



Companion Guide:

Presumptive Eligibility 834 MCE

Benefit Enrollment and Maintenance

Transaction

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Address any comments concerning the contents of this manual to:

HP Enterprise Services Publications Business Unit
950 North Meridian Street, Suite 1150
Indianapolis, IN 46204
Fax: (317) 488-5376

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Section 1: Introduction

Overview

The Indiana Health Coverage Programs (IHCP) has developed technical companion guides to assist application developers during the implementation process. The information contained in the IHCP *Companion Guides* is only intended to supplement the adopted *National Electronic Data Interchange Transaction Set Implementation Guides (IGs)* and provide guidance and clarification as it applies to the IHCP. The IHCP *Companion Guides* are never intended to modify, contradict, or reinterpret the rules established by the *IGs*.

This *Companion Guide* is categorized into three sections:

1. Introduction to the 834 Benefit Enrollment
2. Interchange Control
3. Transaction Specifications

This section, *Introduction*, provides a general description of the 834 Benefit Enrollment Transaction. *Section 2* describes data exchange options and the relevant inbound or outbound interchange control structures. *Section 3* contains transaction specific documentation, including segment usage, to assist developers with coding each transaction.

834 Benefit Enrollment

The *ASC X12N 834 (004010X095)* transaction is the Health Information Portability and Accountability Act (HIPAA)-mandated transaction for providing enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer.

A Change file version of the 834 file is available from the IHCP. The Hoosier Healthwise- Risk Based Managed Care 834 Audit file will include Presumptive Eligibility (PE) members. Therefore, a separate audit file containing PE members only will not be created.

The Change file is available daily. This file contains changes made since the last Change file was provided. Changes include the following:

- **Change** (INS03 001) – The records defined as a *Change* are those with at least one piece of member information that is different from the previously reported member information.
- **Addition** (INS03 021) – The records defined as an *Addition*, are those with a member that is either new to the network or has had a break in eligibility and has regained eligibility.
- **Cancellation** or **Termination** (INS03 024) – The records defined as *Termination*, are those with a member whose eligibility has ended and is no longer eligible for services within the corresponding network.
- **Deletion** (INS03 024 with *NULL* in INS04) – The records defined as *Deleted*, are those members whose eligibility was removed after it was originally reported.

This is intended only as a companion guide and is not intended to contradict or replace any information in the *IG* or the *IHCP Provider Manual*.

It is recommended that implementers have the following resources available during the development process:

- This document, *Companion Guide: 834 Benefit Enrollment and Maintenance Transaction*
- *National Electronic Data Interchange Transaction Set Implementation Guide: Benefit Enrollment Maintenance: 834: ASC X12N 834 (004010X095) and (004010X095A1) Addenda*
- *Managed Care Organizations Operating Procedures Manual*

Section 2: Data Exchange Technical Specifications and Interchange Control Structure

Overview

Appendix A, Section A.1.1 of each *National Electronic Data Interchange Transaction Set Implementation Guide (IG)* provides detail about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an electronic envelope. The communication envelope consists of an interchange envelope and functional groups.

The following tables define the use of the outbound 834 control structure as it relates to communication with the Indiana Health Coverage Programs (IHCP).

Outbound Transactions

Table 2.1 – Interchange Control Header

Segment Name	Interchange Control Header		
Segment ID	ISA		
Loop ID	N/A		
Usage	Required		
Segment Notes	<p>All positions within each data element in the ISA segment must be filled. Delimiters are specified in the Interchange Header Segment.</p> <p>The character immediately following the segment ID, ISA, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Following are examples of the separators.</p>		
	Character	Name	Delimiter
	*	Asterisk	Data Element Separator
	:	Colon	Subelement Separator
	~	Tilde	Segment Terminator
Example	ISA* 00** 00*.....* ZZ* IHCP ..* ZZ* X222.....* 930602* 1253* U* 00401* 000000905* 1* P* :~		

Table 2.2 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA01	R	Authorization Information Qualifier 00 – No Authorization Information Present	
ISA02	R	Authorization Information	This field always includes 10 blank spaces.
ISA03	R	Security Information Qualifier 00 – No Security Information Present	
ISA04	R	Security Information	This field always contains 10 blank spaces.
ISA05	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA06	R	Interchange Sender ID IHCP	This field has a required length of 15 bytes; therefore, the field is blank filled to the right.
ISA07	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA08	R	Interchange Receiver ID	For batch transactions, this is the four-byte sender ID (four to eight characters) assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits). This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards Identifier U – U.S. EDI Community of ASC X12, TDCC, and UCS	
ISA12	R	Interchange Control Version Number 00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
ISA13	R	Interchange Control Number	This number is unique and increments by 1 with each ISA segment. It also matches the interchange control number of the IEA02 of the interchange control trailer.
ISA14	R	Acknowledgment Requested 0 – No Acknowledgment Requested 1 – Interchange Acknowledgment Requested	

Element ID	Usage	Guide Description and Valid Values	Comments
ISA15	R	Usage Indicator P – Production Data T – Test Data	During testing the usage indicator is T . After the trading partner is approved, the usage indicator is P .
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This is always a colon (:).

Table 2.3 – Functional Group Header

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GS*BE*IHCP*X222*20020606*105531*5*X*004010X095A1~

Table 2.4 – Element ID GS01-GS08

Element ID	Usage	Guide Description and Valid Values	Comments
GS01	R	Functional Identifier Code BE – Benefit Enrollment and Maintenance (834)	The data element contains the appropriate identifier to designate the type of transaction data to follow the GS segment.
GS02	R	Application Sender’s Code IHCP	
GS03	R	Application Receiver’s Code	For batch transactions, this is the four-byte sender ID assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits).
GS04	R	Date	The date format is CCYYMMDD.
GS05	R	Time	The time format is HHMMSS.
GS06	R	Group Control Number	This data element contains a uniquely assigned number and matches the number in the corresponding GS02 data element on the GE group trailer segment.
GS07	R	Responsible Agency Code X – Accredited Standards Committee X12	
GS08	R	Version/Release/Industry Identifier Code 004010X095A1 – 834	This data element contains the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment.

