

HIPAA ANSI X12N 834
BENEFIT ENROLLMENT AND MAINTENANCE
SUPPLEMENTAL IMPLEMENTATION GUIDE



South Carolina

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834 BENEFIT ENROLLMENT AND MAINTENANCE

Functional Group ID=**BE**

Introduction

This Draft Standard for Trial Use contains the format and establishes the data contents of the Benefit Enrollment and Maintenance Transaction Set (834) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to establish communication between the sponsor of the insurance product and the payer. Such transaction(s) may or may not take place through a third party administrator (TPA). For the purpose of this standard, the sponsor is the party or entity that ultimately pays for the coverage, benefit or product. A sponsor can be an employer, union, government agency, association, or insurance agency. The payer refers to an entity that pays claims, administers the insurance product or benefit, or both. A payer can be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Champus, etc.), or an entity that may be contracted by one of these former groups. For the purpose of the 834 transaction set, a third party administrator (TPA) can be contracted by a sponsor to handle data gathering from those covered by the sponsor if the sponsor does not elect to perform this function itself.

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N 834 Benefit Enrollment and Maintenance Implementation guide. The use of this document is solely for the purpose of clarification. The information describes specific requirements to be used in processing Blue Cross Blue Shield of South Carolina HIPAA ANSI X12N 834 Benefit Enrollment and Maintenance submitted via EDI (Electronic Data Interchange). Please note that the HIPAA ANSI X12N 834 Benefit Enrollment and Maintenance Supplemental Implementation Guide is subject to change. Any changes will be available at www.southcarolinablues.com.

BlueCross BlueShield of South Carolina currently accepts one type of transaction per transmission. Therefore, all ST01 elements within the transmission will equal the same transaction number. For example, fourteen 837I transactions are acceptable within one enveloping sequence, but thirteen 837Is and one 276 within one enveloping sequence is unacceptable.

**Shaded text in the body of this document indicates
BlueCross BlueShield of South Carolina-specific information.**

REVISION LOG

Date	Author	Revision Description
May 7, 2003		Original with 4010A1
October 29, 2003	E. Baylor-Elks	Formatting
November 12, 2003	E. Baylor-Elks	Added ST01 note to introduction
May 20, 2005	E. Baylor-Elks	Added BlueChoice HealthPlan, removed Companion HealthCare

TABLE OF CONTENTS

Heading:

<u>Page #</u>	<u>Pos. No.</u>	<u>Seg. ID</u>	<u>Name</u>	<u>Req. Des.</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
4	030	REF	Transaction Set Policy Number	M	1		
LOOP ID - 1000A							
4	070	N1	Sponsor Name	O	1	1	n1
LOOP ID - 1000B							
5	070	N1	Payer	O	1	1	n2
LOOP ID - 1000C							
5	070	N1	TPA/Broker Name	O	1	2	
LOOP ID - 1100C							
5	120	ACT	TPA/Broker Account Information	O	1	1	

Detail:

<u>Page #</u>	<u>Pos. No.</u>	<u>Seg. ID</u>	<u>Name</u>	<u>Req. Des.</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
LOOP ID - 2000							
6	010	INS	Member Level Detail	O	1	>1	n3
7	020	REF	Member Policy Number	M	1		
7	020	REF	Prior Coverage Months	O	1		
8	025	DTP	Member Level Dates	O	20		
LOOP ID - 2100A							
8	050	N3	Member Residence Street Address	O	1	1	
8	060	N4	Member Residence City, State, ZIP Code	O	1		
LOOP ID - 2100B							
9	030	NM1	Incorrect Member Name	O	1	1	
LOOP ID - 2300							
9	260	HD	Health Coverage	O	1	99	
10	270	DTP	Health Coverage Dates	O	4		
LOOP ID - 2310							
11	320	NM1	Provider Name	O	1	30	
11	360	N4	Provider City, State, ZIP Code	O	1		
12	395	PLA	PCP Change Reason	O	1		
LOOP ID - 2320							
12	405	REF	Additional Coordination of Benefits Identifiers	O	5	5	
13	410	N1	Other Insurance Company Name	O	1		

Segment: **REF** Transaction Set Policy Number
Position: 030
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To specify identifying information
Notes:

This segment can be used if a unique ID Number for a group applies to the entire transaction set.
The definition of the Master Policy Number is determined by the issuer of the policy, the Payer/Plan Administrator. The Master Policy Number may be used to meet various business needs such as indicating the line of business under which the policy is defined.
*This segment is **REQUIRED** when the contract or trading partner agreement identify a Master Policy Number for use with electronic enrollment.*

Data Element Summary

Ref.	Data Element	Name	Attributes
REF02	127	Reference Identification	X AN 1/26
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
		Sponsor ID associated with a group. This value will be provided to you by Blue Cross Blue Shield of S.C.	

