Appendix 1

834 Companion Guide

Health Insurance
ANSI 834 Version 5010 Companion Guide
version 1.4
3/15/2016

Revision History

Date	Version	Description	Author
11/29/2007	1.0	Created document.	Clay Rehm
12/6/2010	1.1	Updated document to put in new format, and to identify 5010 changes in red.	Clay Rehm
7/18/2011	1.2	Changed all instances of 005010X220 to 005010X220A1 to reflect updated version of the specification. Changed field ISA11 to reflect modified purpose/usage.	Jeff Gruber
7/20/2011	1.2	Correction: Coverage Expiration Date 2300 DTP*349 is situational, not required.	Jeff Gruber
9/19/2011	1.3	Change logic for Loop 2310 segment NM1 element NM102 to place '2' in the element when the Provider Identifier (NM109) and Provider First Name (NM104) are empty. See 'Summary of 5010 Changes' section.	Jeff Gruber
11/15/2011	1.3	Changed wording for value of element ISA08 in response to a request from an insurer for a special value in that element. Fixed INS01 element value for dependents, should be 'N'.	Jeff Gruber
7/23/2012	1.3	Updated element HD03 to reflect the fact that some of the health plans are sending 'MM'.	Jeff Gruber
3/15/2016	1.4	Updated documentation for new REF*QQ segment	Jeff Kelm

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Introduction

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. The Department has adopted standards to support the electronic exchange of administrative and financial health care transactions between covered entities.

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were not imposed arbitrarily but were developed by processes that included significant public and private sector input.

Document Purpose

This Guide serves as an ETF specific companion document to the 834 Benefit Enrollment and Maintenance Transaction Set Implementation Guide. This document provides information related to specific and clarifies the exchange of information on HIPAA transactions between the ETF's system and its trading partners. ETF defines trading partners as covered entities that either submit or retrieve HIPAA batch transactions to and from ETF. This Companion Guide provides information about the 834 Benefit Enrollment and Maintenance that is specific to ETF and ETF's trading partners, but does not change the definition, data condition, or use of a data element or segment. This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide listed below. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com. • ASC X12N 834 (005010X220A1)

Intended Users

Companion Guides are intended for members of the technical staffs of trading partners who are responsible for electronic transaction/file exchanges. This document covers both the daily eligibility file sent from ETF to Health Plans, and the monthly Full File Compare (FFC) sent from health plans to ETF.

Relationship to HIPAA Implementation Guides

Companion Guides are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion Guide describes the technical interface environment with ETF, including connectivity requirements and protocols, and electronic interchange procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from ETF.

Companion Guides are intended to supplement rather than replace the standard Implementation Guide for each transaction set. The information in these documents is not intended to:
- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

Summary of 5010 Changes
- ISA11 – replace U with ^

- ISA12 – replace 00401 with 00501
- GS08 – replace 004010X095A1 with 005010X220A1
- ST03 – new element is required, must be equal to value in GS08
- INS08 – new value of 'AC' is allowed
- For Standard Plan only, REF*QQ (Prior Coverage Months) was moved from Loop 2000 to Loop 2300
- For COB Other Insurance Company Name, renamed N1 segment to NM1 segment, and moved Loop 2320 to Loop 2330
- For element NM102 of segment NM1 in Loop 2310 ETF will set value to '2' if both Provider Identifier and Provider First Name are absent, '1' otherwise. **Note** – in the 4010 version ETF has always set this value to '1'. Due to more restrictive rules on Loop 2310 element NM104 in the 5010 version, setting NM102 to '2' when provider ID and first name are not present will prevent issues with HIPAA validation errors.

ETF Specifications

This section covers the information that ETF and health plans will use to transmit eligibility data:

