



HIPAA ANSI X12N 5010 834 Electronic Enrollment

BLUECHOICE[®] HEALTHPLAN Supplemental Implementation Guide

VERSION 3

TABLE OF CONTENTS

INTRODUCTION	3
COMMUNICATIONS	3
TRANSACTION RECORD LAYOUT	3
EXAMPLES	12

INTRODUCTION

The Secretary of Health and Human Services has established version 5010 of the X12N 834 implementation guides as national standards for use by all health plans in the United States. This fulfills certain requirements of the Administrative Simplification provisions of HIPAA. You can get more information on the HIPAA standards requirements in general at <http://aspe.hhs.gov/admsimp>. This Supplemental Implementation Guide (SIG) contains the requirements for implementation of the enrollment standard by the standard system maintainers and intermediaries.

The following information is only a companion document to the HIPAA ANSI X12N 5010 834 Implementation Guide. The use of this document is solely for the purpose of clarification. The information describes specific requirements for processing BlueChoice HealthPlan's HIPAA ANSI X12N 834 Electronic Enrollment if you are using the 5010 version. Please note that the HIPAA ANSI X12N 834 Supplemental Implementation Guide is subject to change. We will notify you in advance of any changes.

TRANSACTION RECORD LAYOUT

The Blue Cross Blue Shield of South Carolina EDI Gateway will provide the envelope (ISA, GS, GE and IEA segments) requirements for the HIPAA ANSI X12N 834 transaction. This chart lists only exceptions to the HIPAA ANSI X12N 834 Implementation Guide.

Field Num	Loop Num	Field Name	Data Type	Min Char	Max Char	Usage	Notes	
ST		TRANSACTION SET HEADER						
ST01	0000	ST - Transaction Set Purpose Code	ID	3	3	Required	834 to designate this as a benefits enrollment	
BGN		BEGINNING SEGMENT						
BGN01	0000	BGN - Transaction Set Purpose Code	ID	2	2	Required	00 = Original or 15 = Re-submission	
BGN08	0000	Action Code	ID	1	2	Required	2 = Change(Update) 4 = Verify RX = Replace (Not accepted by BlueChoice HealthPlan. File will be rejected.)	
REF		TRANSACTION SET POLICY NUMBER						Refer to HIPAA 834 Implementation Guide – No Exceptions
DTP		FILE EFFECTIVE DATE						Refer to HIPAA 834 Implementation Guide – No Exceptions
QTY		TRANSACTION SET CONTROL TOTALS						Refer to HIPAA 834 Implementation Guide – No Exceptions
N1	1000A	SPONSOR NAME						Refer to HIPAA 834 Implementation Guide – No Exceptions
N1	1000B	PAYER						

Field Num	Loop Num	Field Name	Data Type	Min Char	Max Char	Usage	Notes
N103	1000B	Payer/Insurer Identification Code Qualifier	ID	1	2	Required	FI = Federal Taxpayer's Identification Number
N104	1000B	Identification Code	ID	2	80	Required	570768835
N1	1000C	TPA / BROKER NAME					Refer to HIPAA 834 Implementation Guide – No Exceptions
ACT	1100C	TPA / BROKER ACCOUNT INFORMATION					Refer to HIPAA 834 Implementation Guide – No Exceptions
INS	2000	MEMBER LEVEL DETAIL					
INS02	2000	Individual Relationship Code	ID	2	2	Required	01 = Spouse 09 = Adopted child 17 = Stepson or Stepdaughter 18 = Self 19 = Child 23 = Sponsored Dependent 53 = Life Partner Note: Other codes not used
INS03	2000	Maintenance Type Code	ID	3	3	Required	001 = Change 021 = Addition 024 = Cancellation or Termination 025 = Reinstatement (Not used by BlueChoice HealthPlan) 030 = Audit or Compare
INS04	2000	Maintenance Reason Code	ID	2	3	Situational	03 = Death 11 = Surviving Spouse Other codes can be used, but BlueChoice HealthPlan requires the use of these two if applicable
INS05	2000	Benefit Status Code	ID	1	1	Required	A = Active C = COBRA S = Surviving Insured
INS07	2000	COBRA Qualifying	ID	1	2	Situational	1 = Termination of Employment 4 = Death
REF	2000	SUBSCRIBER IDENTIFIER					
REF02	2000	Reference Identification	AN	1	50	Required	Subscriber's SSN

