PEBTF 834 DATA ELEMENT GUIDELINES
Benefit Enrollment and Maintenance

The Pennsylvania Employees Benefit Trust Fund (PEBTF) has created this guide to assist Health Care Plans receiving electronic eligibility transmissions in the HIPAA ANSI-X12 standard format for 834 transactions. This document includes some data elements and values that will be utilized by the PEBTF to assist in processing files but does not contain an explanation for all HIPAA required and situational elements. Further definitions of field formats should be obtained from the National Electronic Data Interchange Benefit Enrollment and Maintenance 834 Transaction Set Implementation Guide. Additional information pertaining to delivery of transactions can be found in the PEBTF EDI Companion Document on the Health Plans Only publications page of our website at www.pebtf.org.

PEBTF will provide two types of EDI files:
1. Change/Update file – to include a snapshot of current eligibility for members with a change. If the change involves correcting historical periods, these periods of coverage will be included. Historical changes will be identified with 026 (correction) in the HD01 element. If a member's activity involves a termination then reinstatement, it is possible to receive multiple records for that member in a single transaction.
2. Verify/Audit file – to include current enrollment.

The values defined in this document may be expanded to incorporate additional HIPAA values as further development necessitates.

Segment: ISA - Interchange Control Header

Reference Designator	Element Name	Element Note
ISA01	Authorization Information Qualifier	Value = 00 (No authorization information present)
ISA02	Authorization Information	Space filled
ISA03	Security Information Qualifier	Value = 00 (No security information present) unless trading partner requires security information
ISA04	Security Information	Space filled
ISA05	Interchange ID Qualifier	Values to be used: 30 (Federal Tax ID) ZZ (Mutually defined)
ISA06	Interchange Sender ID	PEBTF's Tax ID or other value as required by trading partner
ISA07	Interchange ID Qualifier	Receiver ID qualifier values: 30 (U.S. Federal Tax ID) 33 (NAIC) 01 (DUNS Number) ZZ (Mutually defined)

Reference Designator	Element Name	Element Note
ISA08	Interchange Receiver ID	Health Plan's Tax ID, NAIC, DUNS, or mutually defined value to correspond to the ISA07 qualifier
ISA09	Interchange Date	System Date
ISA10	Interchange Time	System Time
ISA11	Interchange Control Standards Identifier	Value = U
ISA12	Interchange Control Version Number	Value = 00401
ISA13	Interchange Control Number	Application assigned sequence number
ISA14	Acknowledgment Requested	Value = 0 (No Acknowledgment Requested)
ISA15	Usage Indicator	Transmission usage values: P (Production Data) T (Test Data)
ISA16	Component Element Separator	Values to be used: : (colon) > (greater than if requested by trading partner)

Segment: GS – Functional Group Header

Reference Designator	Element Name	Element Note
GS01	Functional Identifier Code	Value = BE (Benefit Enrollment and Maintenance – 834)
GS02	Application Sender's Code	Same as ISA06 or Mutually defined code
GS03	Application Receiver's Code	Same as ISA08 or Mutually defined code
GS04	Date	System Date
GS05	Time	System Time
GS06	Group Control Number	Application assigned sequence number
GS07	Responsible Agency Code	Value = X (Accredited Standards Committee X12)
GS08	Version/Release/Industry Identifier Code	Value = 004010X095A1

Reference Designator	Element Name	Element Note

Segment: ST – Transaction Set Header

Reference Designator	Element Name	Element Note
ST01	Transaction Set Identifier Code	Value = 834
ST02	Transaction Set Control Number	Application assigned sequence number

Segment: BGN – Beginning Segment

Reference Designator	Element Name	Element Note
BGN01	Transaction Set Purpose Code	Value = 00 (Original)
BGN02	Transaction Set Identifier Code	Application assigned reference number
BGN03	Date	System Date
BGN04	Time	System Time
BGN05	Time Code	Value = ES (Eastern Standard Time)
BGN08	Action Code	Values: 2 (Change/Update) 4 (Verify/Full Enrollment)

Segment: REF – Transaction Set Policy Number

Reference Designator	Element Name	Element Note
REF01	Reference Identification Qualifier	Value = 38 (Master Policy Nbr)
REF02	Subscriber Identifier	Health plan specific value associated with entire file.

