRIBER 5 FIRST NAME\*MI\*\*\*34\*999999995~

PER\*IP\*\*TE\*9999995555~

N3\*125 EAT ST~

N4\*ENYTOWN\*NY\*11758\*\*CY\*36059~

DMG\*D8\*20050505\*M\*\*A~

LUI\*LE\*CHI\*\*6~

LUI\*LE\*CHI\*\*7~

NM1\*31\*1~

N3\*PATIENT'S MAILING ADDRESS\*#505~

N4\*ENYTOWN\*NY\*11758~

HD\*021\*\*HLT\*\*IND~

DTP\*348\*D8\*20200101~

LX\*1~

NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~

COB\*P\*7AC0Y25NP85\*1~

DTP\*344\*D8\*20200101~

DTP\*345\*D8\*20201231~

NM1\*IN\*2\*MEDICARE-A~

COB\*P\*7AC0Y25NP55\*1~

DTP\*344\*D8\*20200101~

DTP\*345\*D8\*20201231~

NM1\*IN\*2\*MEDICARE-B~

COB\*S\*9999999999999995\*1~

DTP\*344\*D8\*20200101~

DTP\*345\*D8\*20201231~

NM1\*IN\*2\*COMMERCIAL INSURANCE NAME\*\*\*\*\*NI\*94222~

N3\*2850 WEST XXXXX BOULEV~

N4\*DETROIT\*MI\*48202~



eMedNY MCE 834 Test Scenarios & Sample Files

COB\*U\*999999999999999955\*1~  
DTP\*344\*D8\*20200101~  
DTP\*345\*D8\*20201231~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*I~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*D8\*20200101~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*D8\*20200101~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36059~  
DTP\*007\*D8\*20200101~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*90~  
DTP\*007\*D8\*20200101~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*14~  
DTP\*007\*D8\*20200101~  
LX\*7~  
N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*D8\*20200101~  
LX\*8~  
N1\*75\*RRE CODES~  
REF\*17\*05080910H1H3H9359296~  
LX\*9~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*Y~  
LX\*10~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*11~  
N1\*75\*WMS ENROLL/DISENROLL REASON CODE~

eMedNY MCE 834 Test Scenarios & Sample Files

REF\*ZZ\*02~  
DTP\*007\*D8\*20200101~  
LX\*12~  
N1\*75\*NAMI~  
REF\*9V\*0~  
DTP\*007\*D8\*20200101~  
LX\*13~  
N1\*75\*EXCESS~  
REF\*9V\*240.75~  
DTP\*007\*D8\*20200101~  
LX\*14~  
N1\*75\*TPL CVRG~  
REF\*ZZ\*9999999999999995-03040506070811131417~  
LX\*15~  
N1\*75\*TPL CVRG~  
REF\*ZZ\*99999999999999955-0304050607082122~  
LE\*2700~  
SE\*99\*193290007~  
GE\*7\*193290002~  
IEA\*1\*193290002~

### eMedNY MCE 834 Sample File (3<sup>rd</sup> File)

Outbound Date: 11/27/2019

Transaction Count: 4

Third 834 File 11/27/2019						
Client ID	DoB	TSCN (ST02)	Type of 834 TXN	Begin Date	End Date	Comments
XX99991X	20010101					
XX99992X	20020202	193310001	ADD (021)	1/1/2019		Assume some change on TERM txn (RRE)
		193310002	TERM (024)	1/1/2019	11/30/2019	
XX99993X	20030303					
XX99996X	20060606	193310003	ADD (021)	1/1/2018		Reinstatement Elig extended to 2020
XX99994X	20040404					-
XX99995X	20050505					
XX99997X	20070707	193310004	ADD (021)	12/1/2019		Gap in Coverage