Field Num	Loop Num	Field Name	Data Type	Min Char	Max Char	Usage	Notes
REF	2000	MEMBER POLICY NUMBER					
REF02	2000	Reference Identifier	AN	1	50	Required	Enter the group number for the Primary Insured. This is the number assigned by BlueChoice HealthPlan. Left justify.
REF	2000	MEMBER SUPPLEMENTAL IDENTIFIER					
REF01	2000	Reference Identifier Qualifier	ID	2	3	Required	17 = Client Reporting DX = Dept/Agency Number F6 = Medicare HIC number Q4 = Prior ID Number (SSN)
DTP	2000	MEMBER LEVEL DATES					
DTP01	2000	Employment Begin Date Qualifier Code	ID	3	3	Required	286 = Retirement 303 = Maintenance Effective (Effective date of member's change) 336 = Employment Begin Date (When enrolling a subscriber) 337 = Employment End Date 338 = Medicare Begin Date 340 = COBRA Begin 341 = COBRA End 356 = Eligibility Begin 357 = Eligibility End Date (To terminate a member)
NM1	2100A	MEMBER NAME					
NM106	2100A	Member Name Prefix	AN	1	10	Situational	Not Used
NM108	2100A	ID Code Qualifier	ID	1	2	Required	34 = Social Security Number
NM109	2100A	Identification Code	AN	2	80	Required	BlueChoice HealthPlan needs SSN for every member including dependents

Field Num	Loop Num	Field Name	Data Type	Min Char	Max Char	Usage	Notes	
PER	2100A	MEMBER COMMUNICATIONS NUMBERS						
PER03	2100A	Communication Number Qualifier	ID	2	2	Required	HP = Home Phone CP = Cell Phone (If no home number, BlueChoice HealthPlan can use this.) WP = Work Phone EM = Electronic Mail	
N3	2100A	MEMBER RESIDENCE STREET ADDRESS						
N301	2100A	Address Information	AN	1	55	Required	If a member requires a second line for street address, populate without punctuation.	
N4	2100A	MEMBER CITY, STATE, ZIP CODE						Refer to HIPAA 834 Implementation Guide – No Exceptions
DMG	2100A	MEMBER DEMOGRAPHICS						Refer to HIPAA 834 Implementation Guide – No Exceptions
EC	2100A	EMPLOYMENT CLASS						Not Used
ICM	2100A	MEMBER INCOME						Not Used
AMT	2100A	MEMBER POLICY AMOUNTS						Refer to HIPAA 834 Implementation Guide – No Exceptions
HLH	2100A	MEMBER HEALTH INFORMATION						Not Used
LUI	2100A	MEMBER LANGUAGE						Not Used
NM1	2100B	INCORRECT MEMBER NAME						Refer to HIPAA 834 Implementation Guide – No Exceptions
DMG	2100B	INCORRECT MEMBER DEMOGRAPHICS						Refer to HIPAA 834 Implementation Guide – No Exceptions
NM1	2100C	MEMBER MAILING ADDRESS						Refer to HIPAA 834 Implementation Guide – No Exceptions