Table 2.5 – Functional Group Trailer

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GE*1*5~

Table 2.6 – Element ID GE01-GE02

Element ID	Usage	Guide Description and Valid Values	Comments
GE01	R	Number of Transaction Sets Included	This data element contains the number of transaction sets included in this functional group.
GE02	R	Group Control Number	Group control number GE02 in this trailer is identical to the same data element in the associated functional group header, GS06.

Table 2.7 – Interchange Control Trailer

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	
Example	IEA*1*000000905~

Table 2.8 – Element ID IEA01-IEA02

Element ID	Usage	Guide Description and Valid Values	Comments
IEA01	R	Number of Included Functional Groups	This data element contains the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	The interchange control number IEA02 in this trailer is identical to the data element in the associated Interchange Control Header, ISA13 (including padded zeros).

Sample Outbound Interchange Control

Figure 2.1 illustrates a file that includes an 834 transaction:

```
ISA* 00* .....* 00*.....* ZZ* IHCP    ..* ZZ* X222.....* 930602*  
1253* U* 00401* 000000905* 1* P* :~  
GS*BE*IHCP*X222*20020606*105531*5*X*004010X095A1~  
ST - 834 TRANSACTION SET HEADER  
DETAIL SEGMENTS  
SE - 834TRANSACTION SET TRAILER  
GE*1*5~  
IEA*1*000000905~
```

Figure 2.1 – Outbound Interchange Control, 834 Transaction

Section 3: Enrollment Information

Segment Usage – 834

The following matrix lists all segments available for submission with the 4010 version of the *National Electronic Data Interchange Transaction Set Implementation Guide: Benefit Enrollment Maintenance: 834: ASC X12N 834 (004010X095) (IG)*. It includes a *Usage* column that identifies segments that are required (**R**), situational (**S**), or not used (**N/A**) by the Indiana Health Coverage Programs (IHCP). A required segment element is reported for all transactions. A situational segment may not be reported for every transaction record; however, a situational segment may be reported under certain circumstances. Any data in a segment identified in the *Usage* column with an **X** is ignored by the IHCP. Any segment identified in the *Usage* column as required or situational is explained in detail in the *Segment and Data Element Description* subsection of this section.

Table 3.1 – 834 Segments

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S- Situational X – Not Used
ST	N/A	Transaction Set Header	R
BGN	N/A	Beginning Segment	R
REF	N/A	Transaction Set Policy Number	R
DTP	N/A	File Effective Date	X
N1	1000A	Sponsor Name	R
N1	1000B	Payer	R
N1	1000C	TPA/Broker Name	X
ACT	1100C	TPA/Broker Account Information	X
INS	2000	Member Level Detail	R
REF	2000	Subscriber Number	R
REF	2000	Member Policy Number	X
REF	2000	Member Identification Number	R
REF	2000	Prior Coverage Months	X
DTP	2000	Member Level Dates	R
NM1	2100A	Member Name	R
PER	2100A	Member Communications Number	R
N3	2100A	Member Residence Street Address	R
N4	2100A	Member Residence City, State, ZIP Code	R
DMG	2100A	Member Demographics	R
ICM	2100A	Member Income	X
AMT	2100A	Member Policy Amounts	X
HLH	2100A	Member Health Information	X

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S- Situational X – Not Used
LUI	2100A	Member Language	S
NM1	2100B	Incorrect Member Name	X
DMG	2100B	Incorrect Member Demographics	X
NM1	2100C	Member Mailing Address	X
N3	2100C	Member Mail Street Address	X
N4	2100C	Member Mail City, State, ZIP Code	X
NM1	2100D	Member Employer	X
PER	2100D	Member Employer Communications Numbers	X
N3	2100D	Member Employer Street Address	X
N4	2100D	Member Employer City, State, ZIP Code	X
NM1	2100E	Member School	X
PER	2100E	Member School Communications Numbers	X
N3	2100E	Member School Street Address	X
N4	2100E	Member School City, State, ZIP Code	X
NM1	2100F	Custodial Parent	X
PER	2100F	Custodial Parent Communications Numbers	X
N3	2100F	Custodial Parent Street Address	X
N4	2100F	Custodial Parent City, State, ZIP Code	X
NM1	2100G	Responsible Person	X
PER	2100G	Responsible Person Communications Numbers	X
N3	2100G	Responsible Person Street Address	X
N4	2100G	Responsible Person City, State, ZIP Code	X
DSB	2200	Disability Information	X
DTP	2200	Disability Eligibility Dates	X
HD	2300	Health Coverage	R
DTP	2300	Health Coverage Dates	R
AMT	2300	Health Coverage Policy	X
REF	2300	Health Coverage Policy Number	R
IDC	2300	Identification Card	X
LX	2310	Provider Information	S
NM1	2310	Provider Name	R
N4	2310	Provider City, State, ZIP Code	S
PER	2310	Provider Communications Number	X
PLA	2310	PCP Change Reason	X
COB	2320	Coordination of Benefits	S
REF	2320	Additional Coordination of Benefits Identifiers	S

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S- Situational X – Not Used
N1	2320	Other Insurance Company Name	S
DTP	2320	Coordination of Benefits Eligibility Dates	S
SE	N/A	Transaction Set Trailer	R

Special Issues

- The maximum number of records within a single 834 transaction is 10,000. Therefore, multiple 834 transactions may exist within one file.
- INS07, the Consolidated Omnibus Budget Reconciliation Act (COBRA) indicator, is not reported within the 834 transaction.
- Some element values may be defined as *NULL*. This means that there is not a value in this element, for example, INS*Y*18*001**A*B**FT.
- There are example transaction records at the end of this document. The explanations on the right side of the page are not part of the 834 Electronic Data Interchange (EDI) Health Insurance Portability and Accountability Act (HIPAA) transaction, but are only intended to provide further clarity.
- At the end of this section is an example of what a complete 834 EDI HIPAA transaction could look like in its entirety. Explanations are not provided within this example.

Segment and Data Element Description

This section contains a tabular representation of any segment that is required or situational for the Indiana HIPAA implementation of the 834. Each segment table contains rows and columns describing different elements of the segment.