ISA\*00\* 00\* \*ZZ\*EMEDNYMCR \*ZZ\*8-DIGIT PLAN  
 ID\*191127\*1410\*^\*00501\*193310003\*0\*T\*~  
 GS\*BE\*EMEDNYMCR\*ETIN\*20191127\*141000\*193310003\*X\*005010X220A1~  
 ST\*834\*193310001\*005010X220A1~  
 BGN\*00\*193310000000003XF193310000000001\*20191127\*141001\*\*\*\*2~  
 QTY\*TO\*1~  
 N1\*P5\*MEDICAID\*FI\*141797357~  
 N1\*IN\*\*94\*8-DIGIT PLAN ID~  
 INS\*Y\*18\*021\*28\*A\*\*\*AC~  
 REF\*OF\*XX99992X~  
 REF\*17\*XX99992X~  
 REF\*3H\*9929999999~  
 REF\*ABB\*XX99992X~  
 DTP\*356\*D8\*20190101~  
 NM1\*IL\*1\*SUBSCRIBER 2 LAST NAME\*SUBSCRIBER 2 FIRST NAME\*MI\*\*\*34\*999999992~  
 PER\*IP\*\*TE\*9999992222~  
 N3\*122 BEE ST\*CARE OF NAME FOR SUB 2~  
 N4\*BNYTOWN\*NY\*14001\*\*CY\*36029~  
 DMG\*D8\*20020202\*F\*\*C~  
 LUI\*LE\*FRE\*\*6~  
 LUI\*LE\*FRE\*\*7~

eMedNY MCE 834 Test Scenarios & Sample Files

NM1\*31\*1~  
N3\*CARE OF MAILING ADDRESS FOR SUB 2\*APT BB~  
N4\*BNYTOWN\*NY\*14001~  
HD\*021\*\*HLT\*\*IND~  
DTP\*348\*D8\*20190101~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*I~  
LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*D8\*20190101~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*D8\*20190101~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36029~  
DTP\*007\*D8\*20190101~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*90~  
DTP\*007\*D8\*20190101~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*14~  
DTP\*007\*D8\*20190101~  
LX\*7~  
N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*D8\*20190101~  
LX\*8~  
N1\*75\*RRE CODES~  
REF\*17\*060809~  
LX\*9~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*Y~  
LX\*10~

eMedNY MCE 834 Test Scenarios & Sample Files

N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*11~  
N1\*75\*NAMI~  
REF\*9V\*111.00~  
DTP\*007\*D8\*20190101~  
LX\*12~  
N1\*75\*EXCESS~  
REF\*9V\*0.00~  
DTP\*007\*D8\*20190101~  
LX\*13~  
N1\*75\*WMS ENROLL/DISENROLL REASON CODE~  
REF\*ZZ\*05~  
DTP\*007\*D8\*20190101~  
LE\*2700~  
SE\*76\*193310001~  
**ST\*834\*193310002\*005010X220A1~**  
BGN\*00\*193310000000003XF193310000000002\*20191127\*141002\*\*\*\*2~  
QTY\*TO\*1~  
N1\*P5\*MEDICAID\*FI\*141797357~  
N1\*IN\*\*94\***8-DIGIT PLAN ID**~  
INS\*Y\*18\***024**\*\*A\*\*\*TE~  
REF\*OF\*XX99992X~  
REF\*17\*XX99992X~  
REF\*3H\*992999999~  
REF\*ABB\*XX99992X~  
DTP\*356\*D8\*20190101~  
DTP\*357\*D8\*20191130~  
NM1\*IL\*1\*SUBSCRIBER 2 LAST NAME\*SUBSCRIBER 2 FIRST NAME\*MI\*\*\*34\*99999992~  
PER\*IP\*\*TE\*999999222~  
N3\*122 BEE ST\*CARE OF NAME FOR SUB 2~  
N4\*BNYTOWN\*NY\*14001\*\*CY\*36029~  
DMG\*D8\*20020202\*F\*\*C~  
HD\*024\*\*HLT\*\*IND~  
DTP\*348\*D8\*20190101~  
DTP\*349\*D8\*20191130~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\***8-DIGIT PLAN ID**\*72~  
LS\*2700~  
LX\*1~  
N1\*75\*FAM IND~  
REF\*17\*I~