Segment: **N1** Sponsor Name
Position: 070
Loop: 1000A Optional
Level: Heading
Usage: Optional
Max Use: 1
Purpose: To identify a party by type of organization, name, and code
Notes:

Use this loop to identify the sponsor. See section 1.3 for the definition of sponsor.

Segment: **N1** Payer
Position: 070
Loop: 1000B Optional
Level: Heading
Usage: Optional
Max Use: 1
Purpose: To identify a party by type of organization, name, and code
Notes: *Use this loop to identify the payer. See section 1.3 for the definition of a payer.*

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
N103	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) 'FI' to indicate Federal Taxpayer's Identification Number. FI Federal Taxpayer's Identification Number	M ID 1/2
N104	67	Identification Code Code identifying a party or other code '570287419' for Blue Cross Blue Shield of S.C. '570768835' for BlueChoice HealthPlan '570523959' for Companion Life	M AN 2/80

Segment: **N1** TPA/Broker Name
Position: 070
Loop: 1000C Optional
Level: Heading
Usage: Optional
Max Use: 1
Purpose: To identify a party by type of organization, name, and code
Notes: *This loop is REQUIRED when a TPA or a Broker is involved. See section 1.3 for definitions.*

Segment: **ACT** TPA/Broker Account Information
Position: 120
Loop: 1100C Optional
Level: Heading
Usage: Optional
Max Use: 1
Purpose: To specify account information
Notes: *This segment is REQUIRED if the account number of the TPA or Broker is different than the account number for the sponsor.*

Segment: **INS** Member Level Detail
Position: 010
Loop: 2000 Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To provide benefit information on insured entities

Notes: *Subscriber information must precede dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission.*
No more than 10,000 INS segments can occur in a single 834 transaction. Multiple transactions within a single interchange can be used to transfer information on larger numbers of members.

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u>		
INS02	1069	Individual Relationship Code	M ID 2/2

Code indicating the relationship between two individuals or entities

This value should be 18 for the subscriber.

For dependents, use this value to identify the relationship to the subscriber. For example, a daughter would be value 19.

01	Spouse
05	Grandson or Granddaughter
09	Adopted Child
17	Stepson or Stepdaughter
18	Self
19	Child
	Dependent between the ages of 0 and 19; age qualifications may vary depending on policy
23	Sponsored Dependent
	Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy
25	Ex-spouse
38	Collateral Dependent
	Relative related by blood or marriage who resides in the home and is dependent on the insured for a major portion of their support
53	Life Partner

continued on next page

INS03	875	Maintenance Type Code	M ID 3/3
		Code identifying the specific type of item maintenance	

Populate with '001' when change is made to existing member. Populate with '021' when enrolling new members. Populate with '024' when member is to be terminated.
 If this is the subscriber then termination will apply to all members on the contract.
 If terming only one dependent member just send termination for that member. Populate with '030' when file will not be loaded to system but used for audit/compare.
 "030" file will not be used to update our system.

001	Change
021	Addition
024	Cancellation or Termination
030	Audit or Compare

INS09 1220 **Student Status Code** **O** ID 1/1

Student status is determined by indicator loaded on internal processing tables and dependent's age.

F	Full-time
N	Not a Student
P	Part-time

Segment: **REF** Member Policy Number

Position: 020
Loop: 2000 Optional (Must Use)
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To specify identifying information
Notes:

*Must populate with group number member is assigned to or predetermined data fields that represent a group number.
 If billing is by department number positions 10-12 must be billing group number. If billing is by payroll number (employee number) positions 13-19 must be payroll number (employee number).*

Segment: **REF** Prior Coverage Months

Position: 020
Loop: 2000 Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying information

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u>		
REF02	127	Reference Identification	X AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Per BCSSC Legal Department, this appears to be a mistake in the IG requiring months instead of days. Please submit number of days.

