

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.

Heading:

Page No.	Pos. No.	Seg. ID	Name	HIPAA Usage	ODJFS Usage	Max.Use	Loop Repeat	Notes and Comments
7	018	ISA	Interchange Control Header	R	R	1		
10	019	GS	Functional Group Header	R	R	1		
12	020	ST	Transaction Set Header	R	R	1		
13	020	BGN	Beginning Segment	R	R	1		
15	030	REF	Transaction Set Policy Number	S	S	1		
16	040	DTP	File Effective Date	S	S	>1		
	050	AMT	Monetary Amount	Not Used	Not Used	>1		n1
	060	QTY	Quantity	Not Used	Not Used	>1		n2
LOOP ID - 1000A							1	
17	070	N1	Sponsor Name	R	R	1		n3
	080	N2	Additional Name Information	Not Used	Not Used	2		
	090	N3	Address Information	Not Used	Not Used	2		
	100	N4	Geographic Location	Not Used	Not Used	1		
	110	PER	Administrative Communications Contact	Not Used	Not Used	3		
LOOP ID - 1100A							10	
	120	ACT	Account Identification	Not Used	Not Used	1		
	130	REF	Reference Identification	Not Used	Not Used	5		
	140	N3	Address Information	Not Used	Not Used	1		
	150	N4	Geographic Location	Not Used	Not Used	1		
	160	PER	Administrative Communications Contact	Not Used	Not Used	5		
	170	DTP	Date or Time or Period	Not Used	Not Used	1		
	180	AMT	Monetary Amount	Not Used	Not Used	1		
LOOP ID - 1000B							1	
18	070	N1	Payer	R	R	1		n4
	080	N2	Additional Name Information	Not Used	Not Used	2		n5
	090	N3	Address Information	Not Used	Not Used	2		
	100	N4	Geographic Location	Not Used	Not Used	1		
	110	PER	Administrative Communications Contact	Not Used	Not Used	3		
LOOP ID - 1100B							10	
	120	ACT	Account Identification	Not Used	Not Used	1		

130	REF	Reference Identification	Not Used	Not Used	5	
140	N3	Address Information	Not Used	Not Used	1	
150	N4	Geographic Location	Not Used	Not Used	1	
160	PER	Administrative Communications Contact	Not Used	Not Used	5	
170	DTP	Date or Time or Period	Not Used	Not Used	1	
180	AMT	Monetary Amount	Not Used	Not Used	1	
LOOP ID - 1000C					2	
070	N1	TPA/Broker Name	S	Not Used	1	
080	N2	Additional Name Information	Not Used	Not Used	2	
090	N3	Address Information	Not Used	Not Used	2	
100	N4	Geographic Location	Not Used	Not Used	1	n6
110	PER	Administrative Communications Contact	Not Used	Not Used	3	
LOOP ID - 1100C					1	
120	ACT	TPA/Broker Account Information	S	Not Used	1	
130	REF	Reference Identification	Not Used	Not Used	5	
140	N3	Address Information	Not Used	Not Used	1	
150	N4	Geographic Location	Not Used	Not Used	1	
160	PER	Administrative Communications Contact	Not Used	Not Used	5	
170	DTP	Date or Time or Period	Not Used	Not Used	1	
180	AMT	Monetary Amount	Not Used	Not Used	1	n7

Detail:

<u>Page No.</u>	<u>Pos. No.</u>	<u>Seg. ID</u>	<u>Name</u>	<u>HIPAA Usage</u>	<u>ODJFS Usage</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
LOOP ID - 2000							>1	
19	010	INS	Member Level Detail	R	R	1		n8
24	020	REF	Subscriber Number	R	R	1		
	020	REF	Member Policy Number	S	Not Used	1		
25	020	REF	Member Identification Number	S	S	5		
	020	REF	Prior Coverage Months	S	Not Used	1		
26	025	DTP	Member Level Dates	S	S	20		
LOOP ID - 2100A							1	
28	030	NM1	Member Name	R	R	1		
30	040	PER	Member Communications Numbers	S	S	1		
32	050	N3	Member Residence Street Address	S	S	1		
33	060	N4	Member Residence City, State, ZIP Code	S	S	1		
35	080	DMG	Member Demographics	S	S	1		
	090	PM	Electronic Funds Transfer Information	Not Used	Not Used	1		
	100	EC	Employment Class	Not Used	Not Used	>1		
	110	ICM	Member Income	S	Not Used	1		
	120	AMT	Member Policy Amounts	S	Not Used	4		
	130	HLH	Member Health Information	S	Not Used	1		
	140	HI	Health Care Information Codes	Not Used	Not Used	10		
38	150	LUI	Member Language	S	S	5		
LOOP ID - 2100B							1	
40	030	NM1	Incorrect Member Name	S	S	1		
	040	PER	Administrative Communications Contact	Not Used	Not Used	1		
	050	N3	Address Information	Not Used	Not Used	1		
	060	N4	Geographic Location	Not Used	Not Used	1		
42	080	DMG	Incorrect Member Demographics	S	S	1		

090	PM	Electronic Funds Transfer Information	Not Used	Not Used	1	
100	EC	Employment Class	Not Used	Not Used	>1	
110	ICM	Individual Income	Not Used	Not Used	1	
120	AMT	Monetary Amount	Not Used	Not Used	10	
130	HLH	Health Information	Not Used	Not Used	1	n9
140	HI	Health Care Information Codes	Not Used	Not Used	10	
150	LUI	Language Use	Not Used	Not Used	>1	
LOOP ID - 2100C						1
43	030	NM1	Member Mailing Address	S	S	1
	040	PER	Administrative Communications Contact	Not Used	Not Used	1
44	050	N3	Member Mail Street Address	S	S	1
45	060	N4	Member Mail City, State, Zip	S	S	1
	080	DMG	Demographic Information	Not Used	Not Used	1
	090	PM	Electronic Funds Transfer Information	Not Used	Not Used	1
	100	EC	Employment Class	Not Used	Not Used	>1
	110	ICM	Individual Income	Not Used	Not Used	1
	120	AMT	Monetary Amount	Not Used	Not Used	10
	130	HLH	Health Information	Not Used	Not Used	1
	140	HI	Health Care Information Codes	Not Used	Not Used	10
	150	LUI	Language Use	Not Used	Not Used	>1
LOOP ID - 2100D						3
	030	NM1	Member Employer	S	Not Used	1
	040	PER	Member Employer Communications Numbers	S	Not Used	1
	050	N3	Member Employer Street Address	S	Not Used	1
	060	N4	Member Employer City, State, Zip	S	Not Used	1
	080	DMG	Demographic Information	Not Used	Not Used	1
	090	PM	Electronic Funds Transfer Information	Not Used	Not Used	1
	100	EC	Employment Class	Not Used	Not Used	>1
	110	ICM	Individual Income	Not Used	Not Used	1
	120	AMT	Monetary Amount	Not Used	Not Used	10
	130	HLH	Health Information	Not Used	Not Used	1
	140	HI	Health Care Information Codes	Not Used	Not Used	10
	150	LUI	Language Use	Not Used	Not Used	>1
LOOP ID - 2100E						3
	030	NM1	Member School	S	Not Used	1
	040	PER	Member School Communications Numbers	S	Not Used	1
	050	N3	Member School Street Address	S	Not Used	1
	060	N4	Member School City, State, Zip	S	Not Used	1
	080	DMG	Demographic Information	Not Used	Not Used	1
	090	PM	Electronic Funds Transfer Information	Not Used	Not Used	1
	100	EC	Employment Class	Not Used	Not Used	>1
	110	ICM	Individual Income	Not Used	Not Used	1
	120	AMT	Monetary Amount	Not Used	Not Used	10
	130	HLH	Health Information	Not Used	Not Used	1
	140	HI	Health Care Information Codes	Not Used	Not Used	10
	150	LUI	Language Use	Not Used	Not Used	>1
LOOP ID - 2100F						1
	030	NM1	Custodial Parent	S	Not Used	1
	040	PER	Custodial Parent Communications Numbers	S	Not Used	1