Field Num	Loop Num	Field Name	Data Type	Min Char	Max Char	Usage	Notes
N3	2100C	MEMBER MAIL STREET ADDRESS					
N301	2100C	Address Information	AN	1	55	Required	Used for all written correspondence
N4	2100C	MEMBER MAIL CITY, STATE, ZIP					
N401	2100C	City Name	AN	2	30	Required	Used for all written correspondence
N402	2100C	State or Province Code	AN	2	2	Required	Used for all written correspondence
NM1	2100D	MEMBER EMPLOYER					Not Used
PER	2100D	MEMBER EMPLOYER COMMUNICATONS NUMBERS					Not Used
N3	2100D	MEMBER EMPLOYER STREET ADDRESS					Not Used
N4	2100D	MEMBER EMPLOYER CITY, STATE, ZIP CODE					Not Used
NM1	2100E	MEMBER SCHOOL					Not Used
PER	2100E	MEMBER SCHOOL COMMUNICATONS NUMBER					Not Used
N3	2100E	MEMBER SCHOOL STREET ADDRESS					Not Used
N4	2100E	MEMBER SCHOOL CITY, STATE, ZIP CODE					Not Used
NM1	2100F	CUSTODIAL PARENT					Not Used
PER	2100F	CUSTODIAL PARENT COMMUNICATONS NUMBER					Not Used
N3	2100F	CUSTODIAL PARENT STREET ADDRESS					Not Used

Field Num	Loop Num	Field Name	Data Type	Min Char	Max Char	Usage	Notes
N4	2100F	CUSTODIAL PARENT CITY, STATE, ZIP CODE					Not Used
NM1	2100G	RESPONSIBLE PERSON					Not Used
PER	2100G	RESPONSIBLE PERSON COMMUNICATIONS NUMBERS					Not Used
N3	2100G	RESPONSIBLE PERSON STREET ADDRESS					Not Used
N4	2100G	RESPONSIBLE PERSON CITY, STATE, ZIP CODE					Not Used
NM1	2100H	DROP OFF LOCATION					Not Used
N3	2100H	DROP OFF LOCATION STREET ADDRESS					Not Used
N4	2100H	DROP OFF LOCATION CITY, STATE, ZIP CODE					Not Used
DSB	2200	DISABILITY INFORMATION					Not Used
DTP	2200	DISABILITY ELIGIBILITY DATES					Not Used

Field Num	Loop Num	Field Name	Data Type	Min Char	Max Char	Usage	Notes	
HD	2300	HEALTH COVERAGE						
HD01	2300	Maintenance Type Code	ID	3	3	Required	001 = Change 021 = Addition 024 = Cancellation or Termination 030 = Audit or Compare	
HD03	2300	Insurance Line Code	ID	2	3	Required	HLT = Health	
HD04	2300	Plan Coverage Description	AN	1	50	Situational	Pos 1 T = Traditional Pos 2 A = Active or R = Refusal	
DTP	2300	HEALTH COVERAGE DATES						
DTP01	2300	Date/Time Qualifier	ID	3	3	Required	303 = Maintenance Effective 348 = Benefit Begin 349 = Benefit End	
AMT	2300	HEALTH COVERAGE POLICY						Refer to HIPAA 834 Implementation Guide – No Exceptions
REF	2300	HEALTH COVERAGE POLICY NUMBER						
REF01	2300	Reference Identification Qualifier	ID	2	3	Required	17 = Client Reporting Category IL = Group or Policy Number"	
REF	2300	PRIOR COVERAGE MONTHS						Not Used
IDC	2300	IDENTIFICATION CARD						Not Used
LX	2310	PROVIDER INFORMATION						Not Used