eMedNY MCE 834 Test Scenarios & Sample Files

LX\*2~  
N1\*75\*COE CODE~  
REF\*17\*30~  
DTP\*007\*RD8\*20190101-20191130~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*RD8\*20190101-20191130~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36029~  
DTP\*007\*RD8\*20190101-20191130~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*90~  
DTP\*007\*RD8\*20190101-20191130~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*14~  
DTP\*007\*RD8\*20190101-20191130~  
LX\*7~  
N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*RD8\*20190101-20191130~  
LX\*8~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*Y~  
LX\*9~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*10~  
N1\*75\*ADDL MAINT REASON~  
REF\*17\*TERM~  
LX\*11~  
N1\*75\*NAMI~  
REF\*9V\*111.00~  
DTP\*007\*D8\*20190101~  
LX\*12~  
N1\*75\*EXCESS~  
REF\*9V\*0.00~  
DTP\*007\*D8\*20190101~  
LE\*2700~

eMedNY MCE 834 Test Scenarios & Sample Files

SE\*69\*193310002~

ST\*834\*193310003\*005010X220A1~

BGN\*00\*193310000000003XF193310000000003\*20191127\*141003\*\*\*\*2~

QTY\*TO\*1~

N1\*P5\*MEDICAID\*FI\*141797357~

N1\*IN\*\*94\*8-DIGIT PLAN ID~

INS\*Y\*18\*021\*\*A\*\*\*AC~

REF\*OF\*XX99996X~

REF\*1L\*PLANGRPID99996X~

REF\*17\*XX99996X~

REF\*23\*PLANMEMID99996X~

REF\*3H\*996999999~

REF\*ABB\*XX99996X~

REF\*ZZ\*PLANSUBID99996X~

DTP\*356\*D8\*20180101~

NM1\*IL\*1\*SUBSCRIBER 6A LAST NAME\*SUBSCRIBER 6A FIRST NAME\*MI\*\*\*\*34\*999999996~

PER\*IP\*\*TE\*9999996666~

N3\*126 FOX ST~

N4\*FNYTOWN\*NY\*14456~

DMG\*D8\*20060606\*F\*\*B~

LUI\*LE\*ENG\*\*6~

LUI\*LE\*ENG\*\*7~

LUI\*LE\*ENG\*\*5~

HD\*001\*\*HLT\*\*IND~

DTP\*348\*D8\*20180101~

REF\*X9\*QHPPLCYID99996X~

LX\*1~

NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~

COB\*P\*7AC0Y25NP86\*1~

DTP\*344\*D8\*20200101~

DTP\*345\*D8\*20201231~

NM1\*IN\*2\*MEDICARE-A~

COB\*P\*7AC0Y25NP66\*1~

DTP\*344\*D8\*20200101~

DTP\*345\*D8\*20201231~

NM1\*IN\*2\*MEDICARE-B~

LS\*2700~

LX\*1~

N1\*75\*FAM IND~

REF\*17\*F~

LX\*2~

N1\*75\*COE CODE~

eMedNY MCE 834 Test Scenarios & Sample Files

REF\*17\*30~  
DTP\*007\*D8\*20180101~  
LX\*3~  
N1\*75\*MONEY CODE~  
REF\*17\*00~  
DTP\*007\*D8\*20180101~  
LX\*4~  
N1\*75\*FISCAL COUNTY~  
