

834 BENEFIT ENROLLMENT AND MAINTENANCE COMPANION GUIDE

834 BENEFIT ENROLLMENT AND MAINTENANCE
(ASC X12N 005010X220A1)



834 Benefit Enrollment and Maintenance

DISCLOSURE STATEMENT

While every effort has been made to ensure the accuracy and completeness of this information, Magellan Health does not warrant the accuracy or completeness of any of this information. Magellan Health assumes no legal liability or responsibility whatsoever for the accuracy or completeness of any such information contained in this guide.

This guide is intended to facilitate the implementation of HIPAA-required transactions between trading partners. If changes are required in this document, they will be made in a timely manner. The parties using these materials are responsible for ensuring that they obtain and use the most current version of this guide. Magellan Health will make reasonable efforts to communicate changes to direct trading partners.

The information contained in this Abbreviated Companion Guide does not contradict requirements defined in the ASC X12N HIPAA Implementation Guides.

PREFACE

The Health Insurance Portability and Accountability Act (HIPAA) requires health insurance payers and covered entities in the United States to comply with the EDI standards for health care as defined in the ASC X12N Implementation Guides.

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Magellan Health.

Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA.

The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1. INTRODUCTION

1.1. SCOPE

Covered entities (payers, health care providers, health plans and clearinghouses) must comply with the ASC X12N 834 (005010X220A1) TR3 for submission of Benefit Enrollment and Maintenance for 834 data content, response times, connectivity, and system availability. This document should be used to supplement the X12 TR3.

1.2. OVERVIEW

The Companion Guide provides Magellan Health trading partners with guidelines for submitting 5010 version of 834 (version 005010X220A1). The Magellan Health Companion Guide documents any assumptions, conventions, or data issues that may be specific to Magellan Health business processes when implementing the HIPAA ASC X12N 5010A Technical Reports Type 3 (TR3). As such, this Companion Guide is unique to Magellan Health and its affiliates.

This document does NOT replace the HIPAA ASC X12N 5010A Technical Reports Type 3 (TR3) for electronic transactions, nor does it attempt to amend any of the rules therein or impose any mandates on any trading partners of Magellan Health. This document provides information on Magellan Health- specific code handling and situation handling that is within the parameters of the HIPAA administrative Simplification rules. Readers of this Companion Guide should be acquainted with the HIPAA Technical Reports Type 3, their structure and content. Information contained within the HIPAA TR3s has not been repeated here although the TR3s have been referenced when necessary. The HIPAA ASC X12N 5010A Technical Reports Type 3 (TR3) can be purchased at <http://store.x12.org>.

1.3. REFERENCES

The ASC X12N 834 (version 005010X220A1) TR3 guide for Benefit Enrollment and Maintenance has been established as the standard for eligibility transactions and is available at <http://store.x12.org/store>.

Magellan Health Portal containing documentation on transactions for providers is located at www.edi.magellanprovider.com, under Provider Resources tab.

2. GENERAL TRANSACTION PROTOCOL

2.1. BUNDLING

- One ISA/IEA interchange per file is required.
- One GS/GE functional group per interchange is required.
- ST/SE Transaction set Header

2.2. CHARACTER DELIMITERS

- * Asterisk Data Element Separator
- ^ Carat Repetition Separator
- : Colon Component Element Separator
- ~ Tilde Segment Terminator

2.3. CONTROL

- ISA interchange control number (ISA13) must be unique across all files sent.
- GS group control number (GS06) must be unique across all files sent (this is numeric field, so no leading zero beyond the minimum field size are acceptable. Other than leading zeros, the GS Control number is usually equal to the ISA control number).
- Each ST transaction set control (ST02) must be unique within the GS/GE functional group.
- BGM03 transaction reference identifier must be unique across all files sent.

2.4. ACKNOWLEDGEMENTS

Magellan will return a 999-acknowledgement report for all corresponding 834 files.