Field Num	Loop Num	Field Name	Data Type	Min Char	Max Char	Usage	Notes
NM1	2310	PROVIDER NAME					Not Used
N3	2310	PROVIDER ADDRESS					Not Used
N4	2310	PROVIDER CITY, STATE, ZIP CODE					Not Used
PER	2310	PROVIDER COMMUNICATIONS NUMBERS					Not Used
PLA	2310	PROVIDER CHANGE REASON					Not Used
COB	2320	COORDINATION OF BENEFITS					Not Used
REF	2320	ADDITIONAL COORDINATION OF BENEFITS IDENTIFIERS					Not Used
DTP	2320	COORDINATION OF BENEFITS ELIGIBILITY DATES					Not Used
NM1	2320	COORDINATION OF BENEFITS RELATED ENTITY					Not Used
N3	2330	COORDINATION OF BENEFITS RELATED ENTITY ADDRESS					Not Used
N4	2330	COORDINATION OF BENEFITS OTHER INSURANCE COMPANY CITY, STATE, ZIP CODE					Not Used
PER	2330	ADMINISTRATIVE COMMUNICATIONS CONTACT					Not Used
LS	2700	ADDITIONAL REPORTING CATEGORIES					Not Used

Field Num	Loop Num	Field Name	Data Type	Min Char	Max Char	Usage	Notes
LX	2710	MEMBER REPORTING CATEGORIES					Not Used
N1	2750	REPORTING CATEGORY					Not Used
REF	2750	REPORTING CATEGORIE REFERENCE					Not Used
DTP	2750	REPORTING CATEGORY DATE					Not Used
LE	2700	ADDITIONAL REPORTING CATEGORIES LOOP TERMINATION					Not Used
SE		TRANSACTION SET TRAILER					Refer to HIPAA 834 Implementation Guide – No Exceptions

These examples have used a subset of the complete 834 X12 layout. Please refer to the HIPAA 834 X12 Implementation Guide to completely populate the layout. Demographic information is fictional and used only as an example.

1. Enrollment of a subscriber who has health insurance:

Element Name	HIPAA Loop #-Segment-Element #	Data Value
Subscriber Indicator	2000-INS01-1073	Y
Relationship Code	2000-INS02-1069	18
Maintenance Code	2000-INS03-875	021
Benefit Status	2000-INS05-1216	A
Medicare Status Code	2000-INS06-1218	E
Employment Status	2000-INS08-584	FT
Reference Qualifier	2000-REF01-128	0F
Subscriber Number	2000-REF02-127	322568891
Reference Qualifier	2000-REF01-128	IL
Group Policy Number	2000-REF02-127	GROUP123
Member Date Qualifier	2000-DTP01-374	336
Member Date Format	2000-DTP02-1250	D8
Member Date	2000-DTP03-1251	20010731
Member Date Qualifier	2000-DTP01-374	356
Member Date Format	2000-DTP02-1250	D8
Member Date	2000-DTP03-1251	20110101
Entity Code	2100A-NM101-98	IL
Entity Qualifier	2100A-NM102-1065	1
Last Name	2100A-NM103-1035	JACKSON
First Name	2100A-NM104-1036	MARIA
Middle Initial	2100A-NM105-1037	S
Identification Code Qualifier	2100A-NM108-66	34
Identification Code	2100A-NM109-67	322568891
Contact Function Code	2100A-PER01-366	IP
Communication Number Qualifier	2100A-PER03-365	HP
Communication Number	2100A-PER04-364	8031112233
Residential Address Line1	2100A-N301-166	101 S PARK ST
Residential City	2100A-N401-19	COLUMBIA
Residential State	2100A-N402-156	SC
Residential ZIP Code	2100A-N403-116	29203
Birth Date Qualifier	2100A-DMG01-1250	D8
Birth Date	2100A-DMG02-1251	19710316
Gender	2100A-DMG03-1068	F
Health Maintenance Type	2300-HD01-875	021
Health Insurance Code	2300-HD03-1205	HLT
Health Coverage Description	2300-HD04-1204	TA
Health Coverage Date Qualifier	2300-DTP01-374	348
Health Date Format	2300-DTP02-1250	D8
Health Coverage Date	2300-DTP03-1251	20110101