050	N3	Custodial Parent Street Address	S	Not Used	1
060	N4	Custodial Parent City, State, Zip	S	Not Used	1
080	DMG	Demographic Information	Not Used	Not Used	1
090	PM	Electronic Funds Transfer Information	Not Used	Not Used	1
100	EC	Employment Class	Not Used	Not Used	>1
110	ICM	Individual Income	Not Used	Not Used	1
120	AMT	Monetary Amount	Not Used	Not Used	10
130	HLH	Health Information	Not Used	Not Used	1
140	HI	Health Care Information Codes	Not Used	Not Used	10
150	LUI	Language Use	Not Used	Not Used	>1
LOOP ID - 2100G					1
030	NM1	Responsible Person	S	Not Used	1
040	PER	Responsible Person Communications Numbers	S	Not Used	1
050	N3	Responsible Person Street Address	S	Not Used	1
060	N4	Responsible Person City, State, Zip	S	Not Used	1
080	DMG	Demographic Information	Not Used	Not Used	1
090	PM	Electronic Funds Transfer Information	Not Used	Not Used	1
100	EC	Employment Class	Not Used	Not Used	>1
110	ICM	Individual Income	Not Used	Not Used	1
120	AMT	Monetary Amount	Not Used	Not Used	10
130	HLH	Health Information	Not Used	Not Used	1
140	HI	Health Care Information Codes	Not Used	Not Used	10
150	LUI	Language Use	Not Used	Not Used	>1
LOOP ID - 2200					1
200	DSB	Disability Information	S	Not Used	1
210	DTP	Disability Eligibility Dates	S	Not Used	2
220	AD1	Adjustment Amount	Not Used	Not Used	10
LOOP ID - 2300					99
46	260	HD	S	S	1
49	270	DTP	R	R	4
	280	AMT	S	Not Used	4
50	290	REF	S	S	2
	300	IDC	S	Not Used	10
LOOP ID - 2310					30
	310	LX	S	Not Used	1
	320	NM1	R	Not Used	1
	330	N1	Not Used	Not Used	3
	340	N2	Not Used	Not Used	1
	350	N3	Not Used	Not Used	2
	360	N4	S	Not Used	1
	370	PER	S	Not Used	2
	380	PRV	Not Used	Not Used	1
	390	DTP	Not Used	Not Used	6
	395	PLA	S	Not Used	1
LOOP ID - 2320					5
51	400	COB	S	S	1
52	405	REF	S	S	5
53	410	N1	S	S	1
	420	N2	Not Used	Not Used	1

	430	N3	Address Information	Not Used	Not Used	2
	440	N4	Geographic Location	Not Used	Not Used	1
54	450	DTP	Coordination of Benefits Eligibility Dates	S	S	2
LOOP ID - 2400						10
	460	LC	Life Coverage	Not Used	Not Used	1
	470	AMT	Monetary Amount	Not Used	Not Used	5
	480	DTP	Date or Time or Period	Not Used	Not Used	2
	485	REF	Reference Identification	Not Used	Not Used	>1
LOOP ID - 2410						20
	490	BEN	Beneficiary or Owner Information	Not Used	Not Used	1
	500	NM1	Individual or Organizational Name	Not Used	Not Used	1
	510	N1	Name	Not Used	Not Used	1
	520	N2	Additional Name Information	Not Used	Not Used	1
	530	N3	Address Information	Not Used	Not Used	1
	540	N4	Geographic Location	Not Used	Not Used	1
	542	DMG	Demographic Information	Not Used	Not Used	1
LOOP ID - 2500						5
	550	FSA	Flexible Spending Account	Not Used	Not Used	1
	560	AMT	Monetary Amount	Not Used	Not Used	10
	570	DTP	Date or Time or Period	Not Used	Not Used	10
	575	REF	Reference Identification	Not Used	Not Used	>1
LOOP ID - 2600						>1
	580	RP	Retirement Product	Not Used	Not Used	1
	590	DTP	Date or Time or Period	Not Used	Not Used	>1
	592	REF	Reference Identification	Not Used	Not Used	>1
	594	INV	Investment Vehicle Selection	Not Used	Not Used	>1
	596	AMT	Monetary Amount	Not Used	Not Used	20
	597	QTY	Quantity	Not Used	Not Used	20
	598	K3	File Information	Not Used	Not Used	3
	600	REL	Relationship	Not Used	Not Used	1
LOOP ID - 2610						>1
	610	NM1	Individual or Organizational Name	Not Used	Not Used	1
	630	N2	Additional Name Information	Not Used	Not Used	1
	651	DMG	Demographic Information	Not Used	Not Used	1
	652	BEN	Beneficiary or Owner Information	Not Used	Not Used	1
	653	REF	Reference Identification	Not Used	Not Used	>1
LOOP ID - 2620						>1
	654	NX1	Property or Entity Identification	Not Used	Not Used	1
	655	N3	Address Information	Not Used	Not Used	1
	656	N4	Geographic Location	Not Used	Not Used	1
	657	DTP	Date or Time or Period	Not Used	Not Used	>1
LOOP ID - 2630						>1
	660	FC	Financial Contribution	Not Used	Not Used	1
	670	DTP	Date or Time or Period	Not Used	Not Used	>1
LOOP ID - 2640						>1
	678	INV	Investment Vehicle Selection	Not Used	Not Used	1
	679	DTP	Date or Time or Period	Not Used	Not Used	>1
	680	QTY	Quantity	Not Used	Not Used	>1
	681	ENT	Entity	Not Used	Not Used	>1

	682	REF	Reference Identification	Not Used	Not Used	>1
	683	AMT	Monetary Amount	Not Used	Not Used	20
	684	K3	File Information	Not Used	Not Used	3
	LOOP ID - 2650					>1
	685	AIN	Income	Not Used	Not Used	1
	686	QTY	Quantity	Not Used	Not Used	>1
	687	DTP	Date or Time or Period	Not Used	Not Used	>1
55	690	SE	Transaction Set Trailer	R	R	1
56	693	GE	Functional Group Trailer	R	R	1
57	696	IEA	Interchange Control Trailer	R	R	1

Transaction Set Notes

1. The AMT segment is used to record the total Flexible Spending Account contributions in the transaction set.
2. The QTY segment is used to record the total number of subscribers and dependents in the transaction set.
3. At least one iteration of loop 1000 is required to identify the sender or receiver.
4. A Subscriber is a person who elects the benefits and is affiliated with the employer or the insurer. A Dependent is a person who is affiliated with the subscriber, such as a spouse, child, etc., and is therefore entitled to benefits. Subscriber information must come before dependent information. The INS segment is used to note if information being submitted is subscriber information or dependent information.
5. The REF segment is required to link the dependent(s) to the subscriber.
6. The DSB segment may only appear for the Subscriber.
7. Loop 2310 contains information about the primary care providers for the subscriber or the dependent, and about the beneficiaries of any employer-sponsored life insurance for the subscriber.
8. Either NM1 or N1 will be included depending on whether an individual or organization is being specified.
9. Loop 2500 may only appear for the Subscriber.

Segment: **ISA** Interchange Control Header
Position: 018
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Syntax Notes:
Semantic Notes:
Comments:
Notes:

X12N HIPAA Notes

The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by "." for clarity.

X12N HIPAA Example

```
ISA*00*.....*01*SECRET...*ZZ*SUBMITTERS.ID..*ZZ*RECEIVERS.ID...*93060
2*1253*U*00401*000000905*1*T*::~
```

ODJFS User Note

```
ISA*00*.....*00*.....*ZZ*SOHODJFSMMIS...*ZZ*7.DIGIT.TPID...*031016*125
3*U*00401*000000001*0*P*::~
```

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
ISA01	I01	Authorization Information Qualifier	M ID 2/2	R
Code to identify the type of information in the Authorization Information				
X12N HIPAA Notes:				
ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION INFORMATION.				
00 No Authorization Information Present (No Meaningful Information in I02)				
X12N HIPAA Notes:				
ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION INFORMATION.				
ISA02	I02	Authorization Information	M AN 10/10	R
Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)				
ODJFS User Note:				
This field will contain all spaces.				
ISA03	I03	Security Information Qualifier	M ID 2/2	R
Code to identify the type of information in the Security Information				
X12N HIPAA Notes:				
ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.				
00 No Security Information Present (No Meaningful Information in I04)				
X12N HIPAA Notes:				
ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.				
ISA04	I04	Security Information	M AN 10/10	R
This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)				
ODJFS User Note:				

		This field will contain all spaces.		
ISA05	I05	Interchange ID Qualifier	M ID 2/2	R
		Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified		
		X12N HIPAA Notes:		
		This ID qualifies the Sender in ISA06.		
		ZZ	Mutually Defined	
ISA06	I06	Interchange Sender ID	M AN 15/15	R
		Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element		
		ODJFS User Note:		
		This element will contain SOHODJFSMMIS which is the value assigned to the Sender of this file. Since this is a fixed-length field, it should be filled with spaces to meet the minimum length requirement of 15.		
ISA07	I05	Interchange ID Qualifier	M ID 2/2	R
		Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified		
		X12N HIPAA Notes:		
		This ID qualifies the Receiver in ISA08.		
		ZZ	Mutually Defined	
ISA08	I07	Interchange Receiver ID	M AN 15/15	R
		Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them		
		ODJFS User Note:		
		This element will contain the Trading Partner ID assigned to the Receiver of this file. Since this is a fixed-length field, it should be filled with spaces to meet the minimum length requirement of 15.		
ISA09	I08	Interchange Date	M DT 6/6	R
		Date of the interchange		
		X12N HIPAA Notes:		
		The date format is YYMMDD.		
ISA10	I09	Interchange Time	M TM 4/4	R
		Time of the interchange		
		X12N HIPAA Notes:		
		The time format is HHMM.		
ISA11	I10	Interchange Control Standards Identifier	M ID 1/1	R
		Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer		
		U	U.S. EDI Community of ASC X12, TDCC, and UCS	
ISA12	I11	Interchange Control Version Number	M ID 5/5	R
		This version number covers the interchange control segments		
		00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
ISA13	I12	Interchange Control Number	M N0 9/9	R
		A control number assigned by the interchange sender		
		X12N HIPAA Notes:		
		The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.		
ISA14	I13	Acknowledgment Requested	M ID 1/1	R
		Code sent by the sender to request an interchange acknowledgment (TA1)		
		X12N HIPAA Notes:		
		See Section A.1.5.1 for interchange acknowledgment information.		
		0	No Acknowledgment Requested	