Table 3.2 – Segment and Data Element Description

Segment/Data Element	Description
Segment Name	The industry-assigned segment name identified in the <i>IG</i> .
Segment ID	The industry-assigned segment ID identified in the <i>IG</i> .
Loop ID	The loop where the segment should appear.
Usage	This identifies the segment as required or situational.
Segment Notes	A brief description of the purpose or use of the segment.
Example	An example of complete segment.
Element ID	The industry-assigned segment ID as identified in the <i>IG</i> .
Usage	Identifies the data element as R -required, S -situational, or X -not used.
Guide Description and Valid Values	Industry name associated with the data element. If no industry name exists, this is the <i>IG</i> data element name. This column also lists in bold the values and/or code sets to use.
Comments	Description of the contents of the data elements, including field lengths.

Table 3.3 – Transaction Set Header

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	N/A
Usage	Required
Segment Notes	This segment begins the transaction.
Example	ST*834*78002

Table 3.4 – Element ID ST01-ST02

Element ID	Usage	Guide Description and Valid Values	Comments
ST01	R	Transaction Set Identifier Code 834	
ST02	R	Transaction Set Control Number	This number is assigned locally by the sender and matches the value in the corresponding SE segment.

Table 3.5 – Beginning Segment

Segment Name	Beginning Segment
Segment ID	BGN
Loop ID	N/A
Usage	Required
Segment Notes	This segment describes the type of transaction sent such as <i>Audit</i> or <i>Change</i> .
Example	BGN*00*200000550C20020627C001*20020730*12370000****2

Table 3.6 – Element ID BGN01-BGN09

Element ID	Usage	Guide Description and Valid Values	Comments
BGN01	R	Transaction Set Purpose Code 00 – Original	All transaction sets are generated as original transactions.
BGN02	R	Transaction Set Identifier Code	The transaction set ID code consists of the nine-digit MCE ID and one-character region code, the creation date, the file type (C – Change), and a three-digit sequential number. The three-digit sequential number is used when the number of 834 transactions exceeds the IG requirement. 001 represents the first 10,000, 002 represent the second 10,000 and so forth.
BGN03	R	Transaction Set Creation Date	This is the date the transaction was created and assigned by the translator.
BGN04	R	Transaction Set Creation Time	This is the time the transaction was created and assigned by the translator.
BGN05	S	Time Zone Code	Not used by the IHCP
BGN06	S	Transaction Set Identifier Code	Not used by the IHCP
BGN07	N/A	Transaction Type Code	Not used
BGN08	R	2 – Change	Change files (2) are created daily. PE members will be included in the Hoosier Healthwise RBMC 834 Audit files (4).
BGN09	N/A	Security Level Code	Not used

Table 3.7 – Transaction Set Policy Number

Segment Name	Transaction Set Policy Number
Segment ID	REF
Loop ID	N/A
Usage	Situational
Segment Notes	This segment contains the MCE ID and region code of the receiver.
Example	REF*38*200000550C

Table 3.8 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier 38 – Master Policy Number	
REF02	R	Master Policy Number	The master policy number is the nine-digit MCE ID and the one-character region code.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.9 – Sponsor Name

Segment Name	Sponsor Name
Segment ID	N1
Loop ID	1000A
Usage	Required
Segment Notes	This segment contains the identifying information for the sender.
Example	N1 *P5* Indiana Health Coverage Program *ZZ* IHCP

Table 3.10 – Element ID N101-N106

Element ID	Usage	Guide Description and Valid Values	Comments
N101	R	Entity Identifier Code P5 – Plan Sponsor	
N102	S	Plan Sponsor Name	The name is set to Indiana Health Coverage Program .
N103	R	Identification Code Qualifier ZZ – Mutually Defined	
N104	R	Sponsor Identifier	The identifier is set to IHCP .
N105	N/A	Entity Relationship Code	Not used
N106	N/A	Entity Identifier Code	Not used

Table 3.11 – Payer

Segment Name	Payer
Segment ID	N1
Loop ID	1000B
Usage	Required
Segment Notes	This segment contains the federal taxpayer’s identifier for the payer.
Example	N1 * IN * MCENAME * FI * 123456789

Table 3.12 – Element ID N101-N106

Element ID	Usage	Guide Description and Valid Values	Comments
N101	R	Entity Identifier Code IN – Insurer	
N102	S	Insurer Name	This is the name of the MCE.
N103	R	Identification Code Qualifier FI – Federal taxpayer’s identification	
N104	R	Identification Code	This is the MCE’s federal tax ID.
N105	N/A	Entity Relationship Code	Not used
N106	N/A	Entity Identifier Code	Not used

Table 3.13 – Member Level Detail

Segment Name	Member Level Detail
Segment ID	INS
Loop ID	2000
Usage	Required
Segment Notes	No more than 10,000 INS segments can occur in a single 834 transaction.
Example	INS * Y * 18 * 021 * 28 * A * * * * F * T
	INS * Y * 18 * 024 * 07 * A * E * * * * T * E * * * * D * 8 * 20090114 ~

Table 3.14 – Element ID INS01-INS17

Element ID	Usage	Guide Description and Valid Values	Comments
INS01	R	Insured Indicator Y – Yes	Because the IHCP member is always the patient, this value is always Y . The insured is the subscriber.
INS02	R	Individual Relationship Code 18 – Self	Because the IHCP member is always the patient, this value is always 18 . The insured is the subscriber.
INS03	R	Maintenance Type Code 001 – Change 021 – Addition 024 – Cancellation or Termination	The change file may contain 001 , 021 , or 024 .
INS04	S	Maintenance Reason Code 07 – Termination of Benefits 15 – Primary Care Provider Change 22 – Plan Change 25 - Change in Identifying Data Elements 28 – Initial Enrollment 29 – Benefit Selection	This code clarifies the type of change and distinguishes a change from a deletion. 07 – Termination of benefits only when INS03 = 024. 15 – Change in PMP when INS03 = 001. 22 – Member changes plans. 25 – Change in member name and/or social security number. 28 – Used when INS03 = 021. 29 – Member moving from PE to Medicaid when INS03 = 001. - When INS03 = 024 and INS04 = 29, the member was associated with your MCE prior to being moved to Medicaid, and the Medicaid eligibility dates overlap one or more of the days the person was with your plan. This pertains to members that were assigned to your MCE in the past.
INS05	R	Benefit Status Code A – Active	Data is only supplied for active Medicaid members.
INS06	S	Medicare Plan Code A – Medicare A B – Medicare B C – Medicare A & B E – No Medicare	If a member has Medicare coverage, the applicable value is sent. If no longer covered, E is sent. NULL – Not currently enrolled in Medicare.
INS07	S	COBRA Qualifying Event Code	Not used by the IHCP