REF\*17\*36069~  
DTP\*007\*D8\*20180101~  
LX\*5~  
N1\*75\*AID CAT CODE~  
REF\*17\*91~  
DTP\*007\*D8\*20180101~  
LX\*6~  
N1\*75\*BEN PKG CODE~  
REF\*17\*70~  
DTP\*007\*RD8\*20180101-20181231~  
LX\*7~  
N1\*75\*BEN PKG CODE~  
REF\*17\*77~  
DTP\*007\*D8\*20190101~  
LX\*8~  
N1\*75\*ORIGIN CODE~  
REF\*17\*U~  
DTP\*007\*D8\*20180101~  
LX\*9~  
N1\*75\*RECERT DATE~  
REF\*ZZ\*20201031~  
LX\*10~  
N1\*75\*COPAY EXEMPT IND~  
REF\*ZZ\*N~  
LX\*11~  
N1\*75\*MED RATE CODE~  
REF\*17\*2205~  
LX\*12~  
N1\*75\*NAMI~  
REF\*9V\*222.00~  
DTP\*007\*D8\*20190101~  
LX\*13~  
N1\*75\*EXCESS~  
REF\*9V\*0~



eMedNY MCE 834 Test Scenarios & Sample Files

DTP\*007\*D8\*20190101~  
LX\*14~  
N1\*75\*RECERT DATE~  
REF\*ZZ\*20201101~  
LE\*2700~  
SE\*89\*193310003~  
ST\*834\*193310004\*005010X220A1~  
BGN\*00\*193310000000003XF193310000000004\*20191127\*141004\*\*\*\*2~  
QTY\*TO\*1~  
N1\*P5\*MEDICAID\*FI\*141797357~  
N1\*IN\*\*94\*8-DIGIT PLAN ID~  
INS\*Y\*18\*021\*28\*A\*\*\*AC~  
REF\*OF\*XX99997X~  
REF\*17\*XX99997X~  
REF\*3H\*9979999999~  
REF\*ABB\*XX99997X~  
DTP\*356\*D8\*20191201~  
NM1\*IL\*1\*SUBSCRIBER 7 LAST NAME\*SUBSCRIBER 7 FIRST NAME\*MI\*\*\*34\*999999997~  
PER\*IP\*\*TE\*9999997777~  
N3\*127 GREEN ST\*APT 7G~  
N4\*GNYTOWN\*NY\*10512\*\*CY\*36079~  
DMG\*D8\*20070707\*F\*\*8~  
LUI\*LE\*ITA\*\*5~  
LUI\*LE\*ITA\*\*6~  
LUI\*LE\*ITA\*\*7~  
NM1\*31\*1~  
N3\*PATIENT'S MAILING ADDRESS~  
N4\*GNYTOWN\*NY\*10512~  
HD\*021\*\*HLT\*\*IND~  
DTP\*348\*D8\*20191201~  
LX\*1~  
NM1\*Y2\*2\*\*\*\*\*SV\*8-DIGIT PLAN ID\*72~  
COB\*P\*7AC0Y25NP87\*1~  
DTP\*344\*D8\*20191201~  
DTP\*345\*D8\*20191231~  
NM1\*IN\*2\*MEDICARE-A~  
COB\*P\*7AC0Y25NP77\*1~  
DTP\*344\*D8\*20191201~  
DTP\*345\*D8\*20191231~  
NM1\*IN\*2\*MEDICARE-B~  
COB\*S\*9999999999999997\*1~  
DTP\*344\*D8\*20191201~



eMedNY MCE 834 Test Scenarios & Sample Files

N1\*75\*MED RATE CODE~

REF\*17\*2205~

LX\*12~

N1\*75\*NAMI~

REF\*9V\*0.00~

DTP\*007\*D8\*20191201~

LX\*13~

N1\*75\*EXCESS~

REF\*9V\*0.00~

DTP\*007\*D8\*20191201~

LX\*14~

N1\*75\*WMS ENROLL/DISENROLL REASON CODE~

REF\*ZZ\*02~

DTP\*007\*D8\*20191201~

LE\*2700~

SE\*94\*193310004~

GE\*4\*193310003~

IEA\*1\*193310003~