ISA15	I14	Usage Indicator	M	ID 1/1	R
		Code to indicate whether data enclosed by this interchange envelope is test, production or information			
		P		Production Data	
ISA16	I15	Component Element Separator	M	AN 1/1	R
		Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator			

Segment: **GS** Functional Group Header
Position: 019
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To indicate the beginning of a functional group and to provide control information
Syntax Notes:
Semantic Notes:

- 1 GS04 is the group date.
- 2 GS05 is the group time.
- 3 The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

Comments:

- 1 A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

Notes: **X12N HIPAA Example**

GS*BE*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X095A1~

ODJFS User Note

GS*HC*SOHODJFSMMIS*Receiver Tax ID*20031016*0802*1*X*004010X095A1~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
GS01	479	Functional Identifier Code Code identifying a group of application related transaction sets BE Benefit Enrollment and Maintenance (834)	M ID 2/2	R
GS02	142	Application Sender's Code Code identifying party sending transmission; codes agreed to by trading partners X12N HIPAA Notes: Use this code to identify the unit sending the information. ODJFS User Note: This element will contain SOHODJFSMMIS which is the value assigned to the Sender of this file.	M AN 2/15	R
GS03	124	Application Receiver's Code Code identifying party receiving transmission; codes agreed to by trading partners X12N HIPAA Notes: Use this code to identify the unit receiving the information. ODJFS User Note: This field will contain the Tax ID assigned to the Receiver of this file.	M AN 2/15	R
GS04	373	Date Date expressed as CCYYMMDD X12N HIPAA Notes: Use this date for the functional group creation date.	M DT 8/8	R
GS05	337	Time Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) X12N HIPAA Notes: Use this time for the creation time. The recommended format is HHMM.	M TM 4/8	R
GS06	28	Group Control Number Assigned number originated and maintained by the sender	M N0 1/9	R
GS07	455	Responsible Agency Code Code used in conjunction with Data Element 480 to identify the issuer of the standard	M ID 1/2	R

GS08 480 Version / Release / Industry Identifier Code M AN 1/12 R

Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

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Segment: **ST** Transaction Set Header
Position: 020
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To indicate the start of a transaction set and to assign a control number
Syntax Notes:
Semantic Notes: 1 The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).
Comments:

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
ST01	143	Transaction Set Identifier Code Code uniquely identifying a Transaction Set Refer to 004010X095A1 Data Element Dictionary for acceptable code values.	M ID 3/3	R
ST02	329	Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M AN 4/9	R

Segment: **BGN** Beginning Segment
Position: 020
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To indicate the beginning of a transaction set
Syntax Notes: 1 If BGN05 is present, then BGN04 is required.
Semantic Notes: 1 BGN02 is the transaction set reference number.
 2 BGN03 is the transaction set date.
 3 BGN04 is the transaction set time.
 4 BGN05 is the transaction set time qualifier.
 5 BGN06 is the transaction set reference number of a previously sent transaction affected by the current transaction.

Comments:

Notes: **X12N HIPAA Example**

Example: BGN*00*11227*19970920*1200*ES***2~

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
BGN01	353	Transaction Set Purpose Code Code identifying purpose of transaction set X12N HIPAA Notes: If the original transaction has already been processed, an incoming transaction using this code may be rejected by the receiver. The rejection will be identified to the sender by telephone or other direct contact. INDUSTRY: Transaction Set Purpose Code 00 Original X12N HIPAA Notes: The "00" indicates the first time the transaction is sent. 15 Re-Submission X12N HIPAA Notes: Send the "15" when the original transmission was incorrect, has yet to be processed by the receiver, and a new corrected transmission is being sent. This transmission can then be pended by the receiver's translator for further review. 22 Information Copy X12N HIPAA Notes: Send the "22" when the original transmission was lost or not processed, and the sender is passing another transmission that is the same as the original.	M ID 2/2	R
BGN02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier X12N HIPAA Notes: Use the transaction set reference number assigned by the sender's application to uniquely identify this occurrence of the transaction for future reference. INDUSTRY: Transaction Set Identifier Code	M AN 1/30	R
BGN03	373	Date Date expressed as CCYYMMDD X12N HIPAA Notes: Use this date to identify the date that the submitter created the file. INDUSTRY: Transaction Set Creation Date	M DT 8/8	R

BGN04	337	Time	X	TM 4/8	R
		Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)			
		X12N HIPAA Notes:			
		Use the time to identify the time of day that the submitter created the file. This element is used as a time stamp to uniquely identify the transmission.			
		INDUSTRY: Transaction Set Creation Time			
BGN05	623	Time Code	O	ID 2/2	S
		Code identifying the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow			
		X12N HIPAA Notes:			
		Use the time code if the sender and receiver are not in the same time zone.			
		INDUSTRY: Time Zone Code			
		Refer to 004010X095A1 Data Element Dictionary for acceptable code values.			
BGN06	127	Reference Identification	O	AN 1/30	S
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
		X12N HIPAA Notes:			
		If BGN01 equals 15 or 22, then BGN06 should be used to cross reference to the previously sent transaction.			
		INDUSTRY: Transaction Set Identifier Code			
BGN07	640	Transaction Type Code	O	ID 2/2	N/U
		Refer to 004010X095A1 Data Element Dictionary for acceptable code values.			
BGN08	306	Action Code	O	ID 1/2	R
		Code indicating type of action			
		X12N HIPAA Notes:			
		INDUSTRY: Action Code			
		2			Change (Update)
					X12N HIPAA Notes:
					Used to identify a transaction of additions, terminations and changes to the current enrollment.
		4			Verify
					X12N HIPAA Notes:
					Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.

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

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes:

- 1 REF04 contains data relating to the value cited in REF02.

Comments:
Notes:

X12N HIPAA 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.

X12N HIPAA Example

Example: REF*38*123456~

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
REF01	128	Reference Identification Qualifier	M ID 2/3	R
		Code qualifying the Reference Identification		
		X12N HIPAA Notes:		
		INDUSTRY: Reference Identification Qualifier		
		38 Master Policy Number		
REF02	127	Reference Identification	X AN 1/30	R
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
		X12N HIPAA Notes:		
		INDUSTRY: Master Policy Number		
		ODJFS User Note:		
		Used by the Managed Care Plan to contain the county identifier.		

Segment: **DTP** File Effective Date
Position: 040
Loop:
Level: Heading
Usage: Optional
Max Use: >1
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.
Comments:
Notes:

X12N HIPAA Notes

To be sent when required by contract terms.

X12N HIPAA Example

Example: DTP*007*D8*19961001~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
DTP01	374	Date/Time Qualifier	M ID 3/3	R
		Code specifying type of date or time, or both date and time		
		X12N HIPAA Notes:		
		INDUSTRY: Date Time Qualifier		
		007 Effective		
		303 Maintenance Effective		
		Date on which the maintenance is effective		
		382 Enrollment		
		388 Payment Commencement		
		Date of the initial benefit payment (for installment payments)		
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	R
		Code indicating the date format, time format, or date and time format		
		X12N HIPAA Notes:		
		INDUSTRY: Date Time Period Format Qualifier		
		D8 Date Expressed in Format CCYYMMDD		
DTP03	1251	Date Time Period	M AN 1/35	R
		Expression of a date, a time, or range of dates, times or dates and times		
		X12N HIPAA Notes:		
		INDUSTRY: Date Time Period		

