# APPENDIX C-1

## 834 Transaction Set

Electronic Data Interchange File

| *Name* | *Size* | *Comments* | *Where to get the data* |
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| **Control Header** | A 3 | ### | Fixed = "###" |
| **Transaction Set Identifier Code** | A 3 | 834 = Benefit Enrollment and Maintenance | Fixed = "834" |
| Insurer Identification Code | A 30 | Insurance Carrier's Federal Taxpayer's Identification Number | BCR-CARRIER-ID from BNCARRIER where BCR-INS-CARRIER = PRM-Insurer |
| Region Indicator | A 1 | Region Indicator | "P" If PRODUCT-LINE = "PROD"<br>"T" If PRODUCT-LINE NOT= "PROD" |
| Job Name | A 10 | Job Name | CRT-JOB-NAME |
| Insurer Name | A 30 | Insurance Carrier Name | BCR-NAME from BNCARRIER where BCR-INS-CARRIER = PRM-Insurer |
| **~** | | **Segment length = 77** | **###xxxxxxxxxxxx PZB206xxx INS CARRIER NAME** |
| **Transaction Set Header** | A 2 | ST | Fixed = "ST" |
| Transaction Set Identifier Code | N 3 | 834 = Benefit Enrollment and Maintenance | Fixed = "834" |
| Transaction Set Control Number | N 4 | Increment beginning with "0001" Must be a unique number within the set of transactions. | Fixed = "0001" |
| **~** | | **Segment length = 9** | **ST8340001** |
| **Beginning Segment** | A 3 | BGN | Fixed = "BGN" |
| Transaction Set Purpose Code | N 2 | "00" = Original transaction; used the first time the transaction is sent.<br>"15" = Re-Submission; used if the first transaction sent has yet to be processed but contains errors, and you are sending a corrected transaction.<br>"22" = Informational; used when the original transaction was lost or never processed, and you are passing another transaction identical to the original. | Parameter: Rerun<br>"00" if Rerun Flag = 1 (No).<br>"15" if Rerun Flag = 2 (Yes, changed file)<br>"22" if Rerun Flag = 3 (Yes, duplicate file) |
| Transaction Set Identifier Code (Reference Identification) | A 30 | Assign (incrementally) this identifier for future reference to this set. | Consists of three fields to make it unique: Job Name plus System Date plus Parameter: Identifying Code (Required) |
| Transaction Set Creation Date (Date) | N 8 | Current system date (CCYYMMDD) | System Date |
| Transaction Set Creation Time (Time) | N 6 | Current system time (HHMMSS) | System Time |



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| Time Zone Code (Time Code) | A 2 | "CD" = Central Daylight Time<br>"CS" = Central Standard Time<br>"ED" = Eastern Daylight Time<br>"ES" = Eastern Standard Time<br>"MD" = Mountain Daylight Time<br>"MS" = Mountain Standard Time<br>"PD" = Pacific Daylight Time<br>"PS" = Pacific Standard Time<br>**Internal Note: Additional options available** | Parameter: Time Zone.<br>(May be left blank)<br>For SOM, only ES and ED codes are used. |
| Transaction Set Identifier Code (Reference Identification) | A 30 | If Transaction Set Purpose Code = "15" or "22", then this identifier should be used to cross-reference the original transaction set. | Consists of three fields to make it unique: Job Name plus System Date plus Parameter: Prior Identifying Code.<br>(Required if Rerun Flag = 2 or 3, else will be left blank.) |
| Action Code | N 1 | "2" = Change (Update), used to identify a set of adds/changes/terms.<br>"4" = Verify, used to identify full enrollment information to ensure synchronization of sponsor's and payer's systems. | Parameter: Transaction Purpose.<br>"2" if Trans Purpose = 1<br>"4" if Trans Purpose = 2 |
| ~ | | **Segment length = 82** | **BGN00**ZB206xxx 20030707000000000001**20030707093215ES 2**<br>OR<br>**BGN15ZB206xxx 20030708000000000001200305081035 02ESZB206xxx 20030707000000000012** |
| **Transaction Set Policy Number** | A 3 | REF | Parameter: Use Master Policy Number<br>"REF", if Yes<br>Else, do not include this segment. |
| Reference Identification Qualifier | N 2 | "38" = Master Policy Number | Parameter: Use Master Policy Number<br>"38", if Yes. |
| Master Policy Number (Reference Identification) | A 30 | | BCR-CONTRACT-NMB<br>from BNCARRIER: where BCR-INS-CARRIER = PRM-INS-CARRIER |
| ~ | | **Segment length = 35** | **REF38PA8382983** |
| **File Effective Date** | A 3 | DTP | Parameter: File Effective Date<br>"DTP", if not spaces (zeroes)<br>Else, leave blank.<br>This segment is generated only for 'Verify' option. |
| Date/Time Qualifier | N 3 | "007" = Effective | Parameter: File Effective Date<br>"007", if parameter not = spaces (zeroes)<br>Else, leave blank. |
| Date/Time Period Format Qualifier | A 2 | "D8" = Format CCYYMMDD | Parameter: File Effective Date<br>If not spaces (zeroes), use "D8"<br>Else, leave blank. |
| Date/Time Period | N 8 | Date, Time, or Date and Time. May also include ranges of Dates and/or Times. | Parameter: File Effective Date<br>(Convert to 8-digit date format: CCYYMMDD) |
| ~ | | **Segment length = 16** | **DTP007D820030101~** |
| **Sponsor Name** | A 2 | N1 | Fixed = "N1" |
| Entity Identifier Code | A 2 | "P5" = Plan Sponsor | Fixed = "P5" |