2. Enrollment of a dependent who would follow the above subscriber:

Element Name	HIPAA Loop #-Segment-Element #	Data Value
Subscriber Indicator	2000-INS01-1073	N
Relationship Code	2000-INS02-1069	01
Maintenance Code	2000-INS03-875	021
Benefit Status	2000-INS05-1216	A
Medicare Status Code	2000-INS06-1218	E
Reference Qualifier	2000-REF01-128	0F
Subscriber Number	2000-REF02-127	322568891
Reference Qualifier	2000-REF01-128	IL
Group Policy Number	2000-REF02-127	GROUP123
Member Date Qualifier	2000-DTP01-374	303
Member Date Format	2000-DTP02-1250	D8
Member Date	2000-DTP03-1251	20110801
Entity Code	2100A-NM101-98	IL
Entity Qualifier	2100A-NM102-1065	1
Last Name	2100A-NM103-1035	JACKSON
First Name	2100A-NM104-1036	SCOTT
Middle Initial	2100A-NM105-1037	J
Suffix Name	2100A-NM106-1039	JR
Identification Code Identifier	2100A-NM108-66	34
Identification Code	2100A-NM109-67	323578892
Birth Date Qualifier	2100A-DMG01-1250	D8
Birth Date	2100A-DMG02-1251	19671005
Gender	2100A-DMG03-1068	M
Health Maintenance Type	2300-HD01-875	021
Health Insurance Code	2300-HD03-1205	HLT
Health Coverage Description	2300-HD04-1204	TA
Health Coverage Date Qualifier	2300-DTP01-374	348
Health Date Format	2300-DTP02-1250	D8
Health Coverage Date	2300-DTP03-1251	20010801

3. Spouse is terminated while subscriber maintains family coverage:		
Element Name	HIPAA Loop #-Segment-Element #	Data Value
Subscriber Indicator	2000-INS01-1073	N
Relationship Code	2000-INS02-1069	01
Maintenance Code	2000-INS03-875	024
Benefit Status	2000-INS05-1216	A
Medicare Status Code	2000-INS06-1218	E
Reference Qualifier	2000-REF01-128	0F
Subscriber Number	2000-REF02-127	322568891
Reference Qualifier	2000-REF01-128	IL
Group Policy Number	2000-REF02-127	GROUP123
Member Date Qualifier	2000-DTP01-374	303
Member Date Format	2000-DTP02-1250	D8
Member Date	2000-DTP03-1251	20110831
Entity Code	2100A-NM101-98	IL
Entity Qualifier	2100A-NM102-1065	1
Last Name	2100A-NM103-1035	JACKSON
First Name	2100A-NM104-1036	SCOTT
Middle Initial	2100A-NM105-1037	J
Suffix Name	2100A-NM106-1039	JR
Identification Code Qualifier	2100A-NM108-66	34
Identification Code	2100A-NM109-67	323578892
Birth Date Qualifier	2100A-DMG01-1250	D8
Birth Date	2100A-DMG02-1251	19671005
Gender	2100A-DMG03-1068	M
Health Maintenance Type	2300-HD01-875	024
Health Insurance Code	2300-HD03-1205	HLT
Health Coverage Date Qualifier	2300-DTP01-374	349
Health Date Format	2300-DTP02-1250	D8
Health Coverage Date	2300-DTP03-1251	20110831

Note: Subscriber information must be sent before a dependent's termination information.