Element ID	Usage	Guide Description and Valid Values	Comments
INS08	S	Employment Status Code FT – Full-time TE – Terminated	This code describes the member’s status in the Presumptive Eligibility Program.
INS09	S	Student status code	Not used by the IHCP
INS10	X	Yes/No Condition or response code for Handicap Indicator	This field is reserved and not currently used. Records contain a NULL value in this field.
INS11	S	Date Time Period Format Qualifier D8	The date is in CCYYMMDD format.
INS12	S	Insured Individual Death Date	This is the insured’s date of death. The date is in CCYYMMDD format.
INS13	N/A	Confidentiality Code	Not used
INS14	N/A	City Name	Not used
INS15	N/A	State or Province Code	Not used
INS16	N/A	Country Code	Not used
INS17	S	Birth Sequence Number	Not used by the IHCP

Table 3.15 – Subscriber Number

Segment Name	Subscriber Number
Segment ID	REF
Loop ID	2000
Usage	Required
Segment Notes	This segment contains the IHCP member’s ID
Example	REF*0F*999999999999

Table 3.16 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier 0F – Subscriber Number	
REF02	R	Subscriber Identifier	This represents the IHCP member ID.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.17 – Member Identification Number

Segment Name	Member Identification Number
Segment ID	REF
Loop ID	2000
Usage	Situational
Segment Notes	Two member identification REF segments are sent with three additional segments possible for linked member identification numbers.
Example	REF*3H*9999999999 REF*ZZ*W99999 REF*Q4*5509999999

Table 3.18 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier 3H – Case Number ZZ – Mutually Defined Q4 – Prior Identifier Number	The possible codes and descriptions are as follows: 3H – represents the case number ZZ – represents the case worker number Q4 – represents the linked IHCP member ID. Maximum of three, listed most recent to least recent.
REF01 (Continued)	R	Reference Identification Qualifier (Continued)	The case number and caseworker number are always reported; therefore, two of the five maximum occurrences are used. The maximum number of linked member IDs is three and is limited by the maximum number of five occurrences per the HIPAA IG. Please note: As a result of the FSSA eligibility modernization project, the caseworker number may not always be reported. Caseworker numbers will not be provided by the ICES systematic transactions through a roll out region process. See http://www.in.gov/fssa/transformations/edcommunication.html for additional information regarding the regions and the applicable project time frames.
REF02	R	Subscriber Supplemental Identifier	When <i>3H</i> is reported, REF02 contains the case number. When <i>ZZ</i> is reported, REF02 contains the caseworker identification. When <i>Q4</i> is reported, REF02 contains the linked IHCP member's ID.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.19 – Member Level Dates

Segment Name	Member Level Dates
Segment ID	DTP
Loop ID	2000
Usage	Situational
Segment Notes	The 834 does not allow the use of both <i>Effective</i> and <i>End</i> Dates within the same record. Use of this segment allows disclosure of both dates.
Example	DTP*473*D8*20020108

Table 3.20 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/ Time Qualifier 473 – Medicaid Eligibility Begin 474 – Medicaid Eligibility End	The qualifiers 473 and 474 are used for reporting the member’s PE eligibility effective date and end date. When INS04 = 29, the qualifiers 473 and 474 will be used to report member’s Medicaid eligibility dates.
DTP02	R	Date Time Period Format Qualifier D8	The date is in CCYYMMDD format.
DTP03	R	Status Information Effective Date	This is the effective date of the status information. The date is in CCYYMMDD format.

Table 3.21 – Member Name

Segment Name	Member Name
Segment ID	NM1
Loop ID	2100A
Usage	Required
Segment Notes	This segment contains a member’s identifying information.
Example	NM1*IL*1*DOE*JANE*Z***34*111223333

Table 3.22 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code IL – Insured or Subscriber 74 – Corrected Insured	Identifier 74 is only used when there is a change to the IHCP member's last name, first name, middle initial, or Social Security number. Otherwise, identifier IL is used.
NM102	R	Entity Type Qualifier 1 – Person	
NM103	R	Subscriber Last Name	This is the IHCP member's last name.
NM104	R	Subscriber First Name	This is the IHCP member's first name.
NM105	S	Subscriber Middle Name	This is the IHCP member's middle initial.
NM106	S	Subscriber Name Prefix	Not used by the IHCP
NM107	S	Subscriber Name Suffix	Not used by the IHCP
NM108	S	Identification Code Qualifier 34 – Social Security Number	
NM109	S	Subscriber Identifier	This is the IHCP member's Social Security number.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.23 – Member Communications Numbers

Segment Name	Member Communications Numbers
Segment ID	PER
Loop ID	2100A
Usage	Situational
Segment Notes	This segment contains the IHCP member's primary telephone number.
Example	PER*IP**TE*3172223333

Table 3.24 – Element ID PER01-PER09

Element ID	Usage	Guide Description and Valid Values	Comments
PER01	R	Contact Function Code IP – Insured Party	
PER02	N/A	Name	Not used
PER03	R	Communication Number Qualifier TE – Telephone	
PER04	R	Communication Number	This is the IHCP member’s telephone number.
PER05	S	Communication Number Qualifier	Not used by the IHCP
PER06	S	Communication Number	Not used by the IHCP
PER07	S	Communication Number Qualifier	Not used by the IHCP
PER08	S	Communication Number	Not used by the IHCP
PER09	N/A	Contact Inquiry Reference	Not used

Table 3.25 – Member Residence Street Address

Segment Name	Member Residence Street Address
Segment ID	N3
Loop ID	2100A
Usage	Situational
Segment Notes	This segment contains the IHCP member’s street addresses.
Example	N3*123 NORTH MAIN ST.

Table 3.26 – Element ID N301-N302

Element ID	Usage	Guide Description and Valid Values	Comments
N301	R	Subscriber Address Line	This is the first line of the IHCP member’s street address.
N302	S	Subscriber Address Line	This is the second line of the IHCP member’s street address.