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| Plan Sponsor Name (Name) | A 30 | Used at the sender's discretion (Company name) | PRS-NAME for the Company (PRS-COMPANY = PRM-COMPANY and PRS-PROCESS-LEVEL = spaces). |
| Identification Code Qualifier | A 2 | "FI" = Federal Taxpayer's Identification Number (adopted as the HIPAA standard). | Fixed = "FI" |
| Sponsor Identifier (Identification Code) | A 30 | **Must provide a key to the table of plan sponsor's maintained by the transaction processing party. This is the most efficient method of providing organizational identification. | PLN-SPONSOR-ID from PLAN where PLN-COMPANY = PRM-COMPANY and PLN-PLAN-TYPE = PRM-PLAN-TYPE(1).and PLAN-PLAN-CODE = PRM-PLAN-CODE(1) |
| ~ | | **Segment length = 66** | **N1P5Lawson Software FI93-2191827** |
| **Payer** | A 2 | N1 | Fixed = "N1" |
| Entity Identifier Code | A 2 | "IN" = Insurer | Fixed = "IN" |
| Insurer Name (Name) | A 30 | Used at the sender's discretion (Insurance Carrier Name) | BCR-NAME from BNCARRIER where BCR-INS-CARRIER = PRM-Insurer |
| Identification Code Qualifier | A 2 | "FI" = Federal Taxpayer's Identification Number (to be used until the HIPAA standard identifier is adopted)<br>"XV" = Health Care Financing Administration National Plan ID (required if mandated for use) | BCR-HIPAA-ID-TYPE from BNCARRIER where BCR-INS-CARRIER = PRM-INS-CARRIER |
| Insurer Identification Code (Identification Code) | A 30 | **Must provide a key to the table maintained by the transaction processing party. This is the most efficient method of providing organizational identification. | If preceding field is populated (FI or XV), then get BCR-CARRIER-ID from BNCARRIER where BCR-INS-CARRIER = PRM-Insurer |
| ~ | | **Segment length = 66** | **N1INHealthPartners FI28-374857** |
| **Broker/TPA** | A 2 | N1 | Parameter: Broker or TPA<br>If not = spaces, use "N1"<br>Else, leave blank.<br>SOM does not use Broker/TPA. This segment will not be generated for both 'Change' and 'Verify' options. |
| Entity Identifier Code | A 2 | "BO" = Broker<br>"TV" = Third Party Administrator | BCR-ENTITY-TYPE from BNCARRIER where BCR-INS-CARRIER = PRM-INS-CARRIER<br>• If 2, then "BO"<br>• If 3, then "TV"<br>• If 1, spaces, or record not found, leave blank. |
| Broker/TPA Name (Name) | A 30 | Used at the sender's discretion (Insurance Carrier Name) | Parameter: Broker or TPA<br>If not = spaces, get BCR-NAME from BNCARRIER where BCR-INS-CARRIER = PRM-Broker or TPA.<br>Else, leave blank. |
| Identification Code Qualifier | A 2 | "FI" = Federal Taxpayer's Identification Number (to be used until the HIPAA standard identifier is adopted)<br>"XV" = Health Care Financing Administration National Plan ID (required if mandated for use) | BCR-HIPAA-ID-TYPE from BNCARRIER where BCR-INS-CARRIER = PRM-BROKER or TPA<br>• If 1, then "FI"<br>• If 2, then "XV"<br>• If 3, spaces, or not found, then leave blank.<br>ERROR: Valid Broker or TPA ID number not found. |



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| Insurer Identification Code (Identification Code) | A 30 | **Must provide a key to the table maintained by the transaction processing party. This is the most efficient method of providing organizational identification. | If preceding field is populated (FI or XV), then get BCR-CARRIER-ID, where BCR-INS-CARRIER = PRM-Broker or TPA. | |
| ~ | | **Segment length = 66** | **N1TVMidwest Administrators FI28-374857** | |
| **TPA/Broker Account Information** | A 3 | ACT | Parameter: Broker or TPA<br>If not = spaces, use "ACT"<br>Else, leave blank.<br>SOM does not use Broker/TPA. This segment will not be generated for both 'Change' and 'Verify' options. | |
| TPA or Broker Account Number (Account Number) | A 30 | Account number (Contract Number from BN01) | Parameter: Broker or TPA<br>If not = spaces, get BCR-CONTRACT-NMBR from BNCARRIER where BCR-INS-CARRIER = PRM-BROKER or TPA.<br>If spaces or not found, leave blank. | |
| ~ | | **Segment length = 33** | **ACT2384297382** | |
| ******SEGMENTS THAT FOLLOW ARE BASED ON BNTRANS RECORDS FOUND IN BNTRANS, OR ON BENEFIT, PARTBEN, AND HRDEPBEN RECORDS***<br>-------Segments must repeat for each member (Employee, Retiree, COBRA Participant, and Dependent) found to a maximum of 10,000 members. The enrollment data for families must not be split into two transaction sets.------*** | | | | |
| **Member Level Detail** | A 3 | INS | Fixed = "INS" | |
| Insured Indicator (Subscriber Indicator) | A 1 | "Y" = Yes; used for subscriber (employee)<br>"N" = No; used for dependent | Tran Purpose = 1 (Update)<br>"Y" if BNT-DEPENDENT on BNTRANS record is blank.<br>Else, "N" | Tran Purpose = 2 (Validate)<br>"Y" for BENEFIT and PARTBEN records<br>"N" for HRDEPBEN records. |