4. Subscriber terminates contract:

Element Name	HIPAA Loop #-Segment-Element #	Data Value
Subscriber Indicator	2000-INS01-1073	Y
Relationship Code	2000-INS02-1069	18
Maintenance Code	2000-INS03-875	024
Maintenance Reason Code	2000-INS04-1203	03
Benefit Status	2000-INS05-1216	A
Medicare Status Code	2000-INS06-1218	E
Employment Status	2000-INS08-584	TE
Reference Qualifier	2000-REF01-128	0F
Subscriber Number	2000-REF02-127	322568891
Reference Qualifier	2000-REF01-128	IL
Group Policy Number	2000-REF02-127	GROUP123
Member Date Qualifier	2000-DTP01-374	357
Member Date Format	2000-DTP02-1250	D8
Member Date	2000-DTP03-1251	20010920
Entity Code	2100A-NM101-98	IL
Entity Qualifier	2100A-NM102-1065	1
Last Name	2100A-NM103-1035	JACKSON
First Name	2100A-NM104-1036	MARIA
Middle Initial	2100A-NM105-1037	S
Identification Code Qualifier	2100A-NM108-66	34
Identification Code	2100A-NM109-67	322568891
Birth Date Qualifier	2100A-DMG01-1250	D8
Birth Date	2100A-DMG02-1251	19710316
Gender	2100A-DMG-1068	F
Health Maintenance Type	2300-HD01-875	024
Health Insurance Code	2300-HD03-1205	HLT
Health Coverage Date Qualifier	2300-DTP01-374	349
Health Date Format	2300-DTP02-1250	D8
Health Coverage Date	2300-DTP03-1251	20110831

Note: All dependent information should be sent with termination information.

5. Add dependent to the current contract and coverage level:

Element Name	HIPAA Loop #-Segment-Element #	Data Value
Subscriber Indicator	2000-INS01-1073	N
Relationship Code	2000-INS02-1069	19
Maintenance Code	2000-INS03-875	021
Benefit Status	2000-INS05-1216	A
Medicare Status Code	2000-INS06-1218	E
Reference Qualifier	2000-REF01-128	0F
Subscriber Number	2000-REF02-127	322568891
Reference Qualifier	2000-REF01-128	IL
Group Policy Number	2000-REF02-127	GROUP123
Member Date Qualifier	2000-DTP01-374	303
Member Date Format	2000-DTP02-1250	D8
Member Date	2000-DTP03-1251	20110801
Entity Code	2100A-NM101-98	IL
Entity Qualifier	2100A-NM102-1065	1
Last Name	2100A-NM103-1035	JACKSON
First Name	2100A-NM104-1036	MARIA
Middle Initial	2100A-NM105-1037	S
Identification Code Qualifier	2100A-NM108-66	34
Identification Code	2100A-NM109-67	322578896
Birth Date Qualifier	2100A-DMG01-1250	D8
Birth Date	2100A-DMG02-1251	19990316
Gender	2100A-DMG03-1068	F
Health Maintenance Type	2300-HD01-875	021
Health Insurance Code	2300-HD03-1205	HLT
Health Coverage Description	2300-HD04-1204	TA
Health Coverage Date Qualifier	2300-DTP01-374	348
Health Date Format	2300-DTP02-1250	D8
Health Coverage Date	2300-DTP03-1251	20110801

Note: The current coverage level would have to allow a dependent to be enrolled without rejecting the dependent.

6. Deletion (termination) of a dependent from current contract:

Element Name	HIPAA Loop #-Segment-Element #	Data Value
Subscriber Indicator	2000-INS01-1073	N
Relationship Code	2000-INS02-1069	19
Maintenance Code	2000-INS03-875	024
Benefit Status	2000-INS05-1216	A
Reference Qualifier	2000-REF01-128	0F
Subscriber Number	2000-REF02-127	322568891
Reference Qualifier	2000-REF01-128	IL
Group Policy Number	2000-REF02-127	GROUP123
Member Date Qualifier	2000-DTP01-374	303
Member Date Format	2000-DTP02-1250	D8
Member Date	2000-DTP03-1251	20110801
Entity Code	2100A-NM101-98	IL
Entity Qualifier	2100A-NM102-1065	1
Last Name	2100A-NM103-1035	JACKSON
First Name	2100A-NM104-1036	MARIA
Middle Initial	2100A-NM105-1037	S
Identification Code Qualifier	2100A-NM108-66	34
Identification Code	2100A-NM109-67	322578896
Birth Date Qualifier	2100A-DMG-1250	D8
Birth Date	2100A-DMG-1251	19990316
Gender	2100A-DMG-1068	F
Health Maintenance Type	2300-HD01-875	024
Health Insurance Code	2300-HD03-1205	HLT
Health Coverage Date Qualifier	2300-DTP01-374	349
Health Date Format	2300-DTP02-1250	D8
Health Coverage Date	2300-DTP03-1251	20110801

Note: This coverage information should be preceded by the subscriber information.