Segment	Element	Required or Situational	Name	ETF Comments / Values
ISA		**R**	**Interchange Control Header**	
	ISA01	R	Authorization Information Qualifier	00
	ISA02	R	Authorization Information	Spaces
	ISA03	R	Security Information Qualifier	00
	ISA04	R	Security Information	Spaces
	ISA05	R	Interchange ID Qualifier	30
	ISA06	R	Interchange Sender ID	Sender Federal Tax Id Number
	ISA07	R	Interchange ID Qualifier	30
	ISA08	R	Interchange Receiver ID	Receiver Federal Tax Id Number for most insurers, special value for some
	ISA09	R	Interchange Date	Creation Date
	ISA10	R	Interchange Time	Creation Time
	ISA11	R	Repetition Separator	^
	ISA12	R	Interchange Control Version Number	00501
	ISA13	R	Interchange Control Number	Control number assigned by sender
	ISA14	R	Acknowledgement Requested	1 (Yes)
	ISA15	R	Usage Indicator	P (Production Data) or T (Test Data)
	ISA16	R	Component Element Separator	|
GS			**Functional Group Header**	
	GS01	R	Functional Identifier Code	BE
	GS02	R	Application Sender's Code	Sender Code or Shortened Name
	GS03	R	Application Receiver's Code	Receiver Shortened Name
	GS04	R	Date (Creation Date)	Creation Date of file
	GS05	R	Time (Creation Time)	Creation Time of file
	GS06	R	Group Control Number	Number assigned by ETF
	GS07	R	Responsibility Agency Code	X
	GS08	R	Identifier Code	005010X220A1

Segment	Element	Required or Situational	Name	ETF Comments / Values
ST		**R**	**Transaction Set Header**	
	ST01	R	Transaction Set Identifier Code	834
	ST02	R	Transaction Set Control Number	Sequential number starting with 1
	ST03	R	Implementation Convention Reference	Same value as GS08
BGN		**R**	**Beginning Segment**	
	BGN01	R	Transaction Set Purpose Code	00 (double zero)
	BGN02	R	Reference Identification	Create Date YYYYMMDD + Current Time + Counter
	BGN03	R	Date	Create Date YYYYMMDD
	BGN04	R	Time	Create Time HHMM
	BGN08	R	Action Code	2 (Change) or 4 (Verify)
DTP		**S**	**File Effective Date**	
	DTP01	R	Date/Time Qualifier	007 (Effective)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Effective Date YYYYMMDD
Loop 1000 A			**Sponsor Name**	
N1		**R**	**Sponsor Name**	
	N101	R	Entity Identifier Code	P5
	N102	R	Name	ETF
	N103	R	Identification Code Qualifier	FI (Federal Taxpayer ID number)
	N104	R	Identification Code	391103756
Loop 1000 B			**Payer**	
N1		**R**	**Payer**	
	N101	R	Entity Identifier Code	IN
	N102	S	Name	Health Plan Name
	N103	R	Identification Code Qualifier	FI (Federal Taxpayer ID number)
	N104	R	Identification Code	Health Plan Federal Taxpayer Identification Number
			SUBSCRIBER SEGMENTS	
Loop 2000			**Member Level Detail**	
INS		**R**	**Member Level Detail**	
	INS01	R	Member Indicator	Y
	INS02	R	Individual Relationship Code	18
	INS03	R	Maintenance Type Code	001, 021, 024, 025 or 030
	INS04	S	Maintenance Reason Code	Use values from Implementation Guide, use XN for FFC file
	INS05	R	Benefit Status Code	A, C or S
	INS06	S	Medicare Plan Code	A, B, C or E
	INS07	S	COBRA Qualifying Event Code	1, 4, 5 or 7
	INS08	S	Employment Status Code	AC, FT, L1, PT, RT or TE
	INS09	N	Student Status Code	Not used
	INS10	S	Handicap Indicator	N or Y
	INS11	S	Date Time Period Format Qualifier	D8