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| Individual Relationship Code | N 2 | "01" = Spouse<br>"03" = Father or Mother<br>"04" = Grandfather or Grandmother<br>"05" = Grandson or Granddaughter<br>"06" = Uncle or Aunt<br>"07" = Nephew or Niece<br>"08" = Cousin<br>"09" = Adopted Child<br>"10" = Foster Child<br>"11" = Son/Daughter-in-law<br>"12" = Brother/Sister-in-law<br>"13" = Mother/Father-in-law<br>"14" = Brother or Sister<br>"15" = Ward<br>"17" = Stepson or Stepdaughter<br>"18" = Self<br>"19" = Child<br>"23" = Sponsored Dependent<br>"24" = Dependent of a Minor Dep<br>"25" = Ex-Spouse<br>"26" = Guardian<br>"31" = Court Appointed Guardian<br>"32" = Mother<br>"33" = Father<br>"38" = Collateral Dependent (relative related by blood or marriage who resides in the home and is dependent on the insured for a major portion of their support)<br>"48" = Stepfather<br>"49" = Stepmother<br>"53" = Life Partner | If prior field = "Y", then use "18".<br>If prior field = "N", get EMD-REL-CODE for the dependent on the record in question.<br>Then get PCO-HIPAA-REL-CODE from PCODES where PCO-TYPE = 'DP' and PCO-CODE = EMD-REL-CODE | |
| Maintenance Type Code | N 3 | "001" = Change<br>"021" = Addition<br>"024" = Cancellation or Termination<br>"030" = Audit or Compare | <u>Tran Purpose = 1 (Update):</u><br>From BNTRANS record get BNT-TRAN-ACTION<br>• "001" if = C<br>• "021" if = A<br>• "024" if = S or D | <u>Tran Purpose = 2 (Verify):</u><br>Fixed = "030" |



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| Maintenance Reason Code | A 2 | "01" = Divorce<br>"02" = Birth<br>"03" = Death<br>"04" = Retirement<br>"05" = Adoption<br>"06" = Strike<br>"07" = Termination of Benefits<br>"08" = Termination of Employment<br>"09" = COBRA<br>"10" = COBRA Premium Paid<br>"11" = Surviving Spouse<br>"14" = Voluntary Withdrawal<br>"16" = Quit<br>"17" = Fired<br>"18" = Suspended<br>"20" = Active<br>"21" = Disability<br>"22" = Plan Change<br>"25" = Chg in Identifying Data Elements<br>"26" = Declined Coverage<br>"27" = Pre-Enrollment (used for expected newborns)<br>"28" = Initial Enrollment<br>"29" = Benefit Selection (for changing benefits within a plan)<br>"31" = Legal Separation<br>"32" = Marriage<br>"37" = Leave of Absence with Benefits<br>"38" = Leave of Absence without Benefits<br>"39" = Layoff with Benefits<br>"40" = Layoff without Benefits<br>"41" = Re-enrollment<br>"43" = Change of Location<br>"AI" = No reason given<br>"XN" = Notification only (used for audit transactions) | Tran Purpose = 1 (Update):<br>From BNTRANS record, get BNT-TRAN-REASON.<br><br>If spaces, use "AI".<br><br>If BNT-COVER-TYPE = "C" (COV-TYPE, COBRA Participant) use "09" | Tran Purpose = 2 (Verify):<br>Fixed = "XN" |
| Benefit Status Code | A 1 | "A" = Active<br>"C" = COBRA | Tran Purpose = 1 (Update):<br>"C" if BNT-COVER-TYPE on BNTRANS record is "C"<br>Else, "A" | Tran Purpose = 2 (Verify):<br>"C" for PARTBEN records where Participant not = spaces,<br>Else, "A" |
| COBRA Qualifying Event Code | N 1 | "1" = Termination of Employment<br>"2" = Reduction of work hours<br>"3" = Medicare<br>"4" = Death<br>"5" = Divorce<br>"6" = Separation<br>"7" = Ineligible Child<br>"8" = Bankruptcy of a Retired Employee | BNT-EVENT-CODE<br>If spaces, or record not found,<br>ERROR: COBRA event / not identified. (Insert PAR-OCCUR-TYPE.)} | |
| Medicare Plan Code | A 1 | | | |



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| Employment Status Code | A 2 | "AO" = Active Military – Overseas<br>"AU" = Active Military – USA<br>"FT" = Full-time (Full-time Active)<br>"L1" = Leave of Absence<br>"PT" = Part-time (Part-time Active)<br>"RT" = Retired<br>"TE" = Terminated | From BNT-COVER-TYPE determine the Employment Status Code.<br>If Coverage Type = "A", Employment Status Code ="FT"<br>If Coverage Type = "R", Employment Status Code = "RT"<br>If Coverage Type = "C", Employment Status Code = "L1" | |
| Student Status Code | A 1 | "F" = Full-time<br>"N" = Not a student | Parameter: Student Status<br>If Y, and this is a non-spouse Dependent get student flag from EMDEPEND:<br>"F", if EMD-STUDENT = Y or F or P<br>"N" if EMD-STUDENT = N<br>Else, leave blank. | |
| Handicap Indicator | A 1 | "N" = No<br>"Y" = Yes | Parameter: Disabled Status<br>If Y, and this is a Dependent (BNT-DEPENDENT or HRDEPBEN record) get disabled flag from EMDEPEND.<br>Else, leave blank. | |
| Date Time Period Format Qualifier | A 2 | "D8" = Date expressed as CCYYMMDD | <u>Tran Purpose = 1 (Update):</u><br>If BNTRANS, BNT-TRAN-REASON = 03 (Death), use "D8", else leave blank. | <u>Tran Purpose = 2 (Verify):</u><br>Leave this field and following field blank. |
| Insured Individual Death Date | N 8 | Holds the date of death of the insured or dependent (Does not replace the use of a termination date) | If BNTRANS, BNT-TRAN-REASON = 03 (Death), then from EMPLOYEE USE EMP-DEATH-DATE<br>If spaces,<br>ERROR: Date of death for Emp / not identified.<br>(Insert EE Number.) | |
| Birth Sequence Number | N 4 | Required in the event you are reporting more than one family member with the same birth date. | If this is a Dependent (BNT-DEPENDENT > zeroes or HRDEPBEN record), get EMD-SEQ-NBR. | |
| ~ | | **Segment length = 32** | **INSY1802128A 0FT 000000000000**<br>OR<br>**INSN0102128A 0 FN000000000001** | |
| **Subscriber Number** | A 3 | REF | Fixed = "REF" | |
| Reference Identification Qualifier | A 2 | "0F" = Subscriber Number | Fixed = "0F" (Zero – F) | |
| Subscriber Identifier (Reference Identification) | A 15 | Information defined for the transaction set. | <u>Tran Purpose = 1 (Update):</u><br>From BNTRANS, get BNT—MEMBER-ID value:<br><br>If 1, get:<br>EMP-FICA-NBR for EE (and their dependents), PAR-FICA-NBR for COBRA participants (and their dependents). The SSN should not contain hyphens in the output.<br><br>If 2, then get EMP-EMPLOYEE for EE (and their dependents), PAR-PARTICIPNT for COBRA Participants and their dependents. | <u>Tran Purpose = 2 (Verify):</u><br><br>We will assume Member ID = Social Number.<br><br>Get:<br>EMP-FICA-NBR for EE (and their dependents), PAR-FICA-NBR for COBRA participants (and their dependents). The SSN should not contain hyphens in the output. |