Table 3.27 – Member Residence City, State, ZIP Code

Segment Name	Member Residence City, State, ZIP Code
Segment ID	N4
Loop ID	2100A
Usage	Situational
Segment Notes	This segment contains the IHCP member's city, state, ZIP Code and county code information.
Example	N4*CITY*ST*12345**CY*24

Table 3.28 – Element ID N401-N406

Element ID	Usage	Guide Description and Valid Values	Comments
N401	R	Subscriber City Name	This is the IHCP member's city of residence.
N402	R	Subscriber State Code	This is the IHCP member's state of residence.
N403	R	Subscriber Postal Zone or ZIP Code	This is the IHCP member's postal or ZIP Code.
N404	S	Country Code	Not used by the IHCP
N405	S	Location Qualifier CY – County/Parish	
N406	S	Location Identifier	This is the county code of the IHCP member's residence.

Table 3.29 – Member Demographics

Segment Name	Member Demographics
Segment ID	DMG
Loop ID	2100A
Usage	Situational
Segment Notes	This segment contains the IHCP member's demographic information.
Example	DMG*D8*20020126**F**C

Table 3.30 – Element ID DMG01-DMG09

Element ID	Usage	Guide Description and Valid Values	Comments
DMG01	R	Date Time Period Format Qualifier D8	The date is in CCYYMMDD format.
DMG02	R	Member Birth Date	
DMG03	R	Gender Code F – Female M – Male	
DMG04	S	Marital Status Code	Not used by the IHCP
DMG05	R	Race or Ethnicity Code 7 – Not Provided A – Asian or Pacific Islander B – Black C – Caucasian E – Other H – Hispanic I – American Indian or Alaskan Native	
DMG06	S	Citizenship Status Code	Not used by the IHCP
DMG07	N/A	Country Code	Not used
DMG08	N/A	Basis of Verification Code	Not used
DMG09	N/A	Quantity	Not used

Table 3.31 – Member Language

Segment Name	Member Language
Segment ID	LUI
Loop ID	2100A
Usage	Situational
Segment Notes	Only supplied if the IHCP member's native language is Spanish.
Example	LUI*LD*SPA

Table 3.32 – Element ID LU101-LU105

Element ID	Usage	Guide Description and Valid Values	Comments
LUI01	S	Identification Code Qualifier LD – NISO Z39.53 Language Codes	
LUI02	S	Language Code SPA – Spanish	
LUI03	S	Language Description	Not used by the IHCP
LUI04	S	Language Use Indicator	Not used by the IHCP
LUI05	N/A	Language Proficiency Indicator	Not used

Table 3.33 – Health Coverage

Segment Name	Health Coverage
Segment ID	HD
Loop ID	2300
Usage	Situational
Segment Notes	This segment contains the type of record reported for health coverage information.
Example	HD*021**HLT*TNPNPE0269*IND HD*001**HLT*TNBN M0269*IND

Table 3.34 – Element ID HD01-HD11

Element ID	Usage	Guide Description and Valid Values	Comments
HD01	R	Maintenance Type Code 001 – Change 002 - Delete 021 – Addition 024 – Cancellation or Termination 030 – Audit or Compare	
HD02	N/A	Maintenance Reason Code	Not used
HD03	R	Insurance Line Code HLT – Health	
HD04	S	Plan Coverage Description	The plan coverage description is made up of the following concatenated information:
	S	Valid Capitation Codes A6 – Pkg A Child Ages 6-12 AF – Pkg A/B Adult Females TN – Pkg A/B Teens Ages 13-20	Capitation Code Category, two characters for MCOs.
		Valid Benefit Package Indicators A – Standard Coverage B – Pregnancy Coverage C – Child Health Plan P – Presumptive Eligibility	Benefit Package Indicator, one character
		Valid Auto Assignment Indicators N – No	Auto Assignment Indicator, one character
		Valid Aid category M - Pregnancy – Full Coverage N - Pregnancy - Related Coverage PE - Presumptive Eligibility	Aid category code, two characters One character codes are right justified.

Element ID	Usage	Guide Description and Valid Values	Comments
		Start and Stop Reason Codes 01 Approved Change 02 New Eligible 03 6 Month PMP change 04 Newborn auto-assign change 05 Member Initiated – MCE Disenrollment 06 Redetermination 07 Death 08 Disenroll from Managed Care 09 Expired Managed Care Segment 10 PCCM Voluntary PMP Disenroll 11 MCE Voluntary PMP Disenroll 12 PCCM Mandatory PMP Disenroll 13 MCE Mandatory PMP Disenroll 14 MCE dsnr1 – PMP moved to oth MCE plan 15 MCE dsnr1 – PMP moved to PCCM 16 MCE dsnr1 – PMP dsnr1 from program 17 MCE PMP moved to another MCE plan 18 MCE PMP moved to PCCM 19 PCCM PMP moved to an MCE plan	Start Reason Code, two characters Stop Reason Code, two characters

Element ID	Usage	Guide Description and Valid Values	Comments
		<p>Start and Stop Reason Codes - cont</p> <p>30 Voluntary county enrollment</p> <p>31 Aprvd. Chng. – Member Choice Auto Assignment</p> <p>33 Aprvd. Chng. – Untimely Communication</p> <p>35 Aprvd. Chng. – PMP Panel Full</p> <p>40 Aprvd. Chng. – PCCM PMP Disenrolled</p> <p>41 Aprvd. Chng. – MCE PMP Disenrolled</p> <p>42 Aprvd. Chng. – Error in Assignment</p> <p>43 Aprvd. Chng. – MCE Ancillary Service Access Issues</p> <p>44 Aprvd. Chng. – PCCM Ancillary Svc Access Issues</p> <p>45 Aprvd. Chng. – Quality of Service Issues</p> <p>46 Aprvd. Chng. – Third Party Liability</p> <p>47 Aprvd. Chng. – Network Limitations</p> <p>50 Aprvd. Chng. – Inconvenient Location</p> <p>51 Aprvd. Chng. – Member Moved</p> <p>52 Aprvd. Chng. – Transportation Problems</p> <p>53 Aprvd. Chng. – Appointment Delays</p> <p>54 Aprvd. Chng. – Office Waiting Time</p> <p>55 Aprvd. Chng. – Treatment by staff</p> <p>56 Aprvd. Chng. – Unsatisfactory Communication</p> <p>57 Aprvd. Chng. – Unsatisfactory quality of care</p> <p>58 Aprvd. Chng. – Unsatisfactory emergency response</p> <p>59 Aprvd. Chng. – Unable to obtain referral</p>	