Segment	Element	Required or Situational	Name	ETF Comments / Values
	INS12	S	Death Date	Death Date YYYYMMDD
REF		**R**	**Subscriber Identifier**	
	REF01	R	Reference Identification Qualifier	0F
	REF02	R	Reference Identification	Subscriber SSN (Family ID)
REF		**S**	**Member Policy Number**	
	REF01	R	Reference Identification Qualifier	1L
	REF02	R	Reference Identification	Subscriber ETF 5 digit Employer Group Number
REF		**S**	**Member Supplemental Identifier**	
	REF01	R	Reference Identification Qualifier	23
	REF02	R	Reference Identification	Subscriber ETF Member Id
REF		**S**	**Member Supplemental Identifier**	
	REF01	R	Reference Identification Qualifier	3H
	REF02	R	Reference Identification	2 digit Health Carrier code
REF		**S**	**Member Supplemental Identifier**	
	REF01	R	Reference Identification Qualifier	ZZ
	REF02	R	Reference Identification	2 digit ETF Employee Type Code
REF		**S**	**Member Supplemental Identifier**	
	REF01	R	Reference Identification Qualifier	DX
	REF02	R	Reference Identification	2 digit ETF Coverage Type Code
REF		**S**	**Member Supplemental Identifier**	
	REF01	R	Reference Identification Qualifier	F6
	REF02	R	Reference Identification	Health Insurance Claim (HIC) Number (Medicare only)
REF		S	**Member Supplemental Identifier**	
	REF01	R	Reference Identification Qualifier	QQ
	REF02	R	Reference Identification	5 digit Business Unit Number
DTP		**S**	**Member Level Dates**	
	DTP01	R	Date/Time Qualifier	338 (Medicare A Effective Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Effective Date YYYYMMDD
DTP		**S**	**Member Level Dates**	
	DTP01	R	Date/Time Qualifier	338 (Medicare B Effective Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Effective Date YYYYMMDD
Loop 2100 A			**Member Name**	
NM1		**R**	**Member Name**	
	NM101	R	Entity Identifier Code	IL
	NM102	R	Entity Type Qualifier	1
	NM103	R	Last Name	Subscriber's Last Name
	NM104	S	First Name	Subscriber's First Name
	NM105	S	Middle Name	Subscriber's Middle Name
	NM106	N	Name Prefix	Not Used
	NM107	N	Name Suffix	Not Used
	NM108	S	Identification Code Qualifier	34
	NM109	S	Identification Code	Subscriber's SSN

Segment	Element	Required or Situational	Name	ETF Comments / Values
PER		S	**Member Communication Numbers**	
	PER01	R	Contact Function Code	IP
	PER02	N	Name	Not Used
	PER03	R	Communication Number Qualifier	HP (Home Phone)
	PER04	R	Communication Number	Phone Number
N3		S	**Member Residence Street Address**	
	N301	R	Address Information	Address Line 1
	N302	S	Address Information	Address Line 2 (if present)
N4		**R**	**Member City, State, Zip**	
	N401	R	City Name	City Name
	N402	S	State or Province Code	State or Province Code
	N403	S	Postal Code	Postal Code
	N404	S	Country Code	Country Code
	N405	S	Location Qualifier	CY
	N406	S	Location Identifier	ETF County Code
DMG		S	**Member Demographics**	
	DMG01	R	Date Time Period Format Qualifier	D8
	DMG02	R	Member Birth Date	YYYYMMDD
	DMG03	R	Gender Code	F, M or U
	DMG04	S	Marital Status Code	B, D, I, M or W
Loop 2300		**S**	**Health Coverage**	
HD		S	**Health Coverage**	
	HD01	R	Maintenance Type Code	For FFC File use 030, otherwise use 001, 002, 021, 024, 025 or 026
	HD02	N	Maintenance Reason Code	Not Used
	HD03	R	Insurance Line Code	HLT or HMO or MM
	HD04	S	Plan Coverage Description	ETF Program Option Code and ETF Surcharge Code (i.e. P01S01)
	HD05	S	Coverage Level Code	IND or FAM
DTP		**R**	**Health Coverage Dates**	
	DTP01	R	Date/Time Qualifier	348 (Coverage Effective Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Effective Date YYYYMMDD
DTP		S	**Health Coverage Dates**	
	DTP01	R	Date/Time Qualifier	349 (Coverage Expiration Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Expiration Date YYYYMMDD
Loop 2310		**S**	**Provider Information**	
LX		S	**Health Coverage**	
	LX01	R	Assigned Number	1 (only one provider loop)
NM1		**R**	**Provider Name**	
	NM101	R	Entity Identifier Code	P3
	NM102	R	Entity Type Qualifier	2 if both Provider Identifier (NM109) and Provider First Name