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| ~ | | **Segment length = 20** | **REF0F384928394** |
| **Member Policy Number** | A 3 | REF | Fixed = "REF" |
| Reference Identification Qualifier | A 2 | "1L" = Group or Policy Number | Fixed = "1L" |
| Subscriber Identifier (Reference Identification) | A 30 | Insured Group or Policy Number | PLN-CONTRACT-NMBR |
| ~ | | **Segment length = 35** | **REF1L238233849498237** |
| **Member Identification Number** | A 3 | REF | Fixed = "REF" |
| Reference Identification Qualifier | A 2 | "DX" = Department/Agency Number<br>"23" = Client Number | Fixed = "DX" |
| Subscriber Identifier (Reference Identification) | A 30 | For "DX" - Consists of 6 fields separated by spaces: Process Level, Bargaining Unit, Plan Code, Coverage Option, Occurrence Type and Original FICA Number<br><br>For "23" – Consists of Employee Number as alternative identifier | "DX" - Process Level = EMP-PROCESS-LEVEL<br>Bargaining Unit = EMP-UNION-CODE<br>Plan Code = BEN-PLAN-CODE (Active Employee) or PRT-PLAN-CODE (COBRA or DC Retiree)<br>Coverage Option = BEN-COV-OPTION (Active Employee) or PTB-COV-OPTION (COBRA and DC Retiree)<br>Occurrence Type = PAR-OCCUR-TYPE (COBRA only)<br>Original FICA Number = EMP-FICA-NBR from original Employee's record<br>This segment is provided for both Subscribers and Dependents.<br><br>"23" – For Employees use<br>Employee Number = EMP-EMPLOYEE<br>For Participants use<br>Employee Number = PAR-EMPLOYEE<br>The segment will be generated for both Verify and Update options for Subscriber only, not dependents |
| ~ | | **Segment length = 35** | **REFDX7501 A31 HAEX** |
| **Prior Coverage Months** | A 3 | REF | Parameter: Prior Months Coverage<br>"REF" if Y<br>Else, do not include this segment.<br>SOM does not capture prior month's coverage. This segment will not be generated for both 'Change' and 'Verify' options. |
| Reference Identification Qualifier | A 2 | "QQ" = Unit Number | Parameter: Prior Months Coverage<br>If Y, then "QQ" |
| Prior Coverage Month Count (Reference Identification) | N 2 | Identify the number of prior month's insurance coverage that may apply under the portability provisions of HIPAA; to be sent on new enrollments when available. | PEM-PRIOR-COV-MO |