Segment: **N1 Sponsor Name**
Position: 070
Loop: 1000A Mandatory
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To identify a party by type of organization, name, and code
Syntax Notes: 1 At least one of N102 or N103 is required.
2 If either N103 or N104 is present, then the other is required.
Semantic Notes:
Comments: 1 This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
2 N105 and N106 further define the type of entity in N101.
Notes: **X12N HIPAA Notes**
Use this loop to identify the sponsor. See section 1.3 for the definition of sponsor.
X12N HIPAA Example
Example: N1*P5**FI*12356799~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
N101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual X12N HIPAA Notes: INDUSTRY: Entity Identifier Code ODJFS User Note: ODJFS requires all eligible managed care consumers to enroll in a local (to the consumer) Managed Care Plan.	M ID 2/3	R
		P5 Plan Sponsor		
N102	93	Name Free-form name X12N HIPAA Notes: This element may be used at the sender's discretion. INDUSTRY: Plan Sponsor Name ODJFS User Note: Managed Care Plan name associated with regional or county-specific Medicaid Provider ID.	X AN 1/60	S
N103	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) X12N HIPAA Notes: INDUSTRY: Identification Code Qualifier	X ID 1/2	R
		FI Federal Taxpayer's Identification Number X12N HIPAA Notes: The developers recommend that this code be used until the HIPAA standard identifier is implemented.		
N104	67	Identification Code Code identifying a party or other code X12N HIPAA Notes: INDUSTRY: Sponsor Identifier ODJFS User Note: ODJFS Tax ID	X AN 2/80	R

Segment: **N1** Payer
Position: 070
Loop: 1000B Mandatory
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To identify a party by type of organization, name, and code
Syntax Notes: 1 At least one of N102 or N103 is required.
2 If either N103 or N104 is present, then the other is required.
Semantic Notes:
Comments: 1 This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
2 N105 and N106 further define the type of entity in N101.
Notes: **X12N HIPAA Notes**
Use this loop to identify the payer. See section 1.3 for the definition of a payer.
X12N HIPAA Example
Example: N1*IN**FI*12356799~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
N101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual X12N HIPAA Notes: INDUSTRY: Entity Identifier Code IN Insurer	M ID 2/3	R
N102	93	Name Free-form name X12N HIPAA Notes: This element may be used at the sender's discretion. INDUSTRY: Insurer Name	X AN 1/60	S
N103	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) X12N HIPAA Notes: INDUSTRY: Identification Code Qualifier FI Federal Taxpayer's Identification Number	X ID 1/2	R
N104	67	Identification Code Code identifying a party or other code X12N HIPAA Notes: INDUSTRY: Insurer Identification Code ODJFS User Note: Federal Tax ID of Managed Care Plan	X AN 2/80	R

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
Syntax Notes: 1 If either INS11 or INS12 is present, then the other is required.
Semantic Notes: 1 INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber; an "N" value indicates the insured is a dependent.
2 INS10 is the handicapped status indicator. A "Y" value indicates an individual is handicapped; an "N" value indicates an individual is not handicapped.
3 INS12 is the date of death.
4 INS14, INS15, and INS16 identify where the employee works.
5 INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).

Comments:
Notes:

X12N HIPAA 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.

X12N HIPAA Example

Example: INS*Y*18*021*28*A*E**FT~

ODJFS User Note

Each Medicaid Managed Care enrollee is issued a unique identification number. Each person, therefore, should be considered a subscriber and never a dependent.

Some of the Managed Care Plans receiving this Monthly Member Roster have a larger population than can be accommodated by the maximum allowable usage of the INS segment. Multiple 834 transactions will be produced to overcome this limitation.

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
INS01	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	M ID 1/1	R
		X12N HIPAA Notes: ALIAS: Subscriber Indicator INDUSTRY: Insured Indicator N No Y Yes		
INS02	1069	Individual Relationship Code Code indicating the relationship between two individuals or entities	M ID 2/2	R
		X12N HIPAA Notes: This value should be 18 for the subscriber. INDUSTRY: Individual Relationship Code 18 Self		
INS03	875	Maintenance Type Code Code identifying the specific type of item maintenance	O ID 3/3	R
		X12N HIPAA Notes:		

INDUSTRY: Benefit Status Code

- A Active
- C Consolidated Omnibus Budget Reconciliation Act (COBRA)
A federal act that enables an insured, spouse, or dependent to continue benefits after a qualifying event which would otherwise cause them to lose their benefits
- S Surviving Insured
- T Tax Equity and Fiscal Responsibility Act (TEFRA)

INS06 1218 Medicare Plan Code O ID 1/1 S

Code identifying the Medicare Plan

X12N HIPAA Notes:

This element is **REQUIRED** if a member is being enrolled or disenrolled in Medicare, is currently enrolled in Medicare or has terminated or changed their Medicare enrollment.

INDUSTRY: Medicare Plan Code

- A Medicare Part A
Portion of Medicare bill involving patient's hospital stay; hospital insurance
- B Medicare Part B
Portion of Medicare bill involving charges by doctor, or other non hospital related services
- C Medicare Part A and B
- D Medicare
Federal program to pay the medical expenses of those people who are 65 years or older, are disabled to the extent that they receive other Social Security benefits, dependents of deceased Social Security recipients under the age of 21, and chronic renal disease patients

X12N HIPAA Notes:

Medicare - Part Unknown

- E No Medicare

INS07 1219 Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code O ID 1/2 S

(COBRA) Qualifying Event Code

A Qualifying Event is any of the following which results in loss of coverage for a Qualified Beneficiary

X12N HIPAA Notes:

This element is **REQUIRED** if a member is being enrolled in or is enrolled for a benefit covered by COBRA.

INDUSTRY: Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code

- 1 Termination of Employment
The termination or reduction in hours of the employee's employment, excluding termination due to gross misconduct. Maximum coverage period is 18 months
- 2 Reduction of work hours
The termination or reduction in hours of the employee's employment, excluding termination due to gross misconduct. Maximum coverage period is 18 months
- 3 Medicare
The employee's entitlement to Medicare benefits. Dependents only qualify for continuation of coverage. Maximum coverage period is 36 months
- 4 Death
Death of the employee. Maximum coverage period is 36 months
- 5 Divorce
Divorce or legal separation of the employee from his or her spouse.

- 6 Maximum coverage period is 36 months
Separation
Divorce or legal separation of the employee from his or her spouse.
- 7 Maximum coverage period is 36 months
Ineligible Child
A dependent child ceases to qualify as a dependent child under the plan's dependent definition. Maximum coverage period is 36 months
- 8 Bankruptcy of a Retired Employee

INS08 584 Employment Status Code O ID 2/2 S

Code showing the general employment status of an employee/claimant

X12N HIPAA Notes:

Required for subscriber.

If this insurance enrollment is through a non employment based program such as Medicare or Medicaid then this data element will contain the status of the subscriber in that program, rather than their employment status. Codes for non employment based programs will be limited to "FT", Full Time, "PT", Part-Time, and "TE", Terminated.

INDUSTRY: Employment Status Code

AO Active Military - Overseas

AU Active Military - USA

FT Full-time

X12N HIPAA Notes:

Full time active employee

L1 Leave of Absence

PT Part-time

X12N HIPAA Notes:

Part time Active Employee

RT Retired

TE Terminated

INS09 1220 Student Status Code O ID 1/1 S

Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured

X12N HIPAA Notes:

Only use the Student Status Code when describing a non-spouse dependent whose age requires a qualifying condition for enrollment (e.g., being an active student). See the Plan contract for details of the age requirements for student status usage.

INDUSTRY: Student Status Code

F Full-time

N Not a Student

P Part-time

INS10 1073 Yes/No Condition or Response Code O ID 1/1 S

Code indicating a Yes or No condition or response

X12N HIPAA Notes:

This element is REQUIRED if the member is handicapped or to correct previous report of handicapped status.

INDUSTRY: Handicap Indicator

N No

Y Yes

INS11 1250 Date Time Period Format Qualifier X ID 2/3 S

Code indicating the date format, time format, or date and time format

X12N HIPAA Notes:

Send when required by X12 syntax.

INDUSTRY: Date Time Period Format Qualifier

D8 Date Expressed in Format CCYYMMDD

INS12 1251 Date Time Period X AN 1/35 S

Expression of a date, a time, or range of dates, times or dates and times

X12N HIPAA Notes:

Use this date for the date of death of the subscriber/dependent.

Use this date for the date of death of the subscriber/dependent. This does not replace the use of the termination date within the 2300 loop.

INDUSTRY: Insured Individual Death Date

INS13 1165 Confidentiality Code O ID 1/1 N/U

Refer to 004010X095A1 Data Element Dictionary for acceptable code values.

INS14 19 City Name O AN 2/30 N/U

INS15 156 State or Province Code O ID 2/2 N/U

INS16 26 Country Code O ID 2/3 N/U

INS17 1470 Number O N0 1/9 S

A generic number

X12N HIPAA Notes:

Required if reporting family members with the same birth date, when needed for proper reporting, tracking or response to benefits.

INDUSTRY: Birth Sequence Number

Segment: **REF** Subscriber Number
Position: 020
Loop: 2000 Optional (Must Use)
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To specify identifying information
Syntax Notes:

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes:

- 1 REF04 contains data relating to the value cited in REF02.

Comments:
Notes:

X12N HIPAA Notes

If the subscriber's/dependent's Social Security Number is known, it should be passed in the NM108 segment (position 2-030).

This segment must contain a unique SUBSCRIBER identification number (SSN or other). This occurrence is identified by the 0F qualifier (REF01). This identifier is used for linking the subscriber with dependents as required under many policies.