Segment: DTP – File Effective Date

Reference Designator	Element Name	Element Note

Reference Designator	Element Name	Element Note
DTP01	Reference Identification Qualifier	Value = 007 (Effective)
DTP02	Date Time Period Format Qualifier	Value = D8
DTP03	Status Information Effective Date	Health plan specific date

LOOP ID - 1000A

<u>**Segment:**</u> **N1 – Sponsor**

Reference Designator	Element Name	Element Note
N101	Entity Identifier Code	Value = P5 (Plan Sponsor)
N102	Name	Value = Commonwealth of PA and Unions et al
N103	Identification Code Qualifier	ZZ (Mutually defined)
N104	Identification Code	Value = 100188521

LOOP ID – 1000B

<u>**Segment:**</u> **N1 – Payer**

Reference Designator	Element Name	Element Note
N101	Entity Identifier Code	Value = IN (Insurer)
N102	Name	Health Plan's Name
N103	Identification Code Qualifier	Value = FI (Federal Tax ID)
N104	Identification Code	Health Plan's Tax ID

LOOP ID – 2000

<u>**Segment:**</u> **INS – Member Level Detail**

Reference Designator	Element Name	Element Note

Reference Designator	Element Name	Element Note
INS01	Yes/No Condition or Response Code	Subscriber indicator values: Y (yes) N (no)
INS02	Individual Relationship Code	Values to be used: 01 - SPOUSE 03 - DEPEND. PARENT (RX ONLY) 05 - GRANDCHILD 07 - NIECE/NEPHEW 08 - COUSIN 10 - FOSTER CHILD 14 - BROTHER/SISTER 15 - LEGAL WARD 17 - STEP CHILD 18 - EMPLOYEE 19 - DEPENDENT WITH QMCSO 19 - NATURAL/ADOPTED CHILD 19 - NEWBORN FIRST 31 DAYS 23 - STD MED LEAVE PNDNG APPRV 23 - STDNT MED LEAVE DENY-END 23 - STDNT ON APPRVD MED LEAVE 23 - NON-STUDENT AGE 19 - 25 38 - DISABLED DEPENDENT 53 - DOMESTIC PARTNER
INS03	Maintenance Type Code	Values to be used: 001 (Change) 021 (Addition) 024 (Termination/Cancellation) 025 (Reinstatement) 030 (Audit/Compare)
INS04	Maintenance Reason Code	Values to be used: 03 (Death) 07 (Term) 20 (Active) 22 (Plan change) 28 (Initial Enrollment) 43 (Address change) XN (Audit file value)
INS05	Benefit Status Code	Value to be used: A (Active) S (Survivor Insured) - (Not to appear in all files.)
INS06	Medicare Plan Code	Values to be used: A (Medicare part A) B (Medicare part B) C (Medicare part A and B)
INS07	COBRA Qualifying	Values to be used: 1 (Termination of employment) 2 (Reduction of work hours) 4 (Death) 5 (Divorce) 7 (Ineligible child)
INS08	Employment Status Code	Values to be used for subscriber only: FT (Full-time) L1 (Leave of Absence) PT (Part-time) RT (Retired) TE (Terminated)

Reference Designator	Element Name	Element Note
INS09	Student Status Code	Values to be used: F (Full-time student) N (Not a student)
INS11	Date Time Period Format Qualifier	Value = D8 (ccyymmdd)
INS12	Date Time Period	Deceased Date

LOOP ID – 2000

<u>Segment:</u> **REF** – Subscriber Number

Reference Designator	Element Name	Element Note
REF01	Reference Identification Qualifier	Value = 0F (Subscriber number)
REF02	Subscriber Identifier	Subscriber SSN

LOOP ID – 2000

<u>Segment:</u> **REF** – Member Policy Number

Reference Designator	Element Name	Element Note
REF01	Reference Identification Qualifier	Value = 1L (Group or policy number)
REF02	Insured Group or Policy Number	Value to be assigned by trading partner but will default to our group, subgroup, and plan if not provided.

LOOP ID – 2000

<u>Segment:</u> **REF** – Member Identification Number

Reference Designator	Element Name	Element Note
REF01	Reference Identification Qualifier	Values to be used: F6 (HIC number) 23 (Person number) 17 (Client reporting category) DX (Dept, agency, division) ZZ (Mutually Defined)

Reference Designator	Element Name	Element Note

REF02	Subscriber Supplemental Identifier	If qualifier **F6**, then the Health Insurance Claim number is entered.
		If qualifier **23**, then the person number values are:
		   01 = Subscriber
		   02 = Spouse
		   03 = Dependent
		   04 = Dependent
		   etc. through 24 = Dependent
		   25 = Spouse2
		   26 = Spouse3
		   etc. through 99 = Spouse76
		If qualifier **17**, then will contain values as required by plan. (Not to appear in all files.)
		If qualifier **DX**, then value to consist of 15-digit code as follows:
		  Positions 1-6 = Group number
		  Positions 7-9 = Subgroup code
		  Positions 10-12 = Plan code
		  Positions 13-14 = Bargaining unit
		  Position 15 = Plan type
		If qualifier **ZZ**, then will contain PEBTF de-identification number. (Not to appear in all files.)