7. Subscriber changes his or her incorrect Social Security Number:

Element Name	HIPAA Loop #-Segment-Element #	Data Value
Subscriber Indicator	2000-INS01-1073	Y
Relationship Code	2000-INS02-1069	18
Maintenance Code	2000-INS03-875	001
Benefit Status	2000-INS05-1216	A
Employment Status	2000-INS08-584	PT
Reference Qualifier	2000-REF01-128	0F
Subscriber Number	2000-REF02-127	322568891 (new value)
Reference Qualifier	2000-REF01-128	IL
Group Policy Number	2000-REF02-127	GROUP123
Reference Qualifier	2000-REF01-128	Q4
Reference Value	2000-REF02-127	322558891 (old value)
Member Date Qualifier	2000-DTP01-374	303
Member Date Format	2000-DTP02-1250	D8
Member Date	2000-DTP03-1251	20010920
Entity Code	2100A-NM101-98	IL
Entity Qualifier	2100A-NM102-1065	1
Last Name	2100A-NM103-1035	SMITH
First Name	2100A-NM104-1036	JON
Middle Initial	2100A-NM105-1037	L
Identification Code Qualifier	2100A-NM108-66	34
Identification Code	2100A-NM109-67	322568891
Birth Date Qualifier	2100A-DMG01-1250	D8
Birth Date	2100A-DMG02-1251	19680211
Gender	2100A-DMG03-1068	M
Health Maintenance Type	2300-HD01-875	021
Health Insurance Code	2300-HD03-1205	HLT
Health Coverage Description	2300-HD04-1204	TA
Health Coverage Date Qualifier	2300-DTP01-374	348
Health Date Format	2300-DTP02-1250	D8
Health Coverage Date	2300-DTP03-1251	20110101

8. Subscriber enrolls in health coverage and has Medicare Parts A & B:

Element Name	HIPAA Loop #-Segment-Element #	Data Value
Subscriber Indicator	2000-INS01-1073	Y
Relationship Code	2000-INS02-1069	18
Maintenance Code	2000-INS03-875	021
Benefit Status	2000-INS05-1216	A
Medicare Status Code	2000-INS06-1218	C
Employment Status	2000-INS08-584	RT
Reference Qualifier	2000-REF01-128	0F
Subscriber Number	2000-REF02-127	322568891
Reference Qualifier	2000-REF01-128	IL
Group Policy Number	2000-REF02-127	GROUP123
Reference Qualifier	2000-REF01-128	F6
Reference Value	2000-REF02-127	Health Insurance Claim Number
Member Date Qualifier	2000-DTP01-374	356
Member Date Format	2000-DTP02-1250	D8
Member Date	2000-DTP03-1251	20100901
Member Date Qualifier	2000-DTP01-374	336
Member Date Format	2000-DTP02-1250	D8
Member Date	2000-DTP03-1251	20100814
Member Date Qualifier	2000-DTP01-374	338
Member Date Format	2000-DTP02-1250	D8
Member Date	2000-DTP03-1251	20100101
Entity Code	2100A-NM101-98	IL
Entity Qualifier	2100A-NM102-1065	1
Last Name	2100A-NM103-1035	HARRIS
First Name	2100A-NM104-1036	BOB
Middle Initial	2100A-NM105-1037	B
Member SSN Qualifier	2100A-NM108-66	34
Member SSN	2100A-NM109-67	508526649
Residential Address Line1	2100A-N301-166	101 S PARK ST
Residential City	2100A-N401-19	COLUMBIA
Residential State	2100A-N402-156	SC
Residential ZIP Code	2100A-N403-116	29203
Birth Date Qualifier	2100A-DMG01-1250	D8
Birth Date	2100A-DMG02-1251	19350101
Gender	2100A-DMG03-1068	M
Health Maintenance Type	2300-HD01-875	021
Health Insurance Code	2300-HD03-1205	HLT
Health Coverage Description	2300-HD04-1204	TA
Health Coverage Date Qualifier	2300-DTP01-374	348
Health Date Format	2300-DTP02-1250	D8
Health Coverage Date	2300-DTP03-1251	20100901

