

834 Benefit Enrollment Example for HIPAA Summit 2/01

New Add - Changes Only File

This is a business scenario that adds coverage for a new member. The file passes the address of the employee as well as other demographic information. The name of the primary care physician is also sent.

ST*834*0001~
BGN*00*1234*20001227*838*PT***2~
N1*P5**F1*954529603~
INS*Y*18*021*28*A*E**FT~
REF*0F*123456789~
REF*1L*G86W553~
DTP*356*D8*20001220~
NM1*IL*1*STEPHENS*MARIE*V***34*123456789~
PER*IP**HP*4152296748*WP4*4152968732~
N3*123 MAIN STREET~
N4*SAN FRANCISCO*CA*94515~
DMG*D8*19691017*F*M~
HD*021**HLT*01A3*EMP~
DTP*348*D8*20001220~
LX*1~
NM1*P3*1*FREDRICKSON*STEVE****XX*1234567891*25~
SE*17*0001~

Table 1 – Header

ST*834*0001~	834 is the Transaction Set Identifier Code for Benefit Enrollment and maintenance Transaction Set 0001 is the Transaction Set Control Number
BGN*00*1234*20001227*838*PT***4~	00 is the Transaction Set Purpose Code that indicates this is the first time the transaction is sent. 1234 is the Transaction Set Identifier Code assigned by the transaction set builder to uniquely identify this occurrence of the transaction for future reference. 20001227 is the Transaction Set Creation Date used to identify the date that the submitter created the file. 838 is the Transaction Set Creation Time expressed in 24 hour clock time. The first two digits indicate the hour (08=8am) and the next two digits indicate the minutes. PT is the Time Code Zone used if the sender and receiver are not in the same time zone. PT refers to Pacific Time. 4 indicates that this is a change file.
N1*P5**FI*954529603~	P5 is the Entity Identifier Code that identifies this as the N1 Plan Sponsor segment FI is the Identification Code Qualifier that qualifies the following number as a Federal Taxpayer’s Identification Number 954529603 is the Sponsor Identifier that is the tax ID number of the Sponsor.

Table 2 – Detail

INS*Y*18*021*28*A*E**FT~	Y is the Subscriber/Dependent Indicator. A “Y” value indicates the member is a subscriber; an “N” value indicates the member is a dependent. 18 is the Individual Relationship Code and indicates the relationship between the subscriber and the dependent. “18” indicates Self 021 is the Maintenance Type Code and indicates this is an add. 28 is the Maintenance Reason Code. A “28” indicates that this individual is an Add. A is the Benefit Status Code and indicates that that the type of coverage is “Active“. E is the Medicare Plan Code and “E” indicates that the member does not have Medicare. FT is the Employment Status Code. The “FT” indicates that this subscriber has a Full Time Employment Status with her company.
REF*0F*123456789~	0F is the Reference Identification Qualifier. “0F” means that this is the Subscriber Number.

	123456789 is the Subscriber Number
REF*1L*G86W553~	1L is the Reference Identification Qualifier. “1L” means that this is the Group or Policy Number. G86W553 is the Group Number
DTP*356*D8*20001220~	356 is the Date/Time Qualifier. “356” indicates that the date to follow is the Eligibility Begin Date. D8 is the Date Time Period Format Qualifier. CCYYMMDD is the only allowable format. 20001220 is the Date.
NM1*IL*1*STEPHENS*MARIE*V***34*123456789~	IL is the Entity Identifier Code. “IL” indicates that this NM1 segment describes the Insured or Subscriber. 1 is the Entity Type Qualifier. This informs the receiver that this segment contains information about a Person. STEPHENS is the Member Last Name. MARIE is the Member First Name. V is the Middle Initial 34 is the Identification Code Qualifier. “34” indicates the information to follow is an SSN. 123456789 is the SSN of the member
PER*IP**HP*415229678~	IP is the Contact Function Code. “IP” indicates that the information to follow pertains to the Insured Party. HP is the Communication Number Qualifier. “HP” indicates that the phone number to follow is the Home Phone. 415229678 is the Communication Number and is the member’s Home Phone Number.
N3*123 MAIN STREET~	123 MAIN STREET is the Address Information. This is the home address of the member.
N4*SAN FRANCISCO*CA*94515~	SAN FRANCISCO is the City Name. CA is the State Code. 94515 is the Postal Code.
DMG*D8*19691017*F*M~	D8 is the Date Time Period Format Qualifier. “D8” indicates that the date to follow is in CCYYMMDD format. 19691017 is the Member Birth Date. F is the Gender Code. “F” indicates that the member is a Female. M is the Marital Status Code. “M” indicates that this person is married.
HD*001**HLT*01A3*EMP~	001 is the Health Care Coverage Maintenance Type Code. “001” indicates that the health coverage is being changed. HLT is the Insurance Line Code. “HLT” indicates this is Health coverage. 01A3 is the Plan Coverage Description. EMP is the Coverage Level Code and indicates that this member’s tier is Employee Only.
DTP*348*D8*20001220~	348 is the Date Time Qualifier. “348” indicates that this member’s benefits began on the following date. D8 is the Date Time Period Format Qualifier. “D8” indicates that the date is expressed in CCYYMMDD format.

	20001220 is the Coverage Period and indicates when the benefits began for the member.
LX*1~	1 is the assigned number
NM1*P3*1*FREDRICKSON*STEVE** **XX*1234567891*25~	<p>P3 is the Entity Identifier Code. “P3” indicates that this NM1 segment describes the PCP</p> <p>1 is the Entity Type Qualifier. This informs the receiver that this segment contains information about a Person.</p> <p>FREDRICKSON is the Provider Last Name.</p> <p>STEVE is the Provider First Name.</p> <p>XX is the Identification Code Qualifier. “XX“ indicates the information to follow is an HCFA ~ National Provider Number.</p> <p>1234567891 is the number.</p> <p>25 is the Entity Relationship Code. A “25” means an established patient.</p>
SE*17*0001~	<p>17 is the Transaction Segment Count and is the total number of segments included in the transaction set including the ST and SE segments.</p> <p>0001 is the Transaction Set Control Number and is the same Control Number that was given in the ST segment.</p>