The developers recommend using the identifier developed under the HIPAA legislation, when that becomes available.

X12N HIPAA Example

Example: REF*0F*920399398~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification X12N HIPAA Notes: INDUSTRY: Reference Identification Qualifier 0F Subscriber Number X12N HIPAA Notes: The assignment of the Subscriber Number is designated within the Insurance Contract.	M ID 2/3	R
REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier X12N HIPAA Notes: INDUSTRY: Subscriber Identifier ODJFS User Note: Medicaid Recipient Identification Number	X AN 1/30	R

Segment: **REF** Member Identification Number
Position: 020
Loop: 2000 Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 5
Purpose: To specify identifying information
Syntax Notes:

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes:

- 1 REF04 contains data relating to the value cited in REF02.

Comments:
Notes:

X12N HIPAA Notes
This segment is used to pass further identifying information on the member. It should be used if the data is available. See REF01 for data elements that can be passed.

X12N HIPAA Example
Example: REF*17*920399398~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification X12N HIPAA Notes: INDUSTRY: Reference Identification Qualifier 3H Case Number	M ID 2/3	R
REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier X12N HIPAA Notes: INDUSTRY: Subscriber Supplemental Identifier ODJFS User Note: Composite Data Element = CRIS-E Case Number + Category + Sequence	X AN 1/30	R

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
Syntax Notes:
Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.
Comments:
Notes:

X12N HIPAA Notes

Applicable dates, as listed in DTP01, are REQUIRED when enrolling a member or when the sponsor is informed of any change to those dates. Only those dates that apply to the particular insurance contract need to be sent.

While many of the dates listed for DTP01 are related to termination, the only code that is used to actually terminate a Member is 357 (Eligibility End). Similarly, the only date that identifies the start of coverage for an initial enrollment is 356 (Eligibility Begin).

X12N HIPAA Example

Example: DTP*356*D8*19960705~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
DTP01	374	Date/Time Qualifier	M ID 3/3	R
Code specifying type of date or time, or both date and time				
X12N HIPAA Notes:				
INDUSTRY: Date Time Qualifier				
	300	Enrollment Signature Date		
		Date subscriber or dependent signed policy enrollment card		
ODJFS User Note:				
The re-determination date contains any re-determination of eligibility for assistance (i.e. food stamps, TANF, Medicaid). Re-determination is a process conducted by the CDJFS to review a consumer's eligibility. The re-determination is scheduled based on federally mandated timelines for each type of assistance or is scheduled when any type of change in the household financial status occurs.				
	356	Eligibility Begin		
		Date on which eligibility begins		
X12N HIPAA Notes:				
This is used to convey the beginning date when a member could elect to enroll or begin benefits in any health care plan through the employer. This is not the actual begin date, which is conveyed in the DTP segment at position 270.				
	357	Eligibility End		
		Date on which eligibility ends		
X12N HIPAA Notes:				
This code is used as the end of eligibility date (termination reason).				
	473	Medicaid Begin		
		Date patient became eligible for Medicaid benefits		
	474	Medicaid End		
		Date patient no longer eligible for Medicaid benefits		
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	R
Code indicating the date format, time format, or date and time format				

X12N HIPAA Notes:

INDUSTRY: Date Time Period Format Qualifier

D8 Date Expressed in Format CCYYMMDD

DTP03

1251

Date Time Period

M AN 1/35 R

Expression of a date, a time, or range of dates, times or dates and times

X12N HIPAA Notes:

INDUSTRY: Status Information Effective Date

ODJFS User Note:

The date eligibility begins for new and continuing enrollment OR the eligibility end date for dis-enrollment.

Segment: **NM1** Member Name
Position: 030
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.
2 If NM111 is present, then NM110 is required.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: **X12N HIPAA Notes**
Required when enrolling a new member, changing a member's demographic information, or terminating a member.
X12N HIPAA Example
Example: NM1*IL*1*SMITH*JOHN*M**SR~
ODJFS User Note
Name of the new member being enrolled OR name of member continuing an enrollment with no change in identifying information.

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual X12N HIPAA Notes: INDUSTRY: Entity Identifier Code ODJFS User Note: Name of the new member being enrolled or name of member continuing an enrollment with no change in identifying information.	M ID 2/3	R
		74 Corrected Insured X12N HIPAA Notes: Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B.		
		IL Insured or Subscriber X12N HIPAA Notes: Use this code for enrolling a new member or updating a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer.		
NM102	1065	Entity Type Qualifier Code qualifying the type of entity X12N HIPAA Notes: INDUSTRY: Entity Type Qualifier	M ID 1/1	R
		1 Person		
NM103	1035	Name Last or Organization Name Individual last name or organizational name X12N HIPAA Notes: INDUSTRY: Subscriber Last Name ODJFS User Note: Every Medicaid enrollee is issued a unique identification number. Each person, therefore, should be considered a subscriber and never a dependant.	O AN 1/35	R
NM104	1036	Name First Individual first name	O AN 1/25	R

NM105	1037	X12N HIPAA Notes:			
		INDUSTRY: Subscriber First Name			
		Name Middle	O	AN 1/25	S
		Individual middle name or initial			
		X12N HIPAA Notes:			
		Send if supplied by subscriber.			
NM106	1038	INDUSTRY: Subscriber Middle Name			
		Name Prefix	O	AN 1/10	S
		Prefix to individual name			
		X12N HIPAA Notes:			
		Send if supplied by subscriber.			
NM107	1039	INDUSTRY: Subscriber Name Prefix			
		Name Suffix	O	AN 1/10	S
		Suffix to individual name			
		X12N HIPAA Notes:			
		Send if supplied by subscriber.			
NM108	66	INDUSTRY: Subscriber Name Suffix			
		Identification Code Qualifier	X	ID 1/2	S
		Code designating the system/method of code structure used for Identification Code (67)			
		X12N HIPAA Notes:			
		Send when required by X12 syntax.			
		INDUSTRY: Identification Code Qualifier			
		34		Social Security Number	
				X12N HIPAA Notes:	
				The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.	
		ZZ		Mutually Defined	
				X12N HIPAA Notes:	
				Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.	
NM109	67	Identification Code	X	AN 2/80	S
		Code identifying a party or other code			
		X12N HIPAA Notes:			
		Until the the HIPAA Individual Identifier is available the SSN is to be sent when available and allowed under confidentiality regulations.			
		INDUSTRY: Subscriber Identifier			

Segment: **PER** Member Communications Numbers
Position: 040
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To identify a person or office to whom administrative communications should be directed
Syntax Notes:

- 1 If either PER03 or PER04 is present, then the other is required.
- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

Semantic Notes:

Comments:

Notes:

X12N HIPAA Notes

This segment is used when contact information is provided to the sponsor about the member. The contact information should be sent to the payer when enrolling subscribers, when enrolling dependents and the dependent's contact number is different than the subscriber's contact, and when changing a member's contact information.

When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

By definition of the standard, if PER03 is used, PER04 is required.

X12N HIPAA Example

Example: PER*IP**HP*8015554321~

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named X12N HIPAA Notes: INDUSTRY: Contact Function Code IP Insured Party	M ID 2/2	R
PER02	93	Name Free-form name	O AN 1/60	S
PER03	365	Communication Number Qualifier Code identifying the type of communication number X12N HIPAA Notes: INDUSTRY: Communication Number Qualifier HP Home Phone Number	X ID 2/2	R
PER04	364	Communication Number Complete communications number including country or area code when applicable X12N HIPAA Notes: INDUSTRY: Communication Number ODJFS User Note: Used for Home Number	X AN 1/80	R
PER05	365	Communication Number Qualifier Code identifying the type of communication number X12N HIPAA Notes: Send when required by X12 syntax.	X ID 2/2	S

		INDUSTRY: Communication Number Qualifier		
		WP	Work Phone Number	
PER06	364	Communication Number	X AN 1/80	S
		Complete communications number including country or area code when applicable		
		X12N HIPAA Notes:		
		This element should be sent if additional communication numbers are available.		
		INDUSTRY: Communication Number		
		ODJFS User Note:		
		Used for Work Number		
PER07	365	Communication Number Qualifier	X ID 2/2	S
		Code identifying the type of communication number		
		X12N HIPAA Notes:		
		Send when required by X12 syntax.		
		INDUSTRY: Communication Number Qualifier		
		CP	Cellular Phone	
PER08	364	Communication Number	X AN 1/80	S
		Complete communications number including country or area code when applicable		
		X12N HIPAA Notes:		
		This element should be sent if additional communication numbers are available.		
		INDUSTRY: Communication Number		
		ODJFS User Note:		
		Used for Cell Number		

Segment: N3 Member Residence Street Address
Position: 050
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the location of the named party
Syntax Notes:
Semantic Notes:
Comments:
Notes:

X12N HIPAA Notes

REQUIRED when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.