LOOP ID – 2000

<u>Segment:</u> DTP – Member Level Dates

Reference Designator	Element Name	Element Note
DTP01	Reference Identification Qualifier	Values to be used: 338 (Medicare begin) 356 (Eligibility begin) 357 (Eligibility end)
DTP02	Date Time Period Format Qualifier	Value = D8
DTP03	Status Information Effective Date	Date associated with value in DTP01

LOOP ID – 2100A

<u>Segment:</u> NM1 – Member Name

Reference Designator	Element Name	Element Note
NM101	Entity Identifier Code	Values to be used: IL (Insured or Subscriber) 74 (Corrected insured name)

Reference Designator	Element Name	Element Note
NM102	Entity Type Qualifier	Value = 1 (Person)
NM103	Name Last or Organization Name	
NM104	Name First	
NM105	Name Middle	
NM107	Name Suffix	
NM108	Identification Code Qualifier	Value = 34 (Social security number)
NM109	Identification Code	Member's SSN

LOOP ID – 2100A
Segment: PER – Member Communications Numbers

Reference Designator	Element Name	Element Note
PER01	Contact Function Code	Value = IP (Insured party)
PER03	Communication Number Qualifier	Values to be used as available for PER03 and PER05): HP (Home phone number) WP (Work phone number)
PER04	Communication Number	
PER05	Communication Number Qualifier	
PER06	Communication Number	

LOOP ID – 2100A
Segment: N3 – Member Residence Street Address

Reference Designator	Element Name	Element Note
N301	Address Information	
N302	Address Information	

Reference Designator	Element Name	Element Note

LOOP ID – 2100A
Segment: N4 – Member Residence City, State, Zip Code

Reference Designator	Element Name	Element Note
N401	City Name	
N402	State or Province Code	
N403	Postal Code	
N404	Country Code	
N405	Location Qualifier	Value to be used for subscriber only: Value = CY (County)
N406	Location Identifier	County Code (3-digits)

LOOP ID – 2100A
Segment: DMG – Member Demographics

Reference Designator	Element Name	Element Note
DMG01	Date Time Period Format Qualifier	Value = D8 (CCYYMMDD)
DMG02	Date Time Period	Member's Birth Date
DMG03	Gender Code	Values to be used: F (Female) M (Male)
DMG04	Marital Status Code	Values to be used for subscriber only: M (Married) I (Single) B (Registered Domestic Partner)

LOOP ID – 2100A
Segment: HLH – Member Health Information

Reference Designator	Element Name	Element Note

Reference Designator	Element Name	Element Note
HLH01	Health-Related Code	Value = U (Unknown)

LOOP ID – 2100B
Segment: NM1 – Incorrect Member Name

Reference Designator	Element Name	Element Note
NM101	Entity Identifier Code	Value = 70 (Prior incorrect insured)
NM102	Entity Type Qualifier	Value = 1 (Person)
NM103	Name Last or Organization Name	Prior/incorrect last name
NM104	Name First	Prior/incorrect first name
NM105	Name Middle	Prior/incorrect middle initial
NM107	Name Suffix	Prior/incorrect suffix

LOOP ID – 2100B
Segment: DMG – Incorrect Member Demographics

Reference Designator	Element Name	Element Note
DMG01	Date Time Period Format Qualifier	Value = D8 (ccyymmdd)
DMG02	Date Time Period	Prior incorrect birth date
DMG03	Gender Code	Prior incorrect gender code

LOOP ID – 2300
Segment: HD – Health Coverage

Reference Designator	Element Name	Element Note

Reference Designator	Element Name	Element Note
HD01	Maintenance Type Code	Values to be used: 001 (Change) 021 (Addition) 024 (Cancellation/Termination) 025 (Reinstatement) 026 (Correction) 030 (Audit/Compare)
HD03	Insurance Line Code	Values to be used: AJ – Medicare Risk DCP – Dental Capitation DEN – Dental HLT – Health HMO – Health Maintenance Org MOD – Mail Order Only PDG – Prescription Drug POS – Point of Service PPO – Preferred Provider Org VIS – Vision (For the CMM plan, the value will be HLT.)
HD04	Plan Coverage Description	Plan code (3-digits) or other value as required by trading partner
HD05	Coverage Level Code	Values to be used for subscriber only: EMP – Employee only ESP – Employee and spouse ECH – Employee and children FAM - Family