Segment	Element	Required or Situational	Name	ETF Comments / Values
				are absent, 1 otherwise
	NM103	R	Last Name	Provider Last Name or Clinic Name
	NM104	S	First Name	Provider First Name
	NM105	N	Middle Name	Not Used
	NM106	N	Name Prefix	Not Used
	NM107	N	Name Suffix	Not Used
	NM108	S	Identification Code Qualifier	SV for Care System, XX for NPI
	NM109	S	Identification Code	2 digit Care System code or 10 digit NPI
	NM110	R	Entity Relationship Code	25, 26 or 72
Loop 2320		**S**	**Coordination of Benefits**	
COB		**S**	**COB**	
	COB01	R	Payer Responsibility Sequence Number Code	P, S, T or U
	COB02	N	Reference Identification	Not Used
	COB03	R	COB Code	1, 5 or 6
DTP		**S**	**COB Eligibility Dates**	
	DTP01	R	Date/Time Qualifier	344 (COB Begin Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Begin Date YYYYMMDD
DTP		**S**	**COB Eligibility Dates**	
	DTP01	R	Date/Time Qualifier	345 (COB End Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	End Date YYYYMMDD
Loop 2330		**S**	**Coordination of Benefits Related Entity**	
NM1		**S**	**COB Related Entity**	
	NM101	R	Entity Identifier Code	IN
	NM102	R	Entity Type Qualifier	2
	NM103	R	Organization Name	Other Insurance Company Name
			DEPENDENT SEGMENTS	
Loop 2000			**Member Level Detail**	
INS		**R**	**Member Level Detail**	
	INS01	R	Member Indicator	N
	INS02	R	Individual Relationship Code	Not 18
	INS03	R	Maintenance Type Code	001, 021, 024, 025 or 030
	INS04	S	Maintenance Reason Code	Use values from Implementation Guide, use XN for FFC
	INS05	R	Benefit Status Code	A, C or S
	INS06	S	Medicare Plan Code	A, B, C or E
	INS07	S	COBRA Qualifying Event Code	1, 4, 5 or 7
	INS08	S	Employment Status Code	AC, FT, L1, PT, RT or TE
	INS09	N	Student Status Code	Not used
	INS10	S	Handicap Indicator	N or Y
	INS11	S	Date Time Period Format Qualifier	D8

Segment	Element	Required or Situational	Name	ETF Comments / Values
	INS12	S	Death Date	Death Date YYYYMMDD
REF		**R**	**Subscriber Identifier**	
	REF01	R	Reference Identification Qualifier	0F
	REF02	R	Reference Identification	Subscriber SSN (Family ID)
REF		**S**	**Member Policy Number**	
	REF01	R	Reference Identification Qualifier	1L
	REF02	R	Reference Identification	Subscriber ETF 5 digit Employer Group Number
REF		**S**	**Member Supplemental Identifier**	
	REF01	R	Reference Identification Qualifier	23
	REF02	R	Reference Identification	Dependent ETF Member Id
REF		**S**	**Member Supplemental Identifier**	
	REF01	R	Reference Identification Qualifier	3H
	REF02	R	Reference Identification	2 digit Health Carrier code
REF		**S**	**Member Supplemental Identifier**	
	REF01	R	Reference Identification Qualifier	ZZ
	REF02	R	Reference Identification	2 digit ETF Employee Type Code
REF		**S**	**Member Supplemental Identifier**	
	REF01	R	Reference Identification Qualifier	DX
	REF02	R	Reference Identification	2 digit ETF Coverage Type Code
REF		**S**	**Member Supplemental Identifier**	
	REF01	R	Reference Identification Qualifier	F6
	REF02	R	Reference Identification	Health Insurance Claim (HIC) Number (Medicare only)
DTP		**S**	**Member Level Dates**	
	DTP01	R	Date/Time Qualifier	338 (Medicare A Effective Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Effective Date YYYYMMDD
DTP		**S**	**Member Level Dates**	
	DTP01	R	Date/Time Qualifier	338 (Medicare B Effective Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Effective Date YYYYMMDD
Loop 2100 A			**Member Name**	
NM1		**R**	**Member Name**	
	NM101	R	Entity Identifier Code	IL
	NM102	R	Entity Type Qualifier	1
	NM103	R	Last Name	Dependent's Last Name
	NM104	S	First Name	Dependent's First Name
	NM105	S	Middle Name	Dependent's Middle Name
	NM106	N	Name Prefix	Not Used
	NM107	N	Name Suffix	Not Used
	NM108	S	Identification Code Qualifier	34
	NM109	S	Identification Code	Dependent's SSN
PER		**S**	**Member Communication Numbers**	
	PER01	R	Contact Function Code	IP