Segment: **DTP** Member Level Dates

Position: 025
Loop: 2000 Optional (Must Use)
Level: Detail

Usage: Optional
Max Use: 20
Purpose: To specify any or all of a date, a time, or a time period
Notes: *When enrolling a subscriber "336" hire date is required.
Also include "303" with effective date of coverage in maintenance date.
To terminate a member populate with "357". If terming contract only need to send termination for subscriber, otherwise send termination for only member being cancelled from coverage.
When changing group number or changing coverage level code (ex: E1D to ECH) must send all members with updated effective dates on all members. For demographic changes, group number change, and existing coverage level changes send "303".*

Segment: **N3** Member Residence Street Address
Position: 050
Loop: 2100A Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the location of the named party
Syntax Notes:
Semantic Notes:
Comments:
Notes: *Populate without punctuation. This address will be used for mailing unless member's mailing address (2100C) is populated.*

Segment: **N4** Member Residence City, State, ZIP Code
Position: 060
Loop: 2100A Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.
Semantic Notes:
Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2 N402 is required only if city name (N401) is in the U.S. or Canada.
Notes: *Populate without punctuation. This address will be used unless mailing address (2100C) is populated for member.*

Segment: **NM1** Incorrect Member Name
Position: 030
Loop: 2100B Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Notes: *Populate member name with corrected name.*

Segment: **HD** Health Coverage
Position: 260
Loop: 2300 Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To provide information on health coverage

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
HD04	1204	Plan Coverage Description	O AN 1/50

A description or number that identifies the plan or coverage
First two positions of this field must be populated:
The first position must = 'T' for "traditional"
Second position is either 'R' for refusal of coverage or 'A' for active coverage.

Positions 03-50 are generic relaters to be used as needed.

 Pos 03-14 = 12 bytes of FIELD1 generic data
 Pos 15-26 = 12 bytes of FIELD2 generic data
 Pos 27-38 = 12 bytes of FIELD3 generic data
 Pos 39-50 = 12 bytes of FIELD4 generic data

Segment: **DTP** Health Coverage Dates
Position: 270
Loop: 2300 Optional
Level: Detail
Usage: Optional (Must Use)
Max Use: 4
Purpose: To specify any or all of a date, a time, or a time period

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u>	<u>Date/Time Qualifier</u>	
DTP01	374	Code specifying type of date or time, or both date and time Populate with '348' to designate the begin date of coverage for new adds. Populate with '349' to designate when coverage ends for a termination. Populate with '303' to designate the effective date for a coverage change. When changing group number or coverage level code all covered members must be sent with updated effective date.	M ID 3/3
		303 Maintenance Effective Date on which the maintenance is effective	
		336 Employment Begin Date on which the subscriber or dependent became employed	
		348 Benefit Begin Date on which the subscriber's or dependent's benefit begin	
		349 Benefit End Date on which the subscriber's or dependent's benefit ends	

Segment: **NM1** Provider Name
Position: 320
Loop: 2310 Optional
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u>		
NM103	1035	Name Last or Organization Name Individual last name or organizational name If Provider Entity Type Qualifier = '2' populate with name of organization. Otherwise populate with last name of provider.	O AN 1/35
NM104	1036	Name First Individual first name If Provider Entity Type Qualifier = '1' populate with first name of provider.	O AN 1/25
NM105	1037	Name Middle Individual middle name or initial Populate if Provider Entity Type Qualifier = '1'.	O AN 1/25
NM106	1038	Name Prefix Prefix to individual name Populate if Provider Entity Type Qualifier = '1'.	O AN 1/10

Segment: **N4** Provider City, State, ZIP Code
Position: 360
Loop: 2310 Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the geographic place of the named party

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u>		
N401	19	City Name Free-form text for city name Name of city where provider is located.	O AN 2/30
N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency Populate with 2 character state code where provider is located.	O ID 2/2
N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Populate with zip code where provider is located.	O ID 3/15
N406	310	Location Identifier Code which identifies a specific location Populate with identifying information such as street address where provider is located if available.	O AN 1/30

Segment: **PLA** PCP Change Reason
Position: 395

Loop: 2310 Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To indicate action to be taken for the location specified and to qualify the location specified

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
PLA03	373	Date	M DT 8/8

Date expressed as CCYYMMDD

Required if member changes providers. Populate with the change effective date.

Segment: **REF** Additional Coordination of Benefits Identifiers
Position: 405
Loop: 2320 Optional
Level: Detail
Usage: Optional
Max Use: 5
Purpose: To specify identifying information
Notes: *Populate with the policy number if exists.*

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
REF02	127	Reference Identification	X AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

If Reference Qualifier = '6P' populate with group number.

If Reference Qualifier = 'A6' populate with the carrier's employee ID that is associated with the company where their additional coverage is.

If Reference Qualifier = 'SY' populate with carrier's social security number.

Segment: **N1** Other Insurance Company Name
Position: 410
Loop: 2320 Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To identify a party by type of organization, name, and code

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u>	<u>Name</u>	
N102	93	Name	X AN 1/60

Free-form name

Populate with name of insurance company if COB Sequence Number is populated. For Medicare members use the following to populate field:

If member has Medicare Part A use "Medicare A".
If member has Medicare Part B use "Medicare B".
If member has both Part A & B then send two occurrences.