New Mexico Health Care Authority
Medical Assistance Division
Conduent State Healthcare, LLC

CONDUENT

HEALTH CARE AUTHORITY

Benefit Enrollment and Maintenance Companion Guide

New Mexico Health Care Authority
MMISR Financial Services Project

Version 1.2

Revision History

Version	Date	Description of Change	Name	HCA Approval
1.0	08/06/2025	Approved and published version.	Conduent	Kristie Abraham
1.1	01/23/2026	BGN02 element description has been included in section 5.	Yoga Rajendran	John Padilla via email on 3/4/2026
1.2	02/20/2026	Updated link in section 1.3 and 6.4	Yoga Rajendran	John Padilla via email on 3/4/2026

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Disclaimer

This companion guide is for use along with the *ANSI ASC X12N 5010 BENEFIT ENROLLMENT AND MAINTENANCE (834) Implementation Guide*. It should not be considered a replacement for the implementation guide but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for the New Mexico Medicaid program. The guide also includes useful information about receiving data from Conduent Electronic Data Interchange (EDI) Solutions, Inc.

Submitters are therefore encouraged to check the New Mexico Health Care Authority Medical Assistance Division website periodically for updates to the companion guides at the following website:

https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/.

This companion guide is intended for New Mexico Medicaid Trading Partner use in conjunction with the *ANSI ASC X12N Standards for Electronic Data Interchange Technical Report Type 3 (TR3) Benefit Enrollment and Maintenance (834)*.

The ANSI ASC X12N TR3s can be accessed at http://www.wpc-edi.com/. This guide outlines the procedures necessary for engaging in EDI with Conduent EDI Solutions, Inc. and specifies data clarification where applicable.

1. Introduction

Conduent EDI Solutions, Inc., a leader in health care technology, provides EDI gateway services to providers enrolled in contracted health care plans. Our electronic transactions acquisition services provide an array of tools that allow you to:

- Easily submit all transactions to one source.
- Submit transactions twenty-four hours a day, seven days a week.
- Receive confirmation of receipt of each file transferred.
- Retrieve benefit enrollment and maintenance information for Managed Care Organization (MCO) plans on a regular basis.

As an EDI Gateway Service, we provide connectivity to various healthcare plans and states where Conduent is the fiscal agent, third-party administrator, or contracted clearinghouse. Healthcare plans that participate with Conduent EDI Solutions, Inc. are referred to as payers. Transactions are accepted electronically into our data center and are processed through the Conduent State Healthcare Clearinghouse (SHCH).

Conduent EDI Gateway provides connectivity for the flow of medical information and data between medical providers, facilities, vendors, claim payment agencies, and other clearinghouses and the Front-end Online Transaction Processor (OLTP). Beyond the receipt and delivery of this data, Conduent EDI Gateway provides translation to and from ANSI ASC X12N standard formats.

1.1. Scope

This Companion Guide is intended to be used by trading partners for the retrieval of the X12N 834 transaction from Conduent EDI Solutions. This guide is to be used in conjunction with the *ANSI ASC X12N 5010 National Implementation Guide*. The companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for NM Medicaid. This companion guide is subject to change.

1.2. Overview

This document provides the following information for NM Medicaid Trading Partners:

- X12N 834 Benefit Enrollment and Maintenance
- Data Retrieval Methods
- Payer Specific Data 834 transaction set

1.3. References

This companion guide is intended for New Mexico Medicaid Trading Partner use in conjunction with the *ANSI ASC X12N Standards for Electronic Data Interchange Technical Report Type 3 (TR3) Benefit Enrollment and Maintenance 834*. This is available at: https://x12.org/products/technical-reports.

Reference Materials

ANSI ASC 5010 Implementation Guides	X12.org
EDI Online	https://edionline.portal.conduent.com/EDIOnline/redirect.action
HCA FAQ's	https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/
NM Helpdesk	HIPAA.DeskNM@hca.nm.gov
NM MOVEit	https://pbmazuremoveit.services.conduent.com
Trading Partner Agreement Form	https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/

2. X12N 834 Process

2.1. Working with 834 Benefit Enrollment and Maintenance Process

To receive an X12N 834 Benefit Enrollment and Maintenance transaction, an MCO must request the 834s be delivered and provide their trading partner and billing Provider Medicaid IDs. To request 834s, please contact HIPAA.DeskNM@hca.nm.gov. After each enrollment roster cycle, an X12N 834 file will be delivered to the Conduent EDI Mailbox System for the MCO to retrieve.

834s are generated daily and monthly during each of the NM Medicaid enrollment roster cycles (daily, full monthly, and update monthly).