Element ID	Usage	Guide Description and Valid Values	Comments
		<p>Start and Stop Reason Codes - cont</p> <p>60 Aprvd. Chng. – Insufficient after-hours coverage</p> <p>61 Aprvd. Chng. – Physician no longer Medicaid</p> <p>62 Aprvd. Chng. – Physician no longer in practice</p> <p>63 Aprvd. Chng. – Physician Patient rltnshp unacpt</p> <p>64 Aprvd. Chng. – Med condition not approp to pvdr</p> <p>65 Aprvd. Chng. – Physician Requests Member Reassign</p> <p>66 Aprvd. Chng. – Specilty not consistent with cond.</p> <p>67 Aprvd. Chng. – Preg. Related – ante-partum change</p> <p>68 Aprvd. Chng. – Preg. Related – post-partum change</p> <p>69 Aprvd. Chng. – Other</p> <p>70 Disenroll – ICES County Change</p> <p>71 Disenroll – Residency Change</p> <p>72 Disenroll – Third Party Liability Issues</p> <p>73 Disenroll – Continuity of Care Issues</p> <p>74 Disenroll – Member Determined to be Illegal Alien</p> <p>75 Disenroll – Member Eligible for Waiver Program</p> <p>76 Disenroll – Member Choice – Ward or Foster Child</p> <p>77 Disenroll – Network Limitations</p> <p>78 Disenroll – More than one RID # linked from ICES</p> <p>79 Disenroll – Member became Eligible for Hospice</p> <p>80 Disenroll – Member Ineligible Due To Age</p> <p>81 Eligibility was Terminated</p> <p>82 PMP DSNRL/REENR-Individ to Group loc</p>	

Element ID	Usage	Guide Description and Valid Values	Comments
HD05	S	Start and Stop Reason Codes - cont 83 PMP DSNRL/REENR-Group to individ loc 84 PMP DSNRL/REENR-individ to diff individ loc 85 PMP DSNRL/REENR-group to diff group loc 86 Manual Reassignment 87 MCE Mass Change 98 Disenroll – Ineligible for Auto Assignment 99 Open Plan Coverage Description IND - Individual	
HD06	N/A	Count	Not used
HD07	N/A	Count	Not used
HD08	N/A	Underwriting Decision Code	Not used
HD09	N/A	Yes/No Condition or Response Code	Not used
HD10	N/A	Drug House Code	Not used
HD11	N/A	Yes/No Condition or Response Code	Not used

Table 3.35 – Health Coverage Dates

Segment Name	Health Coverage Dates
Segment ID	DTP
Loop ID	2300
Usage	Required
Segment Notes	This segment contains the dates of health coverage for the IHCP member and the corresponding PMP.
Example	DTP*348*D8*20020108

Table 3.36 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 348 – Benefit Begin 349 – Benefit End	PMP ASSIGNMENT DATE: Qualifier 348 is used for additions and changes. Qualifier 349 is used for terminations and deletions.
DTP02	R	Date Time Period Format Qualifier D8	The date is in CCYYMMDD format.
DTP03	R	Coverage Period	This date represents the coverage period. The date is in CCYYMMDD format.

Table 3.37 – Health Coverage Policy Numbers

Segment Name	Health Coverage Policy Numbers
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	This segment can report up to two identifiers. If the PMP provider is atypical, then the LPI will be presented in the first segment. Otherwise, the PMP provider tax ID will be present here. If a PMP exists as part of a group, then the group’s provider identifier will be presented in the second REF segment. When the provider is health care, the NPI will be provided when the PMP group provider has reported their NPI to the IHCP. Otherwise, the message “NOGROUPNPI” will be present. When the group provider is atypical and an NPI is not reported, the LPI will be present.
Example	Healthcare provider as part of group REF*1L*1295723542~ REF*ZZ*1639129117~ Healthcare provider as part of group, but group NPI not reported REF*1L*1295723542~ REF*ZZ* NOGROUPNPI ~

Table 3.38 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier 1L – Group or Policy Number ZZ – Mutually Defined	
REF02	R	Insured Group or Policy Number	When NPI has been reported for the member’s PMP, their tax ID is sent with the “1L” qualifier. Note: When tax ID is not on file, 999999999 is sent. When NPI has been reported for the PMP group, their NPI is sent with the “ZZ” qualifier. Health care PMP groups not reporting an NPI will receive the message “NOGROUPNPI” along with the “ZZ” qualifier.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.39 – Provider Information

Segment Name	Provider Information
Segment ID	LX
Loop ID	2310
Usage	Situational
Segment Notes	
Example	LX*1

Table 3.40 – Element ID LX01

Element ID	Usage	Guide Description and Valid Values	Comments
LX01	S	Assigned Number 1	An IHCP member is assigned to only one PMP. Therefore, the assigned number is 1 .

Table 3.41 – Provider Name

Segment Name	Provider Name
Segment ID	NM1
Loop ID	2310
Usage	Required
Segment Notes	This segment contains the PMP providers identification information.
Example	NM1*P3*1*****XX*9998877776*25 NM1*P3*1*****XX*NO_PMP_NPI*25

Table 3.42 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code P3 – Primary Care Provider	
NM102	R	Entity Type Qualifier 2 – Non-Person Entity	The only value reported is 2 . (Non-Person Entity)
NM103	S	Provider Last or Organization Name	Not used by the IHCP
NM104	S	Provider First Name	Not used by the IHCP
NM105	S	Provider Middle Name	Not used by the IHCP
NM106	S	Provider Name Prefix	Not used by the IHCP
NM107	S	Provider Name Suffix	Not used by the IHCP
NM108	S	Identification Code Qualifier XX - NPI 34 – Social Security Number FI – Federal Taxpayer’s Identification Number	If not on file, 34 is sent.
NM109	S	Provider Identifier	When NPI has been reported for the member’s PMP, their NPI is sent along with the “XX” qualifier. When NPI has not been reported for the member’s PMP, the message “NO_PMP_NPI” is sent along with the “XX” qualifier. Atypical providers that have not reported an NPI will receive their Social Security number or federal taxpayer ID. Note: When ID is not on file, 99999999 is sent along with the “34” qualifier.
NM110	R	Entity Relationship Code 72 – Unknown	
NM111	N/A	Entity Identifier Code	Not used