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| **~** | | **Segment length = 7** | **REFQQ18** | |
| **Member Level Dates (can occur twice – begin and end)** | A 3 | DTP | Tran Purpose = 1 (Update):<br>Fixed = "DTP" | Tran Purpose = 2 (Verify):<br>See comments below. |
| Date/Time Qualifier | N 3 | "303" = Maintenance Effective<br>"356" = Eligibility Begin<br>"357" = Eligibility End<br>"301" = COBRA Qualifying Event<br>"340" = COBRA Begin<br>"341" = COBRA End | Do the following for Update files:<br>From BNTRANS record get BNT-START-DATE<br><br>For Employees, use BENSET and if a record is found with stop date 1 day less than BNTRANS BNT-EFFECT-DATE this will be treated as a "Change".<br>For FC = C, or A with prior benefit, use "303"<br>***Only code "303" will be used, all other dates will appear in Loop 2300.*** | |
| Date/Time Period Format Qualifier | A 2 | "D8" = Format CCYYMMDD | Tran Purpose = 1 (Update):<br>Fixed = "D8" | Tran Purpose = 2 (Verify):<br>Leave blank. |
| Status Information Effective Date (Date/Time Period) | N 8 | Date, Time, or Date and Time. May also include ranges of Dates and/or Times. | Tran Purpose = 1 (Update):<br>Use BNT-EFFECT-DATE on the BNTRANS record. (CCYYMMDD) | Tran Purpose = 2 (Verify):<br>Leave blank. |
| **~** | | **Segment length = 16** | **DTP356D820020301** | |
| **Member Name** | A 3 | NM1 | Fixed = "NM1" | |
| Entity Code Identifier | A 2 | "IL" = Insured or Subscriber | Fixed = "IL" | |
| Entity Type Qualifier | N 1 | "1" = Person | Fixed = "1" | |
| Subscriber Last Name<br>(Name Last) | A 30 | Individual last name | EMP-LAST-NAME for Employees, Retirees<br>EMD-LAST-NAME for Dependents<br>PAR-LAST-NAME for COBRA participants | |
| Subscriber First Name<br>(Name First) | A 15 | Individual first name | EMP-FIRST-NAME for Employees, Retirees<br>EMD-FIRST-NAME for Dependents<br>PAR-FIRST-NAME for COBRA participants | |
| Subscriber Middle Name<br>(Name Middle) | A 15 | Individual middle name | EMP-MIDDLE-NAME for Employees, Retirees<br>EMD-MIDDLE-INIT for Dependents<br>PAR-MIDDLE-INIT for COBRA participants | |
| Subscriber Name Prefix<br>(Name Prefix) | A 10 | Prefix to individual name | EMP-LAST-NAME-PRE for Employees, Retirees<br>EMD-LAST-NAME-PRE for Dependents<br>(N/A for COBRA Participants) | |
| Subscriber Name Suffix<br>(Name Suffix) | A 4 | Suffix to individual name | EMP-NAME-SUFFIX for Employees, Retirees<br>EMD-NAME-SUFFIX for Dependents<br>(N/A for COBRA Participants) | |
| Identification Code Qualifier | A 2 | "34" = Social Security Number<br>"ZZ" = Mutually defined (required if the National Individual identifier is mandated) | From BNTRANS record, get BNT-MEMBER-ID:<br>If 1 or 2, then "34" | |
| Subscriber Identifier (Identification Code) | A 15 | SSN when available and allowed; until the HIPAA individual identifier is available. | If prior field = 34, then get EMP-FICA-NBR for EE, EMD-FICA-NUMBER for Dependents, and PAR-FICA-NBR for COBRA participants. The SSN should not contain hyphens in the output. If prior field = ZZ, then get EMP-EMPLOYEE for EE, EMD-EMPLOYEE and EMD-SEQ-NBR for Dependents, and PAR-PARTICIPNT for COBRA Participants.<br>If prior field blank, leave blank. | |



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| ~ | | **Segment length = 97** | **NM1IL1Smith John Paul 34123456789** |
| **Member Communications Numbers** | A 3 | PER | Parameter: Emp Contact Numbers:<br>"PER", if not = spaces.<br>Else, do not include this segment.<br>SOM does not have contact numbers for all members. This segment will not be generated for both 'Change' and 'Verify' options. |
| Contact Function Code | A 2 | "IP" = Insured Party | Fixed = "IP" |
| Communication Number Qualifier | A 2 | "EM" = Electronic Mail<br>"EX" = Telephone Extension<br>"FX" = Facsimile<br>"HP" = Home Phone Number<br>"TE" = Telephone<br>"WE" = Work Phone Number | Parameter: Emp Contact Numbers:<br>If 1 or 3, then "HP"<br>If 2, then "WE" |
| Communication Number | A 20 | Complete communications number including country or area code when applicable. | Parameter: Emp Contact Numbers:<br>If 1 or 3, use PEM-HM-PHONE-NBR<br>If 2, use PEM-WK-PHONE-NBR PEM followed by WK-PHONE-EXT. |
| Communication Number Qualifier | A 2 | "EM" = Electronic Mail<br>"EX" = Telephone Extension<br>"FX" = Facsimile<br>"HP" = Home Phone Number<br>"TE" = Telephone<br>"WE" = Work Phone Number | Parameter: Emp Contact Numbers:<br>If 3, then "WE"<br>Else, leave spaces. |
| Communication Number | A 21 | Complete communications number including country or area code when applicable. | Parameter: Emp Contact Numbers:<br>If 3, then PEM-WK-PHONE-NBR followed by PEM-WK-PHONE-EXT.<br>Else, leave spaces. |
| ~ | | **Segment length = 50** | **PERIPHP6517374657 WE651767400046311** |
| **Member Residence Street Address** | A 2 | N3 | Parameter: Resident Address<br>"N3", if not spaces.<br>Else, leave all fields in segment spaces. |
| Subscriber Address Line (Address Information) | A 30 | Address Line 1 | Parameter: Resident Address<br>For EMPLOYEES/RETIREES:<br>If 1, use EMP-ADDR1<br>If 2, use PEM-SUPP-ADDR1<br>For PARTICIPANTS:<br>Use PAR-ADDR1<br>For DEPENDENTS:<br>Use EMD-ADDR1. If spaces, follow what is used for Employee. |
| Subscriber Address Line (Address Information) | A 30 | Address Line 2 | Parameter: Resident Address<br>For EMPLOYEES/RETIREES:<br>If 1, use EMP-ADDR2<br>If 2, use PEM-SUPP-ADDR2<br>For PARTICIPANTS:<br>Use PAR-ADDR2<br>For DEPENDENTS:<br>Use EMD-ADDR2. If spaces, follow what is used for Employee. |
| ~ | | **Segment length = 62** | **N31410 E 18th Street Apt 5** |