LOOP ID – 2300

Segment: DTP – Health Coverage Dates

Reference Designator	Element Name	Element Note
DTP01	Date/Time Qualifier	Values to be used: 303 – Maintenance Effective 348 – Benefit Begin 349 – Benefit End
DTP02	Date Time Period Format Qualifier	Value = D8
DTP03	Date Time Period	Date associated with DTP01 value

LOOP ID – 2310

Segment: LX – Provider Information

The PCP segments are under development. Values to be provided will depend on the availability of the data.

Reference Designator	Element Name	Element Note

Reference Designator	Element Name	Element Note
LX01	Assigned Number	Sequential number

LOOP ID – 2310

Segment: NM1 – Provider Name

Reference Designator	Element Name	Element Note
NM101	Entity Identifier Code	Values to be used: P3 (Primary Care Provider) QN (Dentist)
NM102	Entity Type Qualifier	
NM103	Name Last or Organization Name	
NM104	Name First	
NM105	Name Middle	
NM107	Name Suffix	
NM108	Identification Code Qualifier	Values to be used: FI – Federal Tax ID SV - Service Provider Number XX – HCFA National Provider ID
NM109	Provider Identifier	
NM110	Entity Relationship Code	

LOOP ID – 2310

Segment: N4 – Provider City, State, Zip Code

Reference Designator	Element Name	Element Note
N401	City Name	
N402	State or Province Code	
N403	Postal Code	

Reference Designator	Element Name	Element Note

LOOP ID – 2310
Segment: PLA – PCP Change Reason

Reference Designator	Element Name	Element Note
PLA01	Action Code	Value = 2 (Change/Update)
PLA02	Entity Identifier Code	Value = 1P (Provider)
PLA03	Provider Effective Date	The effective date of the change of PCP.
PLA05	Maintenance Reason Code	

LOOP ID – 2320
Segment: COB – Coordination of Benefits

The COB segments are under development. Values to be provided will depend on the availability of the data.

Reference Designator	Element Name	Element Note
COB01	Payer Responsibility Sequence Number Code	Values to be used: P – Primary S – Secondary U - Unknown
COB03	Coordination of Benefits	Values to be used: 1 – Coordination of Benefits 6 – No Coordination of Benefits

LOOP ID – 2320
Segment: REF – Additional Coordination of Benefits Identifiers

Reference Designator	Element Name	Element Note
REF01	Reference Identification Qualifier	Value = SY (Social Security Number)
REF02	Reference Identification	

Reference Designator	Element Name	Element Note

LOOP ID – 2320

Segment: **DTP** **– Coordination of Benefits Eligibility Dates**

Reference Designator	Element Name	Element Note
DTP01	Date/Time Qualifier	Values to be used: 344 – Coordination of Benefits Begin 345 – Coordination of Benefits End
DTP02	Date Time Period Format Qualifier	Value = D8
DTP03	Date Time Period	Date associated with DTP01 value

Segment: **SE** **– Transaction Set Trailer**

Reference Designator	Element Name	Element Note
SE01	Number of Included Segments	Transaction segment count
SE02	Transaction Set Control Number	Same value as ST02

Segment: **GE** **– Functional Group Trailer**

Reference Designator	Element Name	Element Note
GE01	Number of Transaction Sets Included	Transaction set count
GE02	Group Control Number	Same value as GS06

Segment: **IEA** **- Interchange Control Trailer**

Reference Designator	Element Name	Element Note
IEA01	Number of Included Functional Groups	Functional group count
IEA02	Interchange Control Number	Same value as ISA13

Reference Designator	Element Name	Element Note

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UPDATES:
03/23/2009 – Loop 2000, INS02 – Add relationship code 53 (Life/Domestic Partner).
06/24/2009 – Loop 2100A,DMG04 – Add marital status code B (Registered Domestic Partner).
08/25/2009 – Loop 2100A N301 and N401 - Remove element note pertaining to dependent addresses if different or if an address change. The member's address is included on all records.
Loop 2000 - Correct segment reference ID for member lever dates – was REF changed to DTP.