Table 3.43 – Provider City, State, Zip Code+4

Segment Name	Provider City, State, Zip Code+4
Segment ID	N4
Loop ID	2310
Usage	Situational
Segment Notes	This segment contains the providers service location city, state, and Zip Code+4
Example	N4*Indianapolis*IN*462041234

Table 3.44 – Element ID N401-N403

Element ID	Usage	Guide Description and Valid Values	Comments
N401	R	Provider service location city	
N402	R	Provider service location state	
N403	R	Provider service location Zip Code+4	
N404	S	Country Code	Not used by the IHCP
N405	S	Location Qualifier	Not used by the IHCP
N406	S	Location Identifier	Not used by the IHCP

Table 3.45 – Coordination of Benefits

Segment Name	Coordination of Benefits
Segment ID	COB
Loop ID	2320
Usage	Situational
Segment Notes	This segment contains the member’s insurance policy number. IHCP sends the five most current policies if more than five exist (HIPAA X12 maximum occurs of 2320 loop is five).
Example	COB*U*XYZ123*1

Table 3.46 – Element ID COB01-COB03

Element ID	Usage	Guide Description and Valid Values	Comments
COB01	R	Payer Responsibility Sequence Number U – Unknown	
COB02	S	Insured Group or Policy Number	This is the member’s insurance policy number.
COB03	R	Coordination of Benefits Code 1 – Coordination of Benefits	

Table 3.47 – Additional Coordination of Benefits Identifiers

Segment Name	Additional Coordination of Benefits Identifiers
Segment ID	REF
Loop ID	2320
Usage	Situational
Segment Notes	This segment contains the member's group insurance policy number.
Example	REF*ZZ*AZ12345

Table 3.48 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier ZZ – Mutually Defined	
REF02	R	Insured Group or Policy Number	This is the member's group insurance policy number, if applicable.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.49 – Other Insurance Company Name

Segment Name	Other Insurance Company Name
Segment ID	N1
Loop ID	2320
Usage	Situational
Segment Notes	This segment contains the name of the other insurance company.
Example	N1*IN*Other Insurance Name

Table 3.50 – Element ID N101-N106

Element ID	Usage	Guide Description and Valid Values	Comments
N101	R	Entity Identifier code IN – Insurer	
N102	S	Insurer Name	This is the name of the insurance company.
N103	S	Identification Code Qualifier	Not used by the IHCP
N104	S	Insured Group or Policy Number	Not used by the IHCP
N105	N/A	Entity Relationship Code	Not used
N106	N/A	Entity Identifier Code	Not used

Table 3.51 – Coordination of Benefits Eligibility Dates

Segment Name	Coordination of Benefits Eligibility Dates
Segment ID	DTP
Loop ID	2320
Usage	Situational
Segment Notes	This segment contains the effective and end dates of the member’s other insurance coverage. There are two occurrences of this segment for each date type.
Example	DTP*344*D8*19960401~

Table 3.52 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date Time Qualifier 344 – Coordination of Benefits Begin 345 – Coordination of Benefits End	
DTP02	R	Date Time Period Format Qualifier D8	The date is in CCYYMMDD format.
DTP03	R	Coordination of Benefits Date	The date is in CCYYMMDD format.

Table 3.53 – Transaction Set Trailer

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	
Usage	Required
Segment Notes	This segment ends the transaction
Example	SE*27*1234~

Table 3.54 – Element ID SE01-SE02

Element ID	Usage	Guide Description and Valid Values	Comments
SE01	R	Number of Included Segments	
SE02	R	Transaction Set Control Number	This number is assigned locally by the sender and matches the value in the corresponding ST segment.

PE 834 Examples

- Audit File - PE members will be in the Hoosier Healthwise – RBMC Audit file. There will not be a separate PE Audit file.

ST*834*6001~
BGN*00*123456789920081126A001*20081127*0034****4~
REF*38*1234567899~
N1*P5*INDIANA HEALTH COVERAGE PROGRAM*ZZ*IHCP~
N1*IN*MCO NAME*FI*359999998~

INS*Y*18*030*XN*A***FT~
REF*0F*550999999999~
REF*3H*9999999967~
REF*ZZ*W99999~
DTP*473*D8*20080901~
DTP*474*D8*22991231~
NM1*IL*1*DOE*JANE*Q***34*999889999~
PER*IP**TE*3171234567~
N3*123 NORTH MAIN ST*APARTMENT 123~
N4*CITY*ST*999990000**CY*81~
DMG*D8*19840905**F**H~
HD*030**HLT*TNPPE0299*IND~
DTP*348*D8*20080901~
REF*1L*999999990-888888881~
REF*ZZ*7777770A-666666661~
LX*1~
NM1*P3*2*****FI*33333333*72~
N4*OXFORD*OH*450568929~
COB*U**1~
REF*ZZ*82111~
N1*IN*ANTHEM BC/BS~
DTP*344*D8*19960101~
DTP*345*D8*22991231~

SE*29*6001~
GE*1*6~
IEA*1*000000006~

- Change File

ST*834*6001~
BGN*00*123456789920081126C001*20081127*0034****2~
REF*38*1234567899~
N1*P5*INDIANA HEALTH COVERAGE PROGRAM*ZZ*IHCP~
N1*IN*MCO NAME*FI*359999998~

- New Member / Initial Enrollment

INS*Y*18*021*28*A***FT~
REF*0F*550999999999~
DTP*473*D8*20081201~
DTP*474*D8*22991231~

NM1*IL*1*DOE*JANE*Q***34*999889999~
PER*IP**TE*3171234567~
N3*123 NORTH MAIN ST* APARTMENT 123~
N4*CITY*ST*999990000**CY*81~
DMG*D8*19441020*F**H~
HD*021**HLT*TNPPE0299*IND~
DTP*348*D8*20081201~
REF*1L*999999990-888888881~
REF*ZZ*7777770A-666666661~
LX*1~
NM1*P3*2*****FI*35552555*72~
N4*DANVILLE*IL*618324360~
COB*U**1~
REF*ZZ*82111~
N1*IN*ANTHEM BC/BS~
DTP*344*D8*19960101~
DTP*345*D8*22991231~