2.2. 834 Transaction Contents

The X12N 834 Benefit Enrollment and Maintenance standard transaction is used by the New Mexico Medicaid program to provide managed care program enrollment related information to MCOs. It contains client name, identification numbers, and demographic information as well as plan benefit enrollment and termination dates along with associated COB policy and related entity information. The data in this transaction will be used by the MCOs to verify a client's current enrollment status with their plans. It cannot provide a history of enrollment or benefit use. The MCO will receive separate 834 files for each plan that it administers.

The X12N 834 Benefit Enrollment and Maintenance standard transaction does not accommodate the full range of information currently provided in New Mexico's Enrollment Roster File and TPL File interfaces. For that reason, New Mexico will continue to produce the Enrollment Roster File and TPL File interfaces as supplemental files to each plan's daily and full monthly 834s for those MCOs wishing to receive the 834.

2.3. 834 Transaction File Types

- Full Monthly File:
  - This transaction provides each contracted MCO with a full file extract of the clients enrolled with that MCO for the current month. This is a monthly snapshot at the time of the enrollments for each of the MCOs plans and will occur with the plan's full monthly enrollment roster processing to obtain an accurate picture of current enrollments. The full file will be delivered to the Conduent EDI Gateway DMZ for pickup on the morning following the fourth to last business day of the month, consistent with the timing of the full *Monthly Enrollment Roster File*.
- Daily Files:
  - This transaction provides specifically identified changes in a client's enrollment status or demographic information. This file is generated daily and will contain only those client records that are triggered by the identified demographic or enrollment changes. An updated file will be delivered to the Conduent EDI Gateway DMZ for pick up every morning. This update file will also be produced

out of HCA's update monthly enrollment roster cycle, which is run on the evening of the first of each month to capture any changes to the full monthly file.

Please see the *ANSI ASC X12N 834 TR3 Implementation* Guide for details on the ANSI ASC X12N 834.

Following is the example for the naming convention of X12N 834 files:

NM_YYMMDD_77048_O_#####_mmmmmmmmpppp_834_ttttt_834.001

NM = New Mexico Medicaid

YYMMDD = File date in YYMMDD format

77048 = NM Conduent EDI Gateway Payer ID

O = Constant letter 'O' for Outbound

= Conduent EDI Gateway File Tracking Number

mmmmmmmmpppp = MCO's 8-character NM Medicaid Billing Provider ID and 4-digit plan number

834 = X12N Transaction Type

ttttt = MCO's 6-character Conduent EDI Gateway Trading Partner ID

834 = X12N Transaction Type

001 = File Sequence Number

3. Data Retrieval Methods

New Mexico MCO trading partners will have the option of retrieving their 834 files.

- EDI Online
- MOVEit DMZ/Transfer

3.1. EDI Online

EDI sends the 834 file to the MCO trading partner's HIPAA BBS distribution mailbox. The site can be accessed at: https://edionline.portal.conduent.com/EDIOnline/redirect.action.

3.2. MOVEit DMZ/Transfer

EDI sends the 834 file to the MCO trading partner's DMZ/Transfer folder. The site can be accessed at: https://pbmazuremoveit.services.conduent.com

Either method of access requires the MCO to use a pre-assigned logon User ID and password to gain access to their files.

4. Contact Information

4.1. New Mexico HIPAA Helpdesk Support

Conduent has a New Mexico Medicaid HIPAA Helpdesk Support Unit to assist providers and trading partners with their questions and concerns about EDI. The following is a list of services that are provided by the NM HIPAA Helpdesk Support Unit:

- Assistance with enrollment
- Explanation of the various EDI transmission methods
- Assistance with EDI transmission problems
- Assistance with EDI response files/reports

The NM HIPAA Helpdesk Support Unit is available to all New Mexico Medicaid trading partners and providers Monday through Friday from 8:00 a.m. to 5:00 p.m. MT at 1-800-299-7304 or by email at HIPAA.DeskNM@hca.nm.gov.

4.2. Enrollment Information

The MCO is automatically enrolled with the 834 transactions when they become an approved and active MCO with the NM Medicaid system.

4.3. Tracking Transmission/Retrieval/Production Problems

Please have the following information available when calling the NM HIPAA Helpdesk regarding transmission, retrieval, and production issues.

- **Trading Partner ID**: The Trading Partner ID is key to accessing the trading partner information. Please have this number available each time the NM HIPAA Helpdesk is contacted.
- **Login Name and Login User ID**: These allow trading partners access to EDI Online for 834 retrievals. The NM HIPAA Helpdesk uses this information to reference your trading partner mailbox.