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| **Member Residence City, State, Zip Code** | A 2 | N4 | Parameter: Resident Address<br>"N4", if not spaces.<br>Else, leave all fields in segment spaces. |
| Subscriber City Name<br>(City Name) | A 18 | City | Parameter: Resident Address<br>For EMPLOYEES/RETIREES:<br>If 1, use EMP-CITY<br>If 2, use PEM-SUPP-CITY<br>For PARTICIPANTS:<br>Use PAR-CITY<br>For DEPENDENTS:<br>Use EMD-CITY. If spaces, follow what is used for Employee. |
| Subscriber State Code<br>(State or Province Code) | A 2 | Valid state or province code as defined by government authority. | Parameter: Resident Address<br>If 1, use EMP-STATE<br>If 2, use PEM-SUPP-STATE<br>For DEPENDENTS:<br>Use EMD-STATE. If spaces, follow what is used for Employee. |
| Subscriber Postal Zone or ZIP Code<br>(Postal Code) | A 10 | Postal Code | Parameter: Resident Address<br>If 1, use EMP-ZIP<br>If 2, use PEM-SUPP-ZIP<br>For DEPENDENTS:<br>Use EMD-ZIP. If spaces, follow what is used for Employee. |
| Country Code | A 2 | Valid country code | Parameter: Resident Address<br>If 1, use EMP-COUNTRY-CODE<br>If 2, use PEM-SUPP-CNTRY-CD<br>For DEPENDENTS:<br>Use EMD-COUNTRY-CODE. If spaces, follow what is used for Employee. |
| **~** | | **Segment length = 34** | **N4Minneapolis MN55457 US** |
| **Member Demographics** | A 3 | DMG | Fixed = "DMG" |
| Date Time Period Format Qualifier | A 2 | "D8" = Format CCYYMMDD | Fixed = "D8" |
| Member Birth Date<br>(Date Time Period) | N 8 | Date of Birth | Get PEM-BIRTHDATE (Employee, Retiree), EMD-BIRTHDATE (Dependent) or PAR-BIRTHDATE (COBRA). |
| Gender Code | A 1 | "F" = Female<br>"M" = Male<br>"U" = Unknown (should only be used when the gender cannot be obtained) | Check PEM-SEX (Employee, Retiree), EMD-SEX (Dependent), or PAR-SEX (COBRA):<br>F = "F"<br>M = "M"<br>Blank = "U" |



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| Marital Status Code | A 1 | "B" = Registered Domestic Partner<br>"D" = Divorced<br>"I" = Single<br>"M" = Married<br>"R" = Unreported<br>"S" = Separated<br>"U" = Unmarried (single, divorced, or widowed; used if previous status is unknown)<br>"W" = Widowed<br>"X" = Legally Separated | Parameter: Marital Status<br>If Yes, check PEM-TRUE-MAR-STAT (Employees and Retirees ONLY):<br>D = "D"<br>S = "I"<br>M = "M"<br>S = "S"<br>U = "U"<br>W = "W"<br>L = "X"<br>O = "R"<br>P = "B"<br>C = "M"<br>Note: Blank, if (BNT-DEPENDENT = spaces, or HRDEPBEN record.) or COBRA. |
| ~ | | **Segment length = 15** | **DMGD819650512FS** |
| **Member Health Information** | A 3 | HLH | Parameter: Smoker Status<br>"HLH", if Yes<br>Else, leave blank.<br>SOM does not capture smoker information. This segment will not be generated for both 'Change' and 'Verify' options. |
| Health-Related Code | A 1 | "N" = None<br>"S" = Substance Abuse<br>"T" = Tobacco Use<br>"U" = Unknown<br>"X" = Tobacco Use and Substance Abuse | Parameter: Smoker Status<br>If Yes, Get PEM-SMOKER (Employee, Retiree), EMD-SMOKER (Dependent), or PAR-SMOKER (COBRA):<br>use "T", If Smoker = Y<br>use "N", If Smoker = N<br>Else use "U"<br>If parameter = No, leave blank. |
| ~ | | **Segment length = 4** | **HLHT** |
| **Member Mailing Address** | A 3 | NM1 | Parameter: Mailing Address<br>If not = spaces, use "NM1"<br>Else, leave blank.<br>SOM captures only residence address for member and this is reported in the prior segments. This segment will not be generated for both 'Change' and 'Verify' options. |
| Entity Identifier Code | N 2 | "31" = Postal Mailing Address | Parameter: Mailing Address<br>If not = spaces, use "31"<br>Else leave blank (zeroes) |
| Entity Type Qualifier | N 1 | "1" = Person | Parameter: Mailing Address<br>If not = spaces, use "1"<br>Else leave blank (zero) |
| ~ | | **Segment length = 6** | **NM1311** |
| **Member Mail Street Address** | A 2 | N3 | Parameter: Mailing Address<br>If not = spaces, use "N3".<br>Else, leave blank.<br>SOM captures only residence address for member and this is reported in the prior segments. This segment will not be generated for both 'Change' and 'Verify' options. |



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| Subscriber Address Line<br>(Address Information) | A 30 | Address Line 1 | Parameter: Mailing Address<br>For Employee/Retiree benefits ONLY:<br>If 1, use EMP-ADDR1<br>If 2, use PEM-SUPP-ADDR1<br>Else, leave blank<br>(Leave blank for Dependents and COBRA – we only track one address for each.) |
| Subscriber Address Line<br>(Address Information) | A 30 | Address Line 2 | Parameter: Mailing Address<br>For Employee/Retiree benefits ONLY:<br>If 1, use EMP-ADDR2<br>If 2, use PEM-SUPP-ADDR2<br>Else, leave blank<br>(Leave blank for Dependents and COBRA – we only track one address for each.) |
| ~ | | **Segment length = 62** | **N3P.O. Box 1234** |
| **Member Mail City, State, Zip Code** | A 2 | N4 | Parameter: Mailing Address<br>If not = spaces, use "N4".<br>Else, leave blank.<br>SOM captures only residence address for member and this is reported in the prior segments. This segment will not be generated for both 'Change' and 'Verify' options. |
| Subscriber City Name<br>(City Name) | A 18 | City | Parameter: Mailing Address<br>For Employee/Retiree benefits ONLY:<br>If 1, use EMP-CITY<br>If 2, use PEM-SUPP-CITY<br>Else, leave blank.<br>(Leave blank for Dependents and COBRA – we only track one address for each.) |
| Subscriber State Code<br>(State or Province Code) | A 2 | Valid state or province code as defined by government authority. | Parameter: Mailing Address<br>For Employee/Retiree benefits ONLY:<br>If 1, use EMP-STATE<br>If 2, use PEM-SUPP-STATE<br>Else, leave blank<br>(Leave blank for Dependents and COBRA – we only track one address for each.) |
| Subscriber Postal Zone or ZIP Code<br>(Postal Code) | A 10 | Postal Code | Parameter: Mailing Address<br>For Employee/Retiree benefits ONLY:<br>If 1, use EMP-ZIP<br>If 2, use PEM-SUPP-ZIP<br>Else, leave blank.<br>(Leave blank for Dependents and COBRA – we only track one address for each.) |
| Country Code | A 2 | Valid country code | Parameter: Mailing Address<br>For Employee/Retiree benefits ONLY:<br>If 1, use EMP-COUNTRY-CODE<br>If 2, use PEM-SUPP-CNTRY-CD<br>Else, leave blank<br>(Leave blank for Dependents and COBRA – we only track one address for each.) |
| **~** | | **Segment length = 34** | **N4Minneapolis MN55457-1234US** |
| **Health Coverage** | A 2 | HD | Fixed = "HD" |



