

# 834 Benefit Enrollment Example for HIPAA Summit Conference, October 24, 2001

## 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*

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

*Table 2 – Detail*

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

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

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