4.4. Highlights

To promote efficient, accurate electronic MCO benefit enrollment and maintenance reporting, please note:

- Each MCO is assigned a six-digit Conduent EDI Trading Partner ID.
- Logon User IDs (passwords)- can be up to 50 characters long.
- All dates are in the CCYYMMDD format within the transaction set (ST-SE).
- All date/times are in the CCYYMMDDHHMM format within the transaction set(ST-SE).
- New Mexico Medicaid Provider IDs are eight characters long.
- The EDI assigned Payer ID for New Mexico Medicaid is **77048**.

- The Receiver ID for New Mexico is 100000 and the Payer ID for New Mexico is **77048**.
- The Trading Partner Agreement determines where reports and responses will be delivered.

5. Transaction-Specific Information

This section must be used in conjunction with the X12N 834 TR3. This table contains only those data elements that are considered business requirements and are not standardization-required elements.

834 Transaction

Loop	Segment	Element	Description
Interchange Control Header	ISA	01	Authorization Qualifier: 00 (No Auth Info Present). Populated by EDI.
Interchange Control Header	ISA	03	Security Qualifier: 00 (No Security Info Present). Populated by EDI.
Interchange Control Header	ISA	05	Interchange ID Qualifier: ZZ (Mutually defined). Populated by EDI.
Interchange Control Header	ISA	06	Interchange Sender ID: 100000. Populated by EDI.
Interchange Control Header	ISA	07	Interchange ID Qualifier: ZZ. Populated by EDI.
Interchange Control Header	ISA	08	Interchange Receiver ID: Trading partner ID associated with billing provider. Populated by EDI.
Interchange Control Header	ISA	11	Repetition Separator: ^' Populated by EDI.
Interchange Control Header	ISA	14	Acknowledgement indicator: 0 (Not requested)
Interchange Control Header	ISA	15	Usage Indicator: P (Production) or T (Test Data) Populated by EDI.
Interchange Control Header	ISA	16	Component Element Separator '~' Populated by EDI
Functional Group Header	GS	02	Sender code: 77048
Functional Group Header	GS	03	MCO's Conduent EDI Trading Partner ID
Functional Group Header	GS	04	Functional Group Creation Date expressed in CCYYMMDD format.
Functional Group Header	GS	05	HHMMSSDD

Loop	Segment	Element	Description
Functional Group Header	GS	06	Group Control Number - this number must be identical to the same data element in the associated functional group trailer.
Functional Group Header	GS	08	005010X220 (Version/Release/Industry Identifier Code)
Transaction Set Header	ST	03	Enter Implementation Convention Reference. This field contains the same value as GS08, 005010X220
Header	BGN	01	New Mexico Medicaid will use the following code: 00 The 00 indicates the first time the transaction is sent.
Header	BGN	02	ProviderID and plan number -File creation date- File creation time.
Header	BGN	05	ES (Eastern Standard Time)
Header	BGN	08	New Mexico Medicaid will use one of the following codes: 2 (Change (Update)) - for daily. RX (Replace) - for full monthly 834 files.
Header	REF	02	8-character MCO Provider ID
Header	DTP	01	New Mexico Medicaid will use the following code: 303 (Maintenance Effective)
Header	DTP	02	D8 (Date time period format qualifier)
Header	DTP	03	Current Enrollment Month begin date expressed in CCYYMMDD format – DD always equals 01.
Header	QTY	01	TO (Total)
Header	QTY	02	Total number of clients (subscribers).
1000A	N1	02	NM Medicaid
1000A	N1	03	FI (Federal Taxpayer’s Identification Number)
1000A	N1	04	856000565
1000B	N1	03	FI (Federal Taxpayer’s Identification Number)
1000B	N1	04	MCO’S Federal Tax ID
2000	INS		There is one repeat of loop 2000 per client.
2000	INS	01	Y (Yes)
2000	INS	02	18 (Self)