*Please note that any rejected records are not sent to Magellan's source system and will need to be corrected by the client and resent. **Until the record passes validation, the member data will not be loaded.**

2.5. TRANSACTION SPECIFICATIONS

Transaction Specifications referenced in the Loop and Segment Information segment describe the codes that Magellan Health expects to receive and specify the type and format of the information that will be included in data elements. In some cases, these values are

subsets of the data element values listed in Implementation Guides. In others, they are specific to Magellan Health. For example, member mailing address is specified as situational in the Implementation Guides but is required at Magellan Health. *Please note situational fields if sent subfields may be deemed required in the Implementation Guides. Please refer to Implementation Guide for confirmation.

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2.6. LOOP AND SEGMENT INFORMATION

ISA - Interchange Control Header				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
ISA01	Authorization Information Qualifier	00 = No Authorization Sent	2/2	R
ISA02	Authorization Information	BLANK	10/10	R
ISA03	Security Information Qualifier	00 = No Security Information	2/2	R
ISA04	Security Information	BLANK	10/10	R
ISA05	Interchange ID Qualifier	Trading Partner Defines	2/2	R
ISA06	Interchange Sender ID	Trading Partner Defines	15/15	R
ISA07	Interchange ID Qualifier	ZZ	2/2	R
ISA08	Interchange Receiver ID	01260	15/15	R
ISA09	Interchange Date	YYMMDD	6/6	R
ISA10	Interchange Time	HHMM	4/4	R
ISA11	Repetition Separator	^	1/1	R
ISA12	Interchange Control Version Number	00501	5/5	R
ISA13	Interchange Control Number	Sequential Number. Must be equal to IEA02	9/9	R
ISA14	Acknowledgment Requested	1 = Interchange acknowledgment information requested (<i>MGLN will send a 999 acknowledgement for all 834 transactions</i>)	1/1	R
ISA15	Usage Indicator	T = Test P = Production	1/1	R
ISA16	Component Element Separator		1/1	R

GS - Functional Group Header				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
GS01	Functional Identifier Code	BE = Benefit Enrollment and Maintenance (834)	2/2	R
GS02	Application Sender's Code	Same as ISA06	2/15	R
GS03	Application Receiver's Code	Same as ISA08	2/15	R
GS04	Date	CCYYMMDD	8/8	R
GS05	Time	HHMM	4/8	R
GS06	Group Control Number	Sequential Number. Must be equal to GE02	1/9	R
GS07	Responsible Agency	X	1/2	R
GS08	Version/Release/Industry	005010X220A1	1/12	R

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ST – Transaction Set Header				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
ST01	Transaction Code of document	834 = Benefit Enrollment and Maintenance	3/3	R
ST02	Transaction Control Number	Transaction Set Incremental Identifier. Must be equal to SE02	9/9	R
ST03	Implementation Convention Reference	005010X220A1	1/35	R

BGN – Beginning Segment				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
BGN01	Transaction Set Purpose Code	00 = Original	2/2	R
BGN02	Reference Identification Transaction	Unique file ID (Record Batch Locator)	1/50	R
BGN03	Date	CCYYMMDD	8/8	R
BGN04	Time Transaction Set	HHMM	4/8	R
BGN08	Action Code	Group level action code: 2 = Change (update) – Used to identify additions, terminations, and changes. 4 = Verification – Used to identify full enrollment to verify that systems are synchronized, audit files only. RX= Replace – Used to identify a full enrollment transaction to be used to identify additions, termination and changes that need to be applied to the payer’s enrollment system.	1/2	R

REF - Transaction Set Policy Number				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
REF01	Master Policy Number Qualifier	38	2/3	R
REF02	Master Policy Number	Policy Number that applies to all members on the file.	1/50	R

N1 – Sponsor Name (Loop 1000A)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
N101	Entity Identifier Code	P5 = Plan Sponsor - Sponsor is the party that ultimately pays for the coverage	2/3	R
N102	Name Plan	Plan Sponsor Name - Free Form Field	1/60	S
N103	Identification Code Qualifier	FI = Federal Taxpayer’s Id Number	1/2	R
N104	Identification Code	Sponsor's Federal Tax ID	2/80	R

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N1 – Payer (Loop 1000B)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
N101	Entity Identifier Code	IN = Insurer	2/3	R
N102	Name		1/60	S
N103	Identification Code Qualifier	FI = Federal Taxpayer's ID Number	1/2	R
N104	Identification Code		2/80	R