X12N HIPAA Example

Example: N3*50 ORCHARD STREET~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
N301	166	Address Information Address information X12N HIPAA Notes: INDUSTRY: Subscriber Address Line	M AN 1/55	R
N302	166	Address Information Address information X12N HIPAA Notes: Required if a second address line exists. INDUSTRY: Subscriber Address Line	O AN 1/55	S

Segment: N4 Member Residence City, State, ZIP Code
Position: 060
Loop: 2100A Optional (Must Use)
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: X12N HIPAA Notes

REQUIRED when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.

X12N HIPAA Example

Example: N4*ROCK HILL*FL*33131~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
N401	19	City Name Free-form text for city name X12N HIPAA Notes: INDUSTRY: Subscriber City Name	O AN 2/30	R
N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency X12N HIPAA Notes: INDUSTRY: Subscriber State Code	O ID 2/2	R
N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) X12N HIPAA Notes: INDUSTRY: Subscriber Postal Zone or ZIP Code	O ID 3/15	R
N404	26	Country Code Code identifying the country X12N HIPAA Notes: Required only if country is not USA. INDUSTRY: Country Code	O ID 2/3	S
N405	309	Location Qualifier Code identifying type of location X12N HIPAA Notes: Send when required by X12 syntax. INDUSTRY: Location Qualifier 60 Area X12N HIPAA Notes: The area code indicates that N406 will contain an out-of-area indicator for this member. The meaning of that indicator is defined in the trading partner agreement. CY County/Parish	X ID 1/2	S
N406	310	Location Identifier Code which identifies a specific location X12N HIPAA Notes:	O AN 1/30	S

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

INDUSTRY: Location Identification Code

ODJFS User Note:

This data element contains the 7-digit Medicaid Provider ID and the CRIS-E 3-digit Managed Care Plan identifier. These codes are unique to the Managed Care Plan per each region or county.

Segment: **DMG** Member Demographics
Position: 080
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To supply demographic information
Syntax Notes: 1 If either DMG01 or DMG02 is present, then the other is required.
Semantic Notes: 1 DMG02 is the date of birth.
 2 DMG07 is the country of citizenship.
 3 DMG09 is the age in years.

Comments:
Notes:

X12N HIPAA Notes

REQUIRED when enrolling a new member or when changing a member's demographic information, or terminating a member.

This segment is REQUIRED for dependent changes records until the National Individual Identifier is mandated.

X12N HIPAA Example

Example: DMG*D8*19450915*F*M~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
DMG01	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format X12N HIPAA Notes: INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	X ID 2/3	R
DMG02	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times X12N HIPAA Notes: INDUSTRY: Member Birth Date	X AN 1/35	R
DMG03	1068	Gender Code Code indicating the sex of the individual X12N HIPAA Notes: INDUSTRY: Gender Code F Female M Male U Unknown X12N HIPAA Notes: This code is to be used when the gender is unknown or when it can not be report for any other reason. Unknown should only be used when there is no way of obtaining the gender of the member. This may cause problems in some systems and should be avoided.	O ID 1/1	R
DMG04	1067	Marital Status Code Code defining the marital status of a person X12N HIPAA Notes: This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information. INDUSTRY: Marital Status Code	O ID 1/1	S

- B Registered Domestic Partner
- D Divorced
- I Single
- M Married
- R Unreported
- S Separated
- U Unmarried (Single or Divorced or Widowed)

X12N HIPAA Notes:

This code should be used if the previous status is unknown.

- W Widowed
- X Legally Separated

DMG05 1109 Race or Ethnicity Code O ID 1/1 S

Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes

X12N HIPAA Notes:

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

INDUSTRY: Race or Ethnicity Code

- 7 Not Provided
- A Asian or Pacific Islander
- B Black
- C Caucasian
- D Subcontinent Asian American
- E Other Race or Ethnicity
- F Asian Pacific American
- G Native American
- H Hispanic
- I American Indian or Alaskan Native
- J Native Hawaiian
- N Black (Non-Hispanic)
A person having origins in any of the black racial groups of Africa who is not of Mexican, Puerto Rican, Cuban, or South or Central American origin or of any other Spanish culture or origin regardless of race
- O White (Non-Hispanic)
A person having origins in any of the original peoples of Europe, North Africa, or the Middle East who is not of Mexican, Puerto Rican, Cuban, or South or Central American origin or of any other Spanish culture or origin regardless of race
- Z Mutually Defined

DMG06 1066 Citizenship Status Code O ID 1/2 S

Code indicating citizenship status

X12N HIPAA Notes:

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

INDUSTRY: Citizenship Status Code

- 1 U.S. Citizen
- 2 Non-Resident Alien
- 3 Resident Alien
- 4 Illegal Alien
- 5 Alien
- 6 U.S. Citizen - Non-Resident
- 7 U.S. Citizen - Resident

Segment: **LUI** Member Language
Position: 150
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 5
Purpose: To specify language, type of usage, and proficiency or fluency
Syntax Notes: 1 If either LUI01 or LUI02 is present, then the other is required.
 2 If LUI04 is present, then at least one of LUI02 or LUI03 is required.
Semantic Notes: 1 LUI02 is the language code.
 2 LUI03 is the name of the language.

Comments:
Notes:

X12N HIPAA Notes

To be used if the sponsor knows that the insured member's language is other than English.

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

X12N HIPAA Example

Example: LUI*LD*123**8~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
LUI01	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) X12N HIPAA Notes: Send when required by X12 syntax. INDUSTRY: Identification Code Qualifier LD NISO Z39.53 Language Codes LE ISO 639 Language Codes	X ID 1/2	S
LUI02	67	Identification Code Code identifying a party or other code X12N HIPAA Notes: This data element should be sent if the sponsor is able to code the language identification. INDUSTRY: Language Code	X AN 2/80	S
LUI03	352	Description A free-form description to clarify the related data elements and their content X12N HIPAA Notes: This data element should only be used if the sender is unable to code the necessary language identification in LUI01 and LUI02. INDUSTRY: Language Description	X AN 1/80	
LUI04	1303	Use of Language Indicator Code indicating the use of a language X12N HIPAA Notes: Send if supplied by subscriber. INDUSTRY: Language Use Indicator 5 Language Reading 7 Language Speaking	O ID 1/2	S

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
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.
 2 If NM111 is present, then NM110 is required.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: **X12N HIPAA Notes**

This segment only used if a corrected name is sent in loop 2100A or if the previously supplied demographics are being changed. If only the demographics are being changed, the code in NM101 in Loop 2100A will be IL, and the code in NM101 in this loop will be 70.

X12N HIPAA Example

Example: NM1*70*1*SMYTH*JON~

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual X12N HIPAA Notes: INDUSTRY: Entity Identifier Code	M ID 2/3	R
		70 Prior Incorrect Insured X12N HIPAA Notes: Use this code if correcting identifying or demographic information on a member enrolled. If only demographic information is being corrected, NM101 in Loop 2100A will be IL and the name information in NM103, NM104, NM105 will be identical in loop 2100A and this loop.		
NM102	1065	Entity Type Qualifier Code qualifying the type of entity X12N HIPAA Notes: INDUSTRY: Entity Type Qualifier	M ID 1/1	R
		1 Person		
NM103	1035	Name Last or Organization Name Individual last name or organizational name X12N HIPAA Notes: INDUSTRY: Prior Incorrect Insured Last Name	O AN 1/35	R
NM104	1036	Name First Individual first name X12N HIPAA Notes: INDUSTRY: Prior Incorrect Insured First Name	O AN 1/25	R
NM105	1037	Name Middle Individual middle name or initial X12N HIPAA Notes: Send if supplied by subscriber. INDUSTRY: Prior Incorrect Insured Middle Name	O AN 1/25	S
NM106	1038	Name Prefix Prefix to individual name X12N HIPAA Notes:	O AN 1/10	S

			Send if supplied by subscriber.
NM107	1039	INDUSTRY: Prior Incorrect Insured Name Prefix	
		Name Suffix	O AN 1/10 S
		Suffix to individual name	
		X12N HIPAA Notes:	
		Send if supplied by subscriber.	
		INDUSTRY: Prior Incorrect Insured Name Suffix	
NM108	66	Identification Code Qualifier	X ID 1/2 S
		Code designating the system/method of code structure used for Identification Code (67)	
		X12N HIPAA Notes:	
		Send when required by X12 syntax.	
		INDUSTRY: Identification Code Qualifier	
		34 Social Security Number	
		X12N HIPAA Notes:	
		The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.	
		ZZ Mutually Defined	
		X12N HIPAA Notes:	
		Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.	
NM109	67	Identification Code	X AN 2/80 S
		Code identifying a party or other code	
		X12N HIPAA Notes:	
		What ever identifier that was previously sent in error should be sent in this segment to allow matching with data on receiver's system.	
		INDUSTRY: Prior Incorrect Insured Identifier	

Segment: **DMG** **Incorrect Member Demographics**
Position: 080
Loop: 2100B Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To supply demographic information
Syntax Notes: 1 If either DMG01 or DMG02 is present, then the other is required.
Semantic Notes: 1 DMG02 is the date of birth.
 2 DMG07 is the country of citizenship.
 3 DMG09 is the age in years.