Loop	Segment	Element	Description
2000	INS	03	Maintenance type code will be valued as follows: New or Retroactive Enrollment = 021 (Addition) Ongoing Enrollment = 030 (Audit or Compare) Termination or Recoupment = 024 (Cancellation or Termination)
2000	INS	05	A (Active)
2000	INS	06-1	Since Medicare is reported at the loop 2000-member level, there are no dates that tell the MCO when the Medicare coverage is active. This information will continue to be reported on the existing NM HCA Enrollment Roster File interface. The following values will be used in INS06-1: Part A only = A (Medicare Part A) Part B only = B (Medicare Part B) Both Part A and Part B = C (Medicare Part A & B) No Medicare = E (No Medicare) When either of the following conditions are true: loop 2000 INS03 = 030 (Audit or Compare) or loop 2000 INS03 = 021 (Addition) and loop 2000 DTP01 = 356 (Eligibility Begin) and the date in loop 2000 DTP03 is equal to the date in Header loop DTP03, INS06-1 is populated with the Medicare plan code in effect for the current enrollment month. When loop 2000 INS03 = 021 (Addition) and loop 2000 DTP01 = 356 (Eligibility Begin) and the date in loop 2000 DTP03 is prior to the date in Header loop DTP03, INS06-1 is populated with the Medicare plan code in effect for the most recent retroactive enrollment month represented by the date range in the first iteration of loop 2300 DTP03 with DTP01 = 348 (Benefit Begin). INS06-1 is not used when loop 2000 INS03 = 024.
2000	INS	08	Status of Subscriber code with be populated as follows: New, Ongoing, or Retroactive Enrollment = AC (Active) Termination or Recoupment = TE (Terminated)
2000	REF Subscriber Identifier	01	0F (Subscriber Number)
2000	REF Subscriber identifier	02	New Mexico Medicaid Swipe Card ID
2000	REF Member Supplemental Identifier	01	23 (Client Number)

Loop	Segment	Element	Description
2000	REF Member Supplemental Identifier	02	Client's current NM Medicaid client ID
2000	REF Member Supplemental Identifier	01	3H (Case Number)
2000	REF Member Supplemental Identifier	02	Client's NM Medicaid case number from the current enrollment month COE span.
2000	REF Member Supplemental Identifier	01	F6 (Health Insurance Claim (HIC) Number). Only populated when applicable to the client.
2000	REF Member Supplemental Identifier	02	Client's Medicare ID Number
2000	REF Member Supplemental Identifier	01	6O (Cross Reference Number)
2000	REF Member Supplemental Identifier	02	Client's original NM Medicaid client ID
2000	REF Member Supplemental Identifier	01	Q4 (Prior Identifier Number). REF01/02 populated only when a most recent prior client identifier exists.
2000	REF Member Supplemental Identifier	02	New Mexico Alternate Client ID
2000	REF Member Supplemental Identifier	01	Q4 (Prior Identifier Number). REF01/02 populated only when more than one most recent prior client identifier exists.
2000	REF Member Supplemental Identifier	02	New Mexico Alternate Client ID

Loop	Segment	Element	Description
2000	DTP	01	When loop 2000 INS03 = 021 (Addition) or 030 (Audit or Compare), 356 (Eligibility Begin) will be used. When loop 2000 INS03 = 024 (Cancellation or Termination), 357 (Eligibility End) will be used.
2000	DTP	02	D8 (Date / time / period format qualifier)
2000	DTP	03	When DTP01 = 356 (Eligibility Begin), contains the earliest begin date across all retroactive (if any), new, or ongoing enrollments for the client for this enrollment cycle. When DTP01 = 357 (Eligibility End), contains the earliest end date across all recoupments or terminations for the client for this enrollment cycle.

Loop	Segment	Element	Description
2100A	NM1	01	Contains 74 (Corrected Insured) when there has been a name change for the client since the last time, they were reported to the MCO. Otherwise, it contains IL (Insured or Subscriber).
2100A	NM1	08	The qualifier is 34
2100A	NM1	09	Client's Social Security Number (SSN) when available. Otherwise, NM1 segment elements 08 and 09 are not used.
2100A	PER	03	TE (Telephone Number)
2100A	PER	04	Client's area code and telephone number when available. Otherwise PER segment is not used.
2100A	N3	01	Client's residential address line 1
2100A	N3	02	Client's residential address line 2
2100A	N4	01	Client's residential City Name
2100A	N4	02	Client's residential State Code
2100A	N4	03	Client's residential ZIP Code
2100A	N4	06	Client's NM geographic county code
2100A	DMG	05-1	Crosswalk from corresponding CMdS client race code values to X12 820 implementation guide as follows: 1 = C (Caucasian) 2 = H (Hispanic) 3, D or E = I (American Indian) 4 or C= A (Asian) 5 or B = B (Black)

Loop	Segment	Element	Description
			Any other value = 6 (Other Race or Ethnicity) 9 = 7 (Not Provided)

Incorrect Member Name			
2100B	NM1	08	34 (Social Security Number) when available. Otherwise, NM1 segment data elements 08 and 09 not used.
Member Mailing Addresses			
2100C	NM1	01	31 (Postal Mailing Address)
2100C	NM1	02	1 (Person)
2100C	N3	01	Client's mailing address line 1