N1 – TPA/Broker (Loop 1000C)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
N101	Entity Identifier Code	BO=Broker TV=Third Party Administrator (TPA)	2/3	S
N102	Name	TPA or Broker name - Free Form Field	1/60	S
N103	Identification Code Qualifier	FI = Federal Taxpayer's ID Number	1/2	S
N104	Identification Code	TPA or Broker's Federal Taxpayer's Identification	2/80	S

INS – Member Level Detail (Loop 2000)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
INS01	Insured Indicator	Y=Yes N=No	1/1	R
INS02	Individual Relationship Code	18= Self	2/2	R
INS03	Maintenance Type Code	001 = Change 021 = Addition 024 = Cancellation or Termination 025 = Reinstatement 030 = Audit or Compare *When BGN08 = 4, 030 should be used in all INS03 segments in the file, to indicate an audit file. *When BGN08 = 2, INS03 can be 001, 021 or 024 to indicate the proper maintenance type.		R
INS04	Maintenance Reason Code	*Refer to Ansi X12 TR3 Report for complete list of Maintenance Reason Codes.		S
INS05	Benefit Status Code	A=Active C=Cobra S=Surviving Insured	1/1	R
INS06	Medicare Status Code	BLANK	0/1	S
INS06-1	Medicare Plan Code to identify the Medicare Plan	A = Medicare Part A B = Medicare Part B C = Medicare Part A & B D = Medicare E = No Medicare	1/1	R

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INS06-2	Eligibility Reason Code	BLANK	1/1	S
INS07	COBRA Qualifying Event Code	BLANK	1/2	S
INS08	Employment Status Code	AC = Active AO = Active Military - Overseas AU = Active Military - USA FT = Full-time Active Employee L1 = Leave of Absence PT = Part-time Active Employee RT = Retired TE = Terminated	2/2	S
INS09	Student Status Code	F = Full-time N = Not a Student P = Part-time	1/1	S
INS10	Yes/No Condition or Response	Y=Yes N=No	1/1	S
INS11	Date Time Period Format Qualifier	D8 - Required when the Insured Death Date is being sent in INS12		S
INS12	Date Time Period	CCYYMMDD - Required if the insured is deceased		S
INS13	Confidentiality Code	R = Restricted Access U = Unrestricted Access	1/1	S

REF – Subscriber Identifier (Loop 2000)

SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
REF01	Reference Identification Qualifier	0F = Subscriber Number	2/3	R
REF02	Reference Identification	Subscriber number designated withing the insurance contract.	1/50	R

REF – Member Supplemental Identifier (Loop 2000)

REF01	Reference Identification Qualifier	F6= Health Insurance Claim (HIC) Number or MBI	2/3	R
REF02	Reference Identification	Medicare Beneficiary ID (MBI)	1/50	R

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DTP – Member Level Detail (Loop 2000)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
DTP01	Date/Time Qualifier	338 = Member Medicare Eligibility Begin Date 339 = Member Medicare Eligibility End Date 356 = Member Eligibility Begin Date 357 = Member Eligibility End Date 473 = Member Medicaid Eligibility Begin Date 474 = Member Medicaid Eligibility End Date *Refer to Ansi X12 TR3 Report for complete list of Member Level Dates.		R

NM1 - Member Name (2100A)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
NM101	Entity Identifier Code	IL = Insured or Subscriber	2/3	R
NM102	Entity Type Qualifier	1 = Person Note: Individual Last Name or Organizational Name	1/1	R
NM103	Name Last or Organization Name	Member Last Name	1/60	R
NM104	Name First	Member First Name	1/35	R
NM105	Name Middle	Member Middle Name or Initial	1/25	S
NM106	Name Prefix	Member Prefix	1/10	S
NM107	Name Suffix	Member Suffix	1/10	S
NM108	Identification Code Qualifier	*Refer to Ansi X12 TR3 Report for values. (<i>*MGLN does not allow Social Security Numbers to be sent on files.</i>)	1/2	S
NM109	Identification Code	Member Supplemental Identifier	2/80	S