Segment	Element	Required or Situational	Name	ETF Comments / Values
	PER02	N	Name	Not Used
	PER03	R	Communication Number Qualifier	HP (Home Phone)
	PER04	R	Communication Number	Phone Number
N3		**S**	**Member Residence Street Address**	
	N301	R	Address Information	Address Line 1
	N302	S	Address Information	Address Line 2 (if present)
N4		**R**	**Member City, State, Zip**	
	N401	R	City Name	City Name
	N402	S	State or Province Code	State or Province Code
	N403	S	Postal Code	Postal Code
	N404	S	Country Code	Country Code
	N405	S	Location Qualifier	CY
	N406	S	Location Identifier	ETF County Code
DMG		**S**	**Member Demographics**	
	DMG01	R	Date Time Period Format Qualifier	D8
	DMG02	R	Member Birth Date	YYYYMMDD
	DMG03	R	Gender Code	F, M or U
	DMG04	S	Marital Status Code	B, D, I, M or W
Loop 2300		**S**	**Health Coverage**	
HD		**S**	**Health Coverage**	
	HD01	R	Maintenance Type Code	For FFC File use 030, otherwise use 001, 002, 021, 024, 025 or 026
	HD02	N	Maintenance Reason Code	Not Used
	HD03	R	Insurance Line Code	HLT or HMO or MM
	HD04	S	Plan Coverage Description	ETF Program Option Code and ETF Surcharge Code (i.e. P01S01)
	HD05	S	Coverage Level Code	IND or FAM
DTP		**R**	**Health Coverage Dates**	
	DTP01	R	Date/Time Qualifier	348 (Coverage Effective Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Effective Date YYYYMMDD
DTP		**S**	**Health Coverage Dates**	
	DTP01	R	Date/Time Qualifier	349 (Coverage Expiration Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Expiration Date YYYYMMDD
REF		**S**	**Prior Coverage Months (only applicable to Standard Plan, if waiting period applies, and on daily file (not used on FFC))**	
	REF01	R	Reference Identification Qualifier	QQ
	REF02	R	Reference Identification	'06' (Prior coverage month count)
Loop 2310		**S**	**Provider Information**	
LX		**S**	**Health Coverage**	
	LX01	R	Assigned Number	1 (only one provider loop)
NM1		**R**	**Provider Name**	

Segment	Element	Required or Situational	Name	ETF Comments / Values
	NM101	R	Entity Identifier Code	P3
	NM102	R	Entity Type Qualifier	2 if both Provider Identifier (NM109) and Provider First Name are absent, 1 otherwise
	NM103	R	Last Name	Provider Last Name or Clinic Name
	NM104	S	First Name	Provider First Name
	NM105	N	Middle Name	Not Used
	NM106	N	Name Prefix	Not Used
	NM107	N	Name Suffix	Not Used
	NM108	S	Identification Code Qualifier	SV for Care System, XX for NPI
	NM109	S	Identification Code	2 digit Care System code or 10 digit NPI
	NM110	R	Entity Relationship Code	25, 26 or 72
Loop 2320		**S**	**Coordination of Benefits**	
COB		**S**	**COB**	
	COB01	R	Payer Responsibility Sequence Number Code	P, S, T or U
	COB02	N	Reference Identification	Not Used
	COB03	R	COB Code	1, 5 or 6
DTP		**S**	**COB Eligibility Dates**	
	DTP01	R	Date/Time Qualifier	344 (COB Begin Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Begin Date YYYYMMDD
DTP		**S**	**COB Eligibility Dates**	
	DTP01	R	Date/Time Qualifier	345 (COB End Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	End Date YYYYMMDD
Loop 2330		**S**	**Coordination of Benefits Related Entity**	
NM1		**S**	**COB Related Entity**	
	NM101	R	Entity Identifier Code	IN
	NM102	R	Entity Type Qualifier	2
	NM103	R	Organization Name	Other Insurance Company Name
			Summary	
SE		**R**	**Transaction Set Trailer**	
	SE01	R	Number of Included Segments	Total number of segments
	SE02	R	Transaction Set Control Number	Should match ST02
GE			**Functional Group Trailer**	
	GE01	R	Number of Transaction Sets Included	Number of transaction sets
	GE02	R	Group Control Number	Should match GS06
IEA		**R**	**Interchange Control Trailer**	
	IEA01	R	Number of Included Functional Groups	Number of functional groups
	IEA02	R	Interchange Control Number	Control number