Loop	Segment	Element	Description
2100C	N3	02	Client's mailing address line 2
2100C	N4	01	Client's mailing address city or town
2100C	N4	02	Client's mailing address state code
2100C	N4	03	Client's mailing address zip code
2100G	NM1	01	QD (Responsible Party)
2100G	NM1	02	1 (Person)
2100G	NM1	03	Responsible Party Last Name
2100G	NM1	04	Responsible Party First Name
2100G	NM1	05	Responsible Party Middle Name
2300			Loop repeats once for each new or ongoing enrollment period, once for every retroactive enrollment month, once for each termination, and once for every recouped enrollment month.
2300	HD	01	Maintenance type code will be valued as follows: New or Retroactive Enrollment = 021 (Addition)

Loop	Segment	Element	Description
			Ongoing Enrollment = 030 (Audit or Compare) Termination or Recoupment = 024 (Cancellation or Termination)
2300	HD	03	HMO (Health Maintenance Organization)
2300	HD	05	IND (Individual)
2300	DTP	01	348 (Benefit Begin) for New or Ongoing periods and for Retroactive Enrollment months. 349 (Benefit End) for Termination or Recoupment months.
2300	DTP	02	Always D8 (Date expressed in format CCYYMMDD) when the value in HD01 is 024. When HD01 is 021 or 030, D8 when the enrollment end date is open-ended (99991231). RD8 (Range of Dates expressed in format CCYYMMDD-CCYYMMDD) when HD01 is 021 or 030 and the enrollment period does not have an open-ended end date.
2300	DTP	03	Terminations - enrollment end date in CCYYMMDD format. For update monthly 834 voided enrollments, this date is the first day of the current enrollment month. New or Ongoing enrollments with open-ended end dates (99991231) - enrollment period begin date in CCYYMMDD format. New or Ongoing enrollments with closed end dates – enrollment period begin and end dates in CCYYMMDDCCYYMMDD format. Retroactive or recouped enrollment months – the affected months begin and end dates in CCYYMMDDCCYYMMDD format.
2300	AMT	01	P3 – (Premium Payment) - Plan cohort rate amount FK (Other Unlisted Amount).
2300	REF Health Coverage Policy Number	01	Two occurrences of RB (Rate code Number)
2300	REF Health Coverage Policy Number	02	Two occurrences of the Client's Cohort Number when REF01 = RB. The first occurrence will be the physical health cohort, and the second occurrence will be the behavioral health cohort.
2320	COB		Segment repeats up to five (5) times per loop 2300 repeat. When the client has more than 5 TPL policies in effect, only the 5 policies with the latest coverage end dates that overlap the loop 2300 DTP segment's health coverage dates will be reported. This segment will only be populated when TPL data is available for the client.

Loop	Segment	Element	Description
2320	COB	01	U (Unknown) will be used.
2320	COB	02	TPL policy number
2320	COB	03	1 (Coordination of Benefits) will be used.
2320	COB	04	1 (Medical) will be used as a generic Service Type Code value for each policy included in this loop. Refer to the supplemental MCO TPL File interface produced in conjunction with the 834 for more specific TPL coverage detail.
2320	REF	01	6P (Group Number) will be used.
2320	REF	02	Insured Group or Policy Number.
2320	DTP	01	One repeat of this segment will always be sent with qualifier 344 (Coordination of Benefits Begin) Code. A second repeat of this segment will be sent with qualifier 345 (Coordination of Benefits End) when the TPL policy does not have an open-ended end date (99991231). A second repeat of this segment will not be sent when the TPL policy has an open-ended end date.
2320	DTP	02	D8 (Date Expressed in format CCYYMMDD)
2320	DTP	03	When loop 2320 DTP01 = 344, client's TPL policy coverage begin date. When loop 2320 DTP01 = 345, client's TPL policy coverage end date. This segment is not used when the policy has an open-ended end date (99991231).

Coordination of Benefits Related Entity			
2330	NM1	01	IN (Insurer)
2330	NM1	02	2 (Non-Person Entity)
2330	NM1	03	Last Name of Organization

6. Appendices

6.1. Implementation Checklist

Conduent does not offer an Implementation Checklist for our Trading Partner EDI services with New Mexico Medicaid. The New Mexico HIPAA Helpdesk assists new Trading Partners with enrollment and testing, but a formal implementation checklist is not necessary.

6.2. Business Scenarios

Please contact the NM HIPAA Helpdesk to discuss your specific business needs.

6.3. Transmission Examples

Not applicable.

6.4. Frequently Asked Questions

NM HCA FAQs are available here: https://www.hca.nm.gov/providers/hipaa-standard-companion-guides/

Also, your Conduent EDI Business Analyst(s) have EDI and X12 expertise to field all related inquiries. Please direct your questions to NM HIPAA Helpdesk.