PER – Member Communications Numbers (Loop 2100A)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
PER01	Contact Function Code	IP = Insured Party	2/2	S
PER02	Name	Insured's Name	1/60	S
PER03	Communication Number Qualifier	HP = Home Phone Number CP = Cell Phone EM = Email	2/2	S
PER04	Communication Number	Communication Information	1/256	S
PER05	Communication Number Qualifier	HP = Home Phone Number CP = Cell Phone EM = Email	2/2	S
PER06	Communication Number	Communication Information	1/256	S
PER07	Communication Number Qualifier	HP = Home Phone Number CP = Cell Phone EM = Email	2/2	S
PER08	Communication Number	Communication Information	2/2	S

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N3 – Member Residence Street Address (2100A)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
N301	Address Information	Street address of subscriber (<i>*If member's Residence is outside of the U.S., member mailing address is required to be sent in 2100C. MGLN is unable to load a foreign address.*</i>)	1/55	R
N302	Address Information	Street address line two of subscriber	1/55	S

N4 – Member City, State, Zip Code (2100A)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
N401	City Name	Member City Name	2/30	R
N402	State or Province Code	Member State Code	2/2	R
N403	Postal Code	Zip 5 or 9	3/15	R
N404	Country Code	From Part 1 of ISO 3166	2/3	S
N405	Location Qualifier	60 = Area CY = County/Parish	1/2	S
N406	Location Identifier	Member County	1/30	S

DMG – Demographic Information (2100A)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
DMG01	Date Time Period Format Qualifier	D8	2/3	R
DMG02	Date Time Period	CCYYMMDD	1/35	R
DMG03	Gender Code	F = Female M = Male	1/1	R
DMG04	Marital Status Code	B = Registered Domestic Partner D = Divorced I = Single M = Married R = Unreported S = Separated U = Unmarried W = Widowed X = Legally Separated	1 / 1	S

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LUI – Language Use (2100A)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
LUI01	Identification Code Qualifier	LE = ISO 639 Language Codes	1/2	S
LUI02	Identification Code	Refer to ISP 639 Language Codes (<i>*MGLN documents are defaulted to ENG. Only requests for languages other than ENG should be to be sent in this location.</i>)	2/80	S
LUI03	Description	Language description	1/80	S
LUI04	Use of Language Indicator	5 = Language Reading 6 = Language Writing 7 = Language Speaking 8 = Native Language	1/2	S

NM1 – Incorrect Member Name (Loop 2100B)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
NM101	Entity Identifier Code	70 = Prior Incorrect Insured	2/3	R
NM102	Entity Type Qualifier	1 = Person	1/1	R
NM103	Name Last or Organization Name	Prior Incorrect Member Last Name Note: Name Last or Organization Name	1/60	R
NM104	Name First	Prior Incorrect Member First Name	1/35	R
NM105	Name Middle	Prior Incorrect Member Middle Initial	1/25	R
NM106	Name Prefix	Prior Incorrect Member Name prefixes (Mr. Mrs., etc.)	1/10	R
NM107	Name Suffix	Prior Incorrect Member Name suffix (Sr., Jr., etc.)	1 / 10	R
NM108	Identification Code Qualifier	<i>*Refer to Ansi X12 TR3 Report for values. (*MGLN does not allow Social Security Numbers to be sent on files.)</i>	1/2	S
NM109	Identification	Whatever identifier that was previously sent in error should be sent in this segment.	2/80	S

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DMG – Incorrect Member Demographics (Loop 2100B)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
DMG01	Date Time Period Format Qualifier	D8	2/3	S
DMG02	Date Time Period	DOB in format CCYYMMDD	1/35	S
DMG03	Gender Code	Prior Incorrect Gender Code: F = Female M = Male U = Unknown	1/1	S
DMG04	Marital Status Code	B = Registered Domestic Partner D = Divorced I = Single M = Married R = Unreported S = Separated U = Unmarried W = Widowed X = Legally Separated	1/1	S

NM1 – Member Mailing Address (Loop 2100C)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
NMN101	Entity Identifier Code	31 = Postal Mailing Address	2/3	R
NMN102	Entity Type Qualifier	1 = Person	1/1	R