Comments:

Notes: **X12N HIPAA Notes**

This segment is REQUIRED when there is a change to the previously supplied demographic information.

X12N HIPAA Example

Example: DMG*D8*19450915*M~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
DMG01	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format X12N HIPAA Notes: INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD	X ID 2/3	R
DMG02	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times X12N HIPAA Notes: INDUSTRY: Prior Incorrect Insured Birth Date	X AN 1/35	R
DMG03	1068	Gender Code Code indicating the sex of the individual X12N HIPAA Notes: INDUSTRY: Prior Incorrect Insured Gender Code F Female M Male U Unknown	O ID 1/1	R

Segment: **NM1** Member Mailing Address
Position: 030
Loop: 2100C Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.
2 If NM111 is present, then NM110 is required.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: **X12N HIPAA Notes**
This loop is to be sent if the member has a mailing address different from the residence address sent in loop 2100A.
Send when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.
X12N HIPAA Example
Example: NM1*31*1~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual X12N HIPAA Notes: INDUSTRY: Entity Identifier Code	M ID 2/3	R
		31 Postal Mailing Address		
NM102	1065	Entity Type Qualifier Code qualifying the type of entity X12N HIPAA Notes: INDUSTRY: Entity Type Qualifier	M ID 1/1	R
		1 Person		

Segment: N3 Member Mail Street Address
Position: 050
Loop: 2100C Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the location of the named party
Syntax Notes:
Semantic Notes:
Comments:
Notes:

X12N HIPAA Notes

Send when needed for address in loop 2100C.

X12N HIPAA Example

Example: N3*P.O. Box 1234~

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
N301	166	Address Information Address information X12N HIPAA Notes: INDUSTRY: Subscriber Address Line	M AN 1/55	R
N302	166	Address Information Address information X12N HIPAA Notes: Required if a second address line exists. INDUSTRY: Subscriber Address Line	O AN 1/55	S

Segment: N4 Member Mail City, State, Zip
Position: 060
Loop: 2100C 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: **X12N HIPAA Notes**
Send when needed for address in loop 2100C.
X12N HIPAA Example
Example: N4*ROCK HILL*FL*33131~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
N401	19	City Name Free-form text for city name X12N HIPAA Notes: INDUSTRY: Subscriber City Name	O AN 2/30	R
N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency X12N HIPAA Notes: INDUSTRY: Subscriber State Code	O ID 2/2	R
N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) X12N HIPAA Notes: INDUSTRY: Subscriber Postal Zone or ZIP Code	O ID 3/15	R
N404	26	Country Code Code identifying the country X12N HIPAA Notes: Required only if country is not USA. INDUSTRY: Country Code	O ID 2/3	S

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

- 1 HD06 is the number of collateral dependents for the primary insured. A collateral dependent is a relative related by blood or marriage who resides in the home and is dependent on the employee for support.
- 2 HD07 is the number of sponsored dependents for the primary insured. A sponsored dependent is a dependent between the ages of 19 and 25 who is not in school.
- 3 HD09 is a late enrollee indicator. A "Y" value indicates the insured is a late enrollee, which can result in a reduction of benefits; an "N" value indicates the insured is a regular enrollee.
- 4 HD11 is a prescription drug service coverage indicator. A "Y" value indicates that prescription drug service coverage applies; an "N" value indicates that prescription drug service coverage does not apply.

Comments:
Notes:

X12N HIPAA Notes

Send this segment is REQUIRED when enrolling a new member or when adding, updating or removing coverage from an existing member.

X12N HIPAA Example

Example: HD*021**HLT*PLAN A BCD*FAM~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
HD01	875	Maintenance Type Code	M ID 3/3	R

Code identifying the specific type of item maintenance

X12N HIPAA Notes:

INDUSTRY: Maintenance Type Code

001 Change

002 Delete

X12N HIPAA Notes:

Use this code for deleting an incorrect coverage record.

021 Addition

024 Cancellation or Termination

X12N HIPAA Notes:

Use this code for cancelling/terminating a coverage.

025 Reinstatement

To place in force again, without the usual probationary or service period, a group contract or an individual's group insurance that for some reason has terminated

026 Correction

X12N HIPAA Notes:

This code is used to correct an incorrect record.

030 Audit or Compare

032 Employee Information Not Applicable

Certain situations such as military duty and CHAMPUS classify the subscriber ineligible for coverage or benefits. However, dependents of the subscriber are still eligible for coverage or benefits under the subscriber. Subscriber identifying elements are needed to accurately identify dependents

X12N HIPAA Notes:

Certain situations, such as military duty and CHAMPUS, classify the subscriber as ineligible for coverage or benefits. However, dependents of the subscribers are still eligible for coverage or benefits under the subscriber. Subscriber identifying elements are needed to accurately identify dependents.

HD02 1203 Maintenance Reason Code O ID 2/3 N/U

Refer to 004010X095A1 Data Element Dictionary for acceptable code values.

HD03 1205 Insurance Line Code O ID 2/3 R

Code identifying a group of insurance products

X12N HIPAA Notes:

INDUSTRY: Insurance Line Code

AG Preventative Care/Wellness

AH 24 Hour Care

AJ Medicare Risk

AK Mental Health

DCP Dental Capitation

X12N HIPAA Notes:

This identifies a dental managed care organization (DMO).

DEN Dental

EPO Exclusive Provider Organization

FAC Facility

HE Hearing

HLT Health

X12N HIPAA Notes:

Includes both hospital and professional coverage.

HMO Health Maintenance Organization

An organization that provides a wide range of comprehensive health care services for a specified group at a fixed periodic payment

LTC Long-Term Care

A plan that provides a specified dollar benefit or more commonly a percent of expenses charged if a covered person suffers a loss of functional capacity due to an accidental injury or sickness

LTD Long-Term Disability

A plan that provides a source of monthly income for covered employees who are unable to work because of total disability; benefits are payable for a period of 5 to 10 years, or more commonly to the employee's normal age of retirement

MM Major Medical

MOD Mail Order Drug

PDG Prescription Drug

POS Point of Service

PPO Preferred Provider Organization

PRA Practitioners

STD Short-Term Disability

A plan that provides a source of income for covered employees who are unable to work because of disability; benefits are payable for a period of 13, 26, or 52 weeks

UR Utilization Review

A committee of professionals in the medical field who review cases involving extended duration of hospitalization and patterns of care in order to establish guidelines in terms of actual medical necessity; their review will also include the efficiency of institutional use, the appropriateness of admission, services ordered and provided, length of stay, and discharge practices

VIS Vision

HD04 1204 Plan Coverage Description O AN 1/50 S

A description or number that identifies the plan or coverage

X12N HIPAA Notes:

Use this element when additional information is needed by the insurer to describe the exact type of coverage being provided. If required by an insurer, this information must be included. The insurer establishes the content of this element in the contract.

INDUSTRY: Plan Coverage Description

HD05 1207 Coverage Level Code O ID 3/3 S

Code indicating the level of coverage being provided for this insured

X12N HIPAA Notes:

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

INDUSTRY: Coverage Level Code

CHD	Children Only
DEP	Dependents Only
E1D	Employee and One Dependent

X12N HIPAA Notes:

For this code, the dependent is a non-spouse dependent. This code is not used for identification of Employee and Spouse. See code ESP.

E2D	Employee and Two Dependents
E3D	Employee and Three Dependents
E5D	Employee and One or More Dependents
E6D	Employee and Two or More Dependents
E7D	Employee and Three or More Dependents
E8D	Employee and Four or More Dependents
E9D	Employee and Five or More Dependents
ECH	Employee and Children
EMP	Employee Only
ESP	Employee and Spouse
FAM	Family
IND	Individual
SPC	Spouse and Children
SPO	Spouse Only
TWO	Two Party

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
Syntax Notes:
Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.
Comments:
Notes:

X12N HIPAA Notes

This segment contains the date that maintenance was performed or effective, and the benefit begin and end dates for the coverage or line of business.