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| Maintenance Type Code | N 3 | "001" = Change<br>"002" = Delete<br>"021" = Addition<br>"024" = Cancellation or Termination<br>"030" = Audit or Compare | Tran Purpose = 1 (Update): If 1, then value here is based on BNT-TRAN-ACTION.<br>• If FC = A, then "021"<br>• If FC = C, then "001"<br>• If FC = S, then "024"<br>• If FC = D, then 002" | Tran Purpose = 2 (Validate): Fixed = "030" |
| Insurance Line Code | A 3 | "AG" = Preventative Care/Wellness<br>"AH" = 24 Hour Care<br>"AJ" = Medicare Risk<br>"AK" = Mental Health<br>"DCP" = Dental Capitation (for DMO)<br>"DEN" = Dental<br>"EPO" = Exclusive Provider Organization<br>"FAC" = Facility<br>"HE" = Hearing<br>"HLT" = Health (both Hospital and Professional Care)<br>"HMO" = Health Maintenance Organization<br>"LTC" = Long Term Care<br>"LTD" = Long Term Disability<br>"MM" = Major Medical<br>"MOD" = Mail Order Drug<br>"PDG" = Prescription Drug<br>"POS" = Point of Service<br>"PPO" = Preferred Provider Organization<br>"PRA" = Practitioners<br>"STD" = Short Term Disability<br>"UR" = Utilization Review<br>"VIS" = Vision | For Plan Type and Plan from PLAN, PLN-HIPAA-INS-CODE. | |
| Plan Coverage Description | A 30 | Free form descriptive information | PLN-DESC for the Plan Type, Plan on the PLAN record. | |



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| Coverage Level Code | A 3 | "ECH" = Employee and Children<br>"EMP" = Employee Only<br>"ESP" = Employee and Spouse<br>"FAM" = Family | Parameter: Include Coverage Options.<br>If Y, then use Cov-Dependents and Nbr-Dependents from BNCOVOPT for the BEN-COV-OPTION (Employee) or PTB-COV-OPTION (COBRA or Retiree) for the subscriber.<br>• If Cov-Dependents = N, use "EMP"<br>• If Cov-Dependents = S, use "ESP"<br>• If Cov-Dep = D or B, and Nbr-Dependents = 1, use "E1D"<br>• If Cov-Dep = D or B, and Nbr-Dependents = 2, use "E2D"<br>• If Cov-Dep = D or B, and Nbr-Dependents = 3, use "E3D"<br>• If Cov-Dep = D or B, and Nbr-Dependents > 3, use "FAM"<br>If N, leave blank.<br><br>If Coverage Option = 3, use "ECH"<br><br>***This element must be blank for dependents!!*** | |
| ~ | | **Segment length = 41** | **HD021HLTStandard Indemnity Health Plan EMP** | |
| **Health Coverage Dates** | A 3 | DTP | Fixed = "DTP" | |
| Date/Time Qualifier | N 3 | "303" = Maintenance Effective<br>"348" = Benefit Begin<br>"349" = Benefit End<br>"543" = Cobra Last Premium Paid Date | <u>Tran Purpose = 1 (Update):</u><br>From BNTRANS get BNT-TRAN-ACTION:<br>If FC = A, use "348"<br>& 349 for Cobra Participant<br>& 543 for Cobra Participant and DC Retiree<br>If FC=C, use "303" & "348"<br>& 349 for Cobra Participant<br>& 543 for Cobra Participant and DC Retiree<br>If FC = S or D,<br>use "349" & "303" & "348"<br>& 543 for Cobra Participant and DC Retiree | <u>Tran Purpose = 2 (Verify):</u><br>Fixed = "348"<br>& 349 for Cobra Participant<br>& 543 for Cobra Participant and DC Retiree |
| Date/Time Period Format Qualifier | A 2 | "D8" = Format CCYYMMDD | Fixed = "D8" | |
| Coverage Period (Date/Time Period) | N 8 | Date, Time, or Date and Time. May also include ranges of Dates and/or Times. | Tran Purpose = 1 (Update):<br>From BNTRANS get BNT-EFFECT-DATE (CCYYMMDD). | <u>Tran Purpose = 2 (Verify):</u><br>Use the Start Date of the benefit record for all types. |
| ~ | | **Segment length = 16** | **DTP348D820020601** | |
| **Health Coverage Policy** | A 3 | AMT | Parameter: Include Premium Amounts<br>If Y, use "AMT"<br>Else, leave blank.<br>This segment will be generated only for Flexible Spending Accounts (vendor = FBMC). | |
| Amount Qualifier Code | A 2 | "B9" = Co-Insurance – Actual<br>"C1" = Co-Payment Amount<br>"D2" = Deductible Amount<br>"P3" = Premium Amount | Parameter: Include Premium Amounts<br>If Y, use "P3"<br>Else, leave blank. | |