N3 – Member Mail Street Address (2100C)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
N301	Address Information	Member Address	1/55	R
N302	Address Information	Member Address Line Two	1/55	S

N4 – Member Mail City, State, Zip Code (Loop 2100C)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
N401	City Name	Member Mail City Name	2/30	R
N402	State or Province Code	Member Mail State Code	2/2	R
N403	Postal Code	Member Mail Postal Zone or Zip Code	3/15	R

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HD - Health Coverage (Loop 2300)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
HD01	Maintenance Type Code	001 = Change 021 = Addition 024 = Cancellation or Termination 030 = Audit or Compare *When BGN08 = 4, 030 should be used in all HD01 segments in the file, to indicate an audit file. *When BGN08 = 2, HD01 can be 001, 021 or 024 to indicate the proper maintenance type.	3/3	R
HD03	Insurance Line Code	AK = Mental Health	2/3	R
HD04	Plan Coverage Description	Send any values that help us determine appropriate group/plan/division structure for your members.	1/50	S
HD05	Coverage Level Code	*Refer to Ansi X12 TR3 Report for values.	3/3	S
HD09	Yes/No Condition or Condition Code	Y=Yes N=No	1/1	S

DTP – Health Coverage Dates (Loop 2300)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
DTP01	Date/Time Qualifier	338 = Member Medicare Eligibility Begin Date 339 = Member Medicare Eligibility End Date 356 = Member Eligibility Begin Date 357 = Member Eligibility End Date 473 = Member Medicaid Eligibility Begin Date 474 = Member Medicaid Eligibility End Date *Refer to Ansi X12 TR3 Report for complete list of Member Level Dates.	3/3	R
DTP02	Date Time Period Format Qualifier	D8	2/3	R
DTP03	Date Time Period	CCYYMMDD	1/35	R

AMT - Health Coverage Policy (Loop 2300)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
AMT01	Amount Qualifier Code	EBA = Maximum In-network Out of Pocket R = Out of Pocket In-network Accumulator	1/3	R
AMT02	Monetary Amount	Contract Amount	1/18	R

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LX – Provider Information (Loop 2310)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
LX01	Assigned Number	This is a sequential number representing loops for insured person. Begin with 1 for each insured person.	1/6	S

NM1 – Provider Name (Loop 2310)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
NM101	Entity Identifier Code	*Refer to Ansi X12 TR3 Report for complete list.	2/3	S
NM102	Entity Type Qualifier	1 = Person 2 = Non-Person Entity	1/1	S
NM103	Name Last or Organization Name	Provider Last or Organization Name	1/35	S
NM104	Name First	Provider First Name	1/35	S
NM105	Name Middle	Provider Middle Name	1/25	S
NM106	Name Prefix	Provider Name Prefix	1/10	S
NM107	Name Suffix	Provider Suffix Name	1/10	S
NM108	Identification Code Qualifier	XX = CMS National Provider Identifier	1/2	S
NM109	Identification Code	Provider NPI	2/80	S
NM110	Entity Relationship Code	25 = Established Patient 26 = Not Established Patient 72 = Unknown	2/2	S

N3 – Provider Address (Loop 2310)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
N301	Address Information	Provider Address Line	1/55	S
N302	Address Information	Provider Address Line Two	1/55	S

N4 - Provider City, State, Zip Code (Loop 2310)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
N401	City Name	Provider City Name	2/30	S
N402	State or Province Code	Provider State Code	2/2	S
N403	Postal Code	Provider postal Zone or ZIP Code	3/15	S
N404	Country Code	Provider Country Code	2/3	S

PER - Provider Communications Numbers (Loop 2310)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
PER01	Contact Function Code	IC = Information Contact	2/2	S
PER03	Communication Number Qualifier	HP	3/15	S
PER04	Communication Number		1/256	S

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COB – Coordination of Benefits (Loop 2320)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
COB01	Payer Responsibility Sequence Number Code	P = Primary S = Secondary T = Tertiary U = Unknown		S
COB02	Reference Identification	Policy Number for plan	1/50	S
COB03	Coordination of Benefits Code	1 = Coordination of Benefits 5 = Unknown 6 = No Coordination of Benefits	1/1	S
COB04	Service type Code	*Refer to Ansi X12 TR3 Report for complete list.	1/2	S