X12N HIPAA Example

Example: DTP*348*D8*19961001~

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
DTP01	374	Date/Time Qualifier	M ID 3/3	R
		Code specifying type of date or time, or both date and time		
		X12N HIPAA Notes:		
		INDUSTRY: Date Time Qualifier		
		303 Maintenance Effective		
		Date on which the maintenance is effective		
		X12N HIPAA Notes:		
		This is the effective date of a change where a member's coverage is not being added or removed.		
		348 Benefit Begin		
		Date on which the subscriber's or dependent's benefit begin		
		X12N HIPAA Notes:		
		This is the effective date of coverage. This code should always be sent when adding coverage.		
		349 Benefit End		
		Date on which the subscriber's or dependent's benefit ends		
		X12N HIPAA Notes:		
		This is the date the coverage specified in the 2300 loop is being terminated. Termination of specified coverage is identified by HD01 code 024 - Cancellation or Termination. This code should always be sent when removing coverage from a member. This code should not be used when a member is terminating all eligible coverage.		
		543 Last Premium Paid Date		
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	R
		Code indicating the date format, time format, or date and time format		
		X12N HIPAA Notes:		
		INDUSTRY: Date Time Period Format Qualifier		
		D8 Date Expressed in Format CCYYMMDD		
DTP03	1251	Date Time Period	M AN 1/35	R
		Expression of a date, a time, or range of dates, times or dates and times		
		X12N HIPAA Notes:		
		INDUSTRY: Coverage Period		

Segment: **REF** Health Coverage Policy Number
Position: 290
Loop: 2300 Optional
Level: Detail
Usage: Optional
Max Use: 2
Purpose: To specify identifying information
Syntax Notes:

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes:

- 1 REF04 contains data relating to the value cited in REF02.

Comments:
Notes:

X12N HIPAA Notes

This segment should be used to identify a policy or group number for a particular insurance product if it has not already been identified in either REF02, position 1-030 or REF02, position 2-020. This is necessary when not all coverage types have the same group or policy number.

X12N HIPAA Example

Example: REF*1L*123456~

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Base</u> <u>Attributes</u>	<u>User</u> <u>Attributes</u>
REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification X12N HIPAA Notes: INDUSTRY: Reference Identification Qualifier	M ID 2/3	R
		17 Client Reporting Category Code assigned by the client to categorize participants for reporting requirements X12N HIPAA Notes: This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.		
		1L Group or Policy Number		
		ZZ Mutually Defined X12N HIPAA Notes: Use this code for the Payment Plan Type Code (Annual or Quarterly) until a standard code is assigned.		
REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier X12N HIPAA Notes: INDUSTRY: Insured Group or Policy Number ODJFS User Note: Capitation Rate Indicator	X AN 1/30	R

Segment: **COB** Coordination of Benefits
Position: 400
Loop: 2320 Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To supply information on coordination of benefits
Syntax Notes:
Semantic Notes: 1 COB02 is the policy number.
Comments:
Notes:

X12N HIPAA Notes

Use this loop whenever an individual has another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. Always provide this information when provided to the sponsor. Provide the COB information by individual, not by subscriber.

Send this data when such transmission is required under the insurance contract between the sponsor and the payer.

X12N HIPAA Example

Example: COB*P*XYZ123*1~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
COB01	1138	Payer Responsibility Sequence Number Code Code identifying the insurance carrier's level of responsibility for a payment of a claim X12N HIPAA Notes: INDUSTRY: Payer Responsibility Sequence Number Code P Primary S Secondary T Tertiary U Unknown	O ID 1/1	R
COB02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier X12N HIPAA Notes: Always supply the policy number when it is available. INDUSTRY: Insured Group or Policy Number	O AN 1/30	S
COB03	1143	Coordination of Benefits Code Code identifying whether there is a coordination of benefits X12N HIPAA Notes: INDUSTRY: Coordination of Benefits Code 1 Coordination of Benefits A method of integrating benefits payable under more than one group health insurance plan so that the insured's benefits from all sources do not exceed 100 percent of the allowable medical expenses 5 Unknown 6 No Coordination of Benefits X12N HIPAA Notes: Use this code to verify that it was determined that there is no COB.	O ID 1/1	R

Segment: **REF** **Additional Coordination of Benefits Identifiers**
Position: 405
Loop: 2320 Optional
Level: Detail
Usage: Optional
Max Use: 5
Purpose: To specify identifying information
Syntax Notes:

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes:

- 1 REF04 contains data relating to the value cited in REF02.

Comments:
Notes:

X12N HIPAA Notes

This segment should be sent if additional data on coordination of benefits exists.

This segment should be sent if supplied by the subscriber. Use the Social Security Number or Employee ID Number until the National ID Number for individuals is available.

X12N HIPAA Example

Example: REF*6P*AZ12345~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification X12N HIPAA Notes: INDUSTRY: Reference Identification Qualifier	M ID 2/3	R
		60 Account Suffix Code		
		6P Group Number		
		A6 Employee Identification Number		
		SY Social Security Number X12N HIPAA Notes: The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.		
		ZZ Mutually Defined X12N HIPAA Notes: Mutually Defined, will be used in this REF01 for National Individual Identifier until a standard code is defined.		
REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier X12N HIPAA Notes: INDUSTRY: Insured Group or Policy Number	X AN 1/30	R

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
Syntax Notes: 1 At least one of N102 or N103 is required.
2 If either N103 or N104 is present, then the other is required.

Semantic Notes:
Comments: 1 This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
2 N105 and N106 further define the type of entity in N101.

Notes: **X12N HIPAA Notes**
Use this segment to send the name of the insurance company when provided to the sponsor.
X12N HIPAA Example
Example: N1*IN**NI*12345678~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
N101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual X12N HIPAA Notes: INDUSTRY: Entity Identifier Code IN Insurer	M ID 2/3	R
N102	93	Name Free-form name X12N HIPAA Notes: Send the insurance company name if no standard identifier is available to pass in N104. INDUSTRY: Insurer Name	X AN 1/60	S
N103	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) X12N HIPAA Notes: Send when required by X12 syntax. INDUSTRY: Identification Code Qualifier FI Federal Taxpayer's Identification Number NI National Association of Insurance Commissioners (NAIC) Identification XV Health Care Financing Administration National Payer Identification Number (PAYERID)	X ID 1/2	S
N104	67	Identification Code Code identifying a party or other code X12N HIPAA Notes: Use the National Payer ID until that ID is available the Federal Tax ID should be used. Send when supplied by the employee to the sponsor. INDUSTRY: Insured Group or Policy Number	X AN 2/80	S

Segment: **DTP** Coordination of Benefits Eligibility Dates
Position: 450
Loop: 2320 Optional
Level: Detail
Usage: Optional
Max Use: 2
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.
Comments:
Notes:

X12N HIPAA Notes

This segment contains the dates for which coordination of benefits is in effect. Send the eligibility date when provided to the sponsor.

X12N HIPAA Example

Example: DTP*344*D8*19960401~

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>		<u>Attributes</u>	<u>Attributes</u>
DTP01	374	Date/Time Qualifier	M ID 3/3	R
		Code specifying type of date or time, or both date and time		
		X12N HIPAA Notes:		
		INDUSTRY: Date Time Qualifier		
		344 Coordination of Benefits Begin		
		Date on which Coordination of Benefits begin		
		345 Coordination of Benefits End		
		Date on which Coordination of Benefits end		
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	R
		Code indicating the date format, time format, or date and time format		
		X12N HIPAA Notes:		
		INDUSTRY: Date Time Period Format Qualifier		
		D8 Date Expressed in Format CCYYMMDD		
DTP03	1251	Date Time Period	M AN 1/35	R
		Expression of a date, a time, or range of dates, times or dates and times		
		X12N HIPAA Notes:		
		INDUSTRY: Coordination of Benefits Date		

Segment: **SE** Transaction Set Trailer
Position: 690
Loop:
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Syntax Notes:

Semantic Notes:

Comments: 1 SE is the last segment of each transaction set.

Notes: **X12N HIPAA Example**

Example: SE*39*0001~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
SE01	96	Number of Included Segments Total number of segments included in a transaction set including ST and SE segments	M N0 1/10	R
		X12N HIPAA Notes: INDUSTRY: Transaction Segment Count		
SE02	329	Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M AN 4/9	R
		X12N HIPAA Notes: The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges. INDUSTRY: Transaction Set Control Number		

Segment: **GE** Functional Group Trailer
Position: 693
Loop:
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To indicate the end of a functional group and to provide control information
Syntax Notes:
Semantic Notes: 1 The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.
Comments: 1 The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.
Notes: **X12N HIPAA Example**

GE*1*1~

Data Element Summary

<u>Ref.</u>	<u>Data</u>		<u>Base</u>	<u>User</u>
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	<u>Attributes</u>
GE01	97	Number of Transaction Sets Included	M N0 1/6	R
		Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element		
GE02	28	Group Control Number	M N0 1/9	R
		Assigned number originated and maintained by the sender		

Segment: **IEA** Interchange Control Trailer
Position: 696
Loop:
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

Syntax Notes:

Semantic Notes:

Comments:

Notes: X12N HIPAA Example

IEA*1*000000905~

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Base Attributes</u>	<u>User Attributes</u>
IEA01	I16	Number of Included Functional Groups A count of the number of functional groups included in an interchange	M N0 1/5	R
IEA02	I12	Interchange Control Number A control number assigned by the interchange sender	M N0 9/9	R