9. Correct the spelling of sponsored dependent's last name:

Element Name	HIPAA Loop #-Segment-Element #	Data Value
Subscriber Indicator	2000-INS01-1073	N
Relationship Code	2000-INS02-1069	23
Maintenance Code	2000-INS03-875	001
Benefit Status	2000-INS05-1216	A
Reference Qualifier	2000-REF01-128	0F
Subscriber Number	2000-REF02-127	Subscriber's SSN
Reference Qualifier	2000-REF01-128	IL
Group Policy Number	2000-REF02-127	'GROUP123A' Sponsored Dependent's Policy #
Member Date Qualifier	2000-DTP01-374	303
Member Date Format	2000-DTP02-1250	D8
Member Date	2000-DTP03-1251	20110201
Entity Code	2100A-NM101-98	IL
Entity Qualifier	2100A-NM102-1065	1
Last Name	2100A-NM103-1035	JACKSON
First Name	2100A-NM104-1036	MARIA
Middle Initial	2100A-NM105-1037	S
Member SSN Qualifier	2100A-NM108-66	34
Member SSN	2100A-NM109-67	Sponsored Dependent's SSN
Birth Date Qualifier	2100A-DMG01-1250	D8
Birth Date	2100A-DMG02-1251	19950516
Gender	2100A-DMG03-1068	F
Health Maintenance Type	2300-HD01-875	001
Health Insurance Code	2300-HD03-1205	HLT
Health Coverage Description	2300-HD04-1204	TA
Health Coverage Date Qualifier	2300-DTP01-374	348
Health Date Format	2300-DTP02-1250	D8
Health Coverage Date	2300-DTP03-1251	20110101

Note: Subscriber's record is required also.

10. Subscriber updates residential address:

Element Name	HIPAA Loop #-Segment-Element #	Data Value
Subscriber Indicator	2000-INS01-1073	Y
Relationship Code	2000-INS02-1069	18
Maintenance Code	2000-INS03-875	001
Benefit Status	2000-INS04-1216	A
Employment Status	2000-INS06-584	FT
Reference Qualifier	2000-REF01-128	0F
Subscriber Number	2000-REF02-127	322568891
Reference Qualifier	2000-REF01-128	IL
Group Policy Number	2000-REF02-127	GROUP123
Member Date Qualifier	2000-DTP01-374	303
Member Date Format	2000-DTP02-1250	D8
Member Date	2000-DTP03-1251	20110201
Entity Code	2100A-NM101-98	IL
Entity Qualifier	2100A-NM102-1065	1
Last Name	2100A-NM103-1035	JACKSON
First Name	2100A-NM104-1036	MARIA
Middle Initial	2100A-NM105-1037	S
Residential Address Line1	2100A-N301-166	15 TERRACE AVE
Residential City	2100A-N401-19	COLUMBIA
Residential State	2100A-N402-156	SC
Residential ZIP Code	2100A-N403-116	29205
Birth Date Qualifier	2100A-DMG01-1250	D8
Birth Date	2100A-DMG02-1251	19710316
Gender	2100A-DMG03-1068	F
Health Maintenance Type	2300-HD01-875	001
Health Insurance Code	2300-HD03-1205	HLT
Health Coverage Description	2300-HD04-1204	TA
Health Coverage Date Qualifier	2300-DTP01-374	348
Health Date Format	2300-DTP02-1250	D8
Health Coverage Date	2300-DTP03-1251	20110101