REF - Reporting Category Reference (Loop 2320)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
REF01	Reference Identification Qualifier	6P = Group Number	2/3	S
REF02	Reference Identification	Member group or policy number		S

DTP - Coordination of Benefits Eligibility Dates (Loop 2320)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
DTP01	Date/Time Qualifier	344 = Coordination of Benefits Begin 345 = Coordination of Benefits End	3/3	S
DTP02	Date Time Period Format Qualifier	D8	2/3	S
DTP03	Date Time Period	CCYYMMDD	1/36	S

NM1 - Coordination of Benefits Related Entity (Loop 2320)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
NM101	Entity Identifier Code	IN = Insurer	2/3	S
NM102	Entity Type Qualifier	2 = Non-Person Entity	1/1	S
NM103	Name Last or Organization Name	Insurer's Name	1/35	S

LS – Additional Reporting Categories (Loop 2700)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
LS01	Loop Identifier Code	2700	1/4	S

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LX - Member Reporting Categories (Loop 2710)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
LX01	Assigned Number	Sequential integer for LX Loops Use this to define member's additional reporting categories.		S

N1 - Reporting Category (Loop 2750) –Alternative Accessible Correspondence Indicator				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
N101	Entity Identifier Code	75 = Participant	2/3	S
N102	Name	AACI	Alternative Accessible Correspondence Indicator	S

REF - Reporting Category Reference (Loop 2750)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
REF01	Reference Identification Qualifier	17	Client Reporting Category	S
REF02	Reference Identification	A=Audio AB = Audio and Braille AL = Audio and Large Print B = Braille L = Large Print BL = Braille and Large Print		S

N1 - Reporting Category (Loop 2750) –Maximum Out of Pocket				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
N101	Entity Identifier Code	75 = Participant	2/3	S
N102	Name	MOOP	1/60	S

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REF - Reporting Category Reference (Loop 2750)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
REF01	Reference Identification Qualifier	17 = Client Reporting Category	2/3	S
REF02	Reference Identification	Y/N If MOOP met = Y If MOOP not met = N		S

DTP - Reporting Category Date (Loop 2750)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
DTP01	Date/Time Qualifier	007=Effective	3/3	S
DTP02	Date Time Period Format Qualifier	D8	2/3	S
DTP03	Date Time Period	CCYYMMDD - Accumulator Year		S

N1 - Reporting Category (Loop 2750)–OOP Accumulator				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
N101	Entity Identifier Code	75 = Participant	2/3	S
N102	Name	MOOP	1/60	S

REF - Reporting Category Reference (Loop 2750)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
REF01	Reference Identification Qualifier	9V = Payment Category	2/3	S
REF02	Reference Identification	Accumulator Amount	1/60	S

DTP - Reporting Category Date (Loop 2750)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
DTP01	Date/Time Qualifier	007=Effective	3/3	S
DTP02	Date Time Period Format Qualifier	D8	2/3	S
DTP03	Date Time Period	CCYYMMDD - Accumulator Year		S

LE – Additional Reporting Categories Loop Termination (Loop Trailer)				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
LE01	Loop Identifier Code	2700	1/4	R

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SE – Transaction Set Trailer				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
SE01	Number of Included Segments	Total Record Count	1/10	R
SE02	Transaction Set Control Number	Same as ST02	4/9	R

GE – Functional Group Trailer				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
GE01	Number of Transaction Sets Included	Default = 1	1/6	R
GE02	Group Control Number	Will be identified	4/9	R

IEA - Interchange Control Trailer				
SEG	DESCRIPTION	EXPECTED VALUES	LENGTH	USAGE
IEA01	Number of Included Functional Groups	Default = 1	1/5	R
IEA02	Interchange Control Number	Sequential Number (same as ISA13)	9/9	R

3.APPENDIX

3.1. REVISION HISTORY

Date	Section	Notes	Updated by
9/15/2023	ALL	Update format and content	N. LaChance
3/5/2024	Loop 2750, Seg Ref 01	Reporting Category updated with new values.	N. LaChance