- New Member / Plan Change

INS*Y*18*021*22*A***FT~
REF*0F*55099999999~
DTP*473*D8*20081201~
DTP*474*D8*22991231~
NM1*IL*1*DOE*JANE*Q***34*999889999~
PER*IP**TE*3171234567~
N3*123 NORTH MAIN ST* APARTMENT 123~
N4*CITY*ST*999990000**CY*81~
DMG*D8*19441020*F**H~
HD*021**HLT*TNPPE0299*IND~
DTP*348*D8*20081201~
REF*1L*999999990-888888881~
REF*ZZ*7777770A-666666661~
LX*1~
NM1*P3*2*****FI*35552555*72~
N4*DANVILLE*IL*618324360~
COB*U**1~
REF*ZZ*82111~
N1*IN*ANTHEM BC/BS~
DTP*344*D8*19960101~
DTP*345*D8*22991231~

- Term / Plan Change

INS*Y*18*024*22*A***FT~
REF*0F*55099999999~
DTP*473*D8*20081201~
DTP*474*D8*22991231~
NM1*IL*1*DOE*JANE*Q***34*999889999~
PER*IP**TE*3171234567~
N3*123 NORTH MAIN ST* APARTMENT 123~
N4*CITY*ST*999990000**CY*81~
DMG*D8*19441020*F**H~

HD*024**HLT*TNPNPE0242*IND~
DTP*349*D8*20090131~
REF*1L*999999990-8888888881~
REF*ZZ*7777770A-6666666661~
LX*1~
NM1*P3*2*****FI*355552555*72~
N4*DANVILLE*IL*618324360~
COB*U**1~
REF*ZZ*82111~
N1*IN*ANTHEM BC/BS~
DTP*344*D8*19960101~
DTP*345*D8*22991231~

- PMP Change

INS*Y*18*001*15*A***FT~
REF*0F*550999999999~
DTP*473*D8*20081201~
DTP*474*D8*22991231~
NM1*IL*1*DOE*JANE*Q***34*99988999~
PER*IP**TE*3171234567~
N3*123 NORTH MAIN ST* APARTMENT 123~
N4*CITY*ST*999990000**CY*81~
DMG*D8*19441020*F**H~
HD*001**HLT*TNPNPE0299*IND~
DTP*348*D8*20081201~
REF*1L*555555550-555555551~
REF*ZZ*44444440A-444444441~
LX*1~
NM1*P3*2*****FI*370967248*72~
N4*DANVILLE*IL*618324360~
COB*U**1~
REF*ZZ*82111~
N1*IN*ANTHEM BC/BS~
DTP*344*D8*19960101~
DTP*345*D8*22991231~

- Termination

INS*Y*18*024*07*A***TE~
REF*0F*550111111111~
DTP*473*D8*20080815~
DTP*474*D8*20081231~
NM1*IL*1*DOE*JOE*E***34*11111111~
PER*IP**TE*7651111111~
N3*1111 SW R ST~
N4*RICHMOND*IN*473740000**CY*89~
DMG*D8*19441020*F**H~
HD*024**HLT*TNPNPE0281*IND~
DTP*349*D8*20081231~
REF*1L*999999990-8888888881~
REF*ZZ*7777770A-6666666661~
LX*1~

NM1*P3*2*****FI*355552555*72~
N4*NEW PARIS*OH*453471302~
COB*U**1~
REF*ZZ*82111~
N1*IN*ANTHEM BC/BS~
DTP*344*D8*19960101~
DTP*345*D8*22991231~

- Member name correction

INS*Y*18*001*25*A***FT~
REF*0F*550111111111~
REF*3H*9999999967~
REF*ZZ*W99999~
DTP*473*D8*20081201~
DTP*474*D8*22991231~
NM1*74*1*DOE*JANE*Q***34*999889999~
PER*IP**TE*3171234567~
N3*123 NORTH MAIN ST*APARTMENT 123~
N4*CITY*ST*999990000**CY*81~
DMG*D8*19441020*F**H~
NM1*70*1*DOO*JANE*Q***34*999889999~
HD*001**HLT*TNANPE0299*IND~
DTP*348*D8*20081201~
REF*1L*999999990-888888881~
REF*ZZ*7777770A-666666661~
LX*1~
NM1*P3*2*****FI*370967248*72~
N4*DANVILLE*IL*618324360~

- Member moving from PE to Medicaid

INS*Y*18*001*29*A***FT~
REF*0F*199999999999~
REF*3H*9999999967~
REF*ZZ*W99999~
REF*Q4*550111111111~
DTP*473*D8*20081201~
DTP*474*D8*22991231~
NM1*IL*1*DOE*JANE*Q***34*999889999~
PER*IP**TE*3171234567~
N3*123 NORTH MAIN ST*APARTMENT 123~
N4*CITY*ST*999990000**CY*81~
DMG*D8*19441020*F**H~
LUI*LD*SPA~
HD*001**HLT*TNAN M0299*IND~
DTP*348*D8*20081201~
REF*1L*999999990-888888881~
REF*ZZ*7777770A-666666661~
LX*1~
NM1*P3*2*****FI*370967248*72~
N4*DANVILLE*IL*618324360~
COB*U**1~
REF*ZZ*82111~

N1*IN*ANTHEM BC/BS~
DTP*344*D8*19960101~
DTP*345*D8*22991231~

- Member moving from PE to Medicaid. Member associated with different plan prior to moving to Medicaid. The new Medicaid dates overlap assignment with previous plan by one or more days. This is an updated term that goes to the previous plan.

INS*Y*18*024*29*A***FT~
REF*0F*199999999999~
REF*3H*9999999967~
REF*ZZ*W99999~
REF*Q4*550111111111
DTP*473*D8*20081201~
DTP*474*D8*22991231~
NM1*IL*1*DOE*JANE*Q***34*999889999~
PER*IP**TE*3171234567~
N3*123 NORTH MAIN ST*APARTMENT 123~
N4*CITY*ST*999990000**CY*81~
DMG*D8*19441020*F**H~
HD*024**HLT*TNAN M0299*IND~
DTP*349*D8*20090131~
REF*1L*999999990-888888881~
REF*ZZ*7777770A-666666661~
LX*1~
NM1*P3*2*****FI*370967248*72~
N4*DANVILLE*IL*618324360~
COB*U**1~
REF*ZZ*82111~
N1*IN*ANTHEM BC/BS~
DTP*344*D8*19960101~
DTP*345*D8*22991231~

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