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| Contract Amount (Monetary Amount) | N 13 | Amount | Parameter: Include Premium Amount<br>If Y, use BEN-TOT-CONTRIB<br>Else, leave blank (zeroes). |
| ~ | | **Segment length = 18** | **AMTP300000000186.38** |
| **Identification Card** | A 3 | IDC | Parameter: Identification Cards Requested<br>If not = zero, use "IDC"<br>Else, leave blank.<br>This segment will not be generated for both 'Change' and 'Verify' options. |
| Plan Coverage Description | N 1 | (If not used, include a single zero) | Fixed = "0" |
| Identification Card Type Code | A 1 | "D" = Dental Insurance<br>"H" = Health Insurance<br>"P" = Prescription Drug Service | Parameter: Identification Cards Requested<br>If not = zero, get Plan Type (Key3) from BNTRANS record.<br>If HL, use "H"<br>If DN, use "D"<br>Else, leave blank |
| Identification Card Count | N 1 | Send a value only if greater than 1. | Parameter: Identification Cards Requested<br>If > 1, use the value entered<br>Else leave blank (zero). |
| ~ | | **Segment length = 5** | **IDCH2** |
| **Provider Information** | A 2 | LX | Parameter: Primary Care Provider.<br>If Y, use "LX"<br>If N, leave blank.<br>SOM does not capture provider information. This segment will not be generated for both 'Change' and 'Verify' options. |
| Assigned Number | N 2 | Automatically assigned number (incremental). | Parameter: Primary Care Provider.<br>If Y, use = "01" |
| ~ | | **Segment length = 4** | **LX01** |
| **Provider Name** | A 3 | NM1 | Parameter: Primary Care Provider.<br>If Y, use "NM1", and fill in segments that follow,<br>Else leave blank.<br>SOM does not capture provider information. This segment will not be generated for both 'Change' and 'Verify' options. |
| Entity Identifier Code | A 2 | "3D" = Obstetrics and Gynecology Facility<br>"OD" = Doctor of Optometry<br>"P3" = Primary Care Provider<br>"QA" = Pharmacy<br>"QN" = Dentist<br>"Y2" = Managed Care Organization | Parameter: Primary Care Provider.<br>If Y, use "P3"<br>Else leave blank |

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| Entity Type Qualifier | N 1 | "1" = Person<br>"2" = Non-Person Entity | Parameter: Primary Care Provider.<br>If Y, get PEM-PRIMARY-CARE, for EE,<br>EMD-PRIMARY-CARE for Dependents,<br>From HRUTILITY:<br>System = BN<br>Release = 7<br>Rel Level = 2<br>Key1 = HR80F9<br>Key2 = PC<br>Key3 = PEM-PRIMARY-CARE<br>If positions 32-61 in HUT-DATA are not = spaces, use "1".<br>Else, use "2"<br>If no record found, or parameter = N, leave blank (zero). |
| Provider Last or Organization Name (Name Last or Organization Name) | A 30 | Name only used when not able to provide the standard ID number | Parameter: Primary Care Provider<br>If Y, from HRUTILITY (record identified above),<br>If field above = "1", get positions 32-61.<br>If field type = "2", get positions 78-107.<br>If field above is blank, or parameter = N, leave blank. |
| Provider First Name (Name First) | A 15 | Name only used when not able to provide the standard ID number | Parameter: Primary Care Provider<br>If Y, from HRUTILITY (record identified above),<br>If field above = "1", get positions 62-76.<br>Else, leave blank. |
| Provider Middle Name (Name Middle) | A 1 | Name only used when not able to provide the standard ID number | Parameter: Primary Care Provider<br>If Y, from HRUTILITY (record identified above),<br>If field above = "1", get positions 77.<br>Else, leave blank. |
| Identification Code Qualifier | A 2 | "34" = Social Security Number<br>"FI" = Federal Taxpayer's Identification Number<br>"XX" = Health Care Financing Administration National Provider Identifier (required if mandated for use) | Parameter: Primary Care Provider<br>If Y, from HRUTILITY (record identified above),<br>Get position 31.<br>If 1, then use "34"<br>If 2, then use "FI"<br>Else, leave blank |
| Provider Identifier (Identification Code) | A 30 | | Parameter: Primary Care Provider<br>If Y, from HRUTILITY (record identified above),<br>Get positions 1-30. |
| Entity Relationship Code | N 2 | "25" = Established Patient<br>"26" = Not Established Patient<br>"72" = Unknown | Parameter: Primary Care Provider<br>If Y, then get record from HRUTILITY:<br>System = BN<br>Release = 7<br>Rel Level = 2<br>Key1 = HR11<br>Key2 = Company<br>Key3 = Employee<br>Get position 9 from HUT-DATA.<br>If 1, use "26"<br>If 2, use "25"<br>Else, use "72".<br>If Parameter = N, leave blank (zeroes). |
| ~ | | Segment **length = 86** | **NM1P32Fairview Clinic FI35-2348763 25** |
| ******END OF REPEATING SEGMENTS****** | | | |
| **Transaction Set Trailer** | A 2 | SE | Fixed = "SE" |



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| Transaction Segment Count | N 10 | Total number of data segments, including ST and SE. | Cannot exceed 10,000. |
| Transaction Set Control Number | N 4 | Must match the control number used in the ST segment; used as a unique identifier? | Fixed = “0001”<br>(Must match number in beginning segment.) |
| ~ | | Segment **length = 16** | **SE00000000530001** |



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