

## 834 Benefit Enrollment and Maintenance

This companion document is for informational purposes only to describe certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

### **Section 1 – 834 Benefit Enrollment and Maintenance: Basic Instructions**

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Any questions?

Contact E-Solutions

[www.unicare.com/edi](http://www.unicare.com/edi), LiveChat

## Section 1 - Basic Instructions

### 1.1 X12 and HIPAA Compliance Checking, and Business Edits

EDI interchanges submitted to UniCare for processing pass through compliance edits. 5010 acknowledgments and reports for accepted/rejected files will be placed in the submitter's trading partner mailbox for pickup.

- TA1 Interchange Acknowledgment. UniCare returns TA1 X12 and proprietary reports to the submitter of inbound 834 files containing envelope errors in the ISA and GS segments.
- Level 1. UniCare returns a 999 Interchange Acknowledgment to the submitter for every inbound transaction received. Each transaction passes through edits to ensure that it is X12 compliant. If the X12 syntax or any other aspect of the 834 is not X12 compliant, the 999 will also report the Level 1 errors in AK segments and indicate that the entire transaction set has been rejected.

NOTE! If the four following segments and data elements are missing, the transaction will be delayed.

1. Header, Transaction Set Policy Number (REF)
  2. Header, File Effective Date (DTP)
  3. Loop 2100A, Identification Code (NM109)
  4. Loop 2300, Health Coverage (HD) (except when requesting ID cards)
- Level 2. In addition to HIPAA TR3 edits, UniCare applies business edits to ensure that the necessary information is populated and complete for efficient processing. When encountering HIPAA compliance, code set or business errors, UniCare returns an 864 Level 2 Status Report to the submitter indicating the entire transaction set has been rejected.

### 1.2 Dates

- File Effective Date – Effective date of actual file used if member level effective date is not present in Loop 2000.
- Effective Date – Member level effective date. The file effective date will be utilized unless otherwise stated in Loop 2000-Member Level Detail, Member Level Dates.
- Override Date – Member level date denoted in Loop 2000, DTP03 with values '303', '356', and '357'.

### 1.3 Dependents

Subscribers and dependents are sent as separate occurrences of Loop 2000. The initial enrollment for the subscriber must be sent before sending the initial enrollment for any of the subscriber's dependents.

### 1.4 Transfer of Coverage

Transfer of coverage, often referred to as plan changes, can occur on two levels: 1) Firm Division and 2) Health Benefit Plan. UniCare recognizes specific plan change transactions that will automatically cancel the old plan and establish the new plan and new effective date.

## 1.5 Uppercase Letters, Special Characters, and Delimiters

As specified in the TR3, the basic character set includes uppercase letters, digits, space, and other special characters.

Inbound Delimiters		
	Suggested Value	
Data Element Separator	*	Asterisk
Sub-Element Separator	:	Colon
Segment Terminator	~	Tilde
Repetition Separator	^	Caret

- All HIPAA deemed values (segments, qualifiers) must be submitted in UPPERCASE letters only.
- Suggested delimiters for the transaction are assigned as part of the trading partner set up. EDI Representative will discuss options with trading partners, if applicable.
- To avoid syntax errors, hyphens, parentheses and spaces are not recommended to be used in values for identifiers.

Examples: Tax ID 987654321 SSN 123456789 Phone 8001235010

- UniCare encourages trading partners to not use the following special characters as part of the value: asterisk (\*), less than/greater than signs (<, >), colon (:), and slash (/). This minimizes the risk for a special character to be recognized as a delimiter.

Example: Provider submits a Social Security Number '123-45-6789'. Although a hyphen (-) is a valid special character, it adversely affects processing since the membership system is unable to process correctly.

## 1.6 Updates

- An update is either an "add", "terminate" or "change" request. The transaction only contains information about the changed members. Within the full file process, transactions are generated as a result of a membership inventory cross reference between the incoming file (full file) and current membership for the firm. For example, a member appearing on the incoming full file but not currently active will generate an "add" transaction.
- For full files, data element BGN08 must be submitted with action code '2' (Change), '4' (Verify), or 'RX' (Replace). Per 5010, action code '4' strictly indicates that the file is for verification only. To ensure that a full file is uploaded to the membership system, begin using action code 'RX' instead.

## 1.7 Transaction Control Totals (QTY)

In order to ensure that all data in file is received, UniCare requires enrollment files be populated with the Header QTY segment. This allows for accurate comparison and balancing of the file.

## 1.8 Address Information

In Loop 2000, Member Level Detail, data elements INS03 and INS04 identify a member's enrollment status. If the enrollment involves a change of addition (INS03 populated with '001' or '021'), a reason must be given for qualification. Otherwise, the file will be rejected.

Example: Member adding newborn to her insurance policy. In Loop 2000, INS03 is populated with value '021' (addition) followed by INS04 with value '020' (birth).

## Section 2 - Business Case Scenarios

Common business case scenarios have been identified in the following table:

Business Case Scenarios	
Loop	Data Element [Value]
<b>834 Translation: SEGMENT, Data Element Separator (*), Value/[Value], Segment Terminator (~)</b>	
<b>New Enrollments (Subscriber and Dependent records)</b>	
2000	INS01[Y] + INS02[18] + INS03[021] + INS04[28]
	INS*Y*18*021*28~
<b>Add Dependents</b>	
2000	INS01[N] + INS02[relationship code] + INS03[021] + INS04[no 28]
	INS*N*[relationship code]*021~
<b>Terminate Contract</b>	
2000	INS01[Y] + INS02[18] + INS03[024]
	INS*Y*18*024~
<b>Terminate Dependents</b>	
2000	INS01[N] + INS02[relationship code] + INS03[024]
	INS*N*[relationship code]*024~
<b>Address Change</b>	
2000	INS01[Y] + INS02[18] + INS03[001] + INS04[43]
2100A	N301 + N401 + N402 + N403 <span style="float: right;">NEW ADDRESS</span>
	INS*Y*18*001*43~ N3*[street name]*[city]*[state]*[zip]~
<b>Name Change</b>	
2000	INS01[Y] + INS02[relationship code] + INS03[001] + INS04[25]
2100A	NM101[74] + NM102[1] + NM103 + NM104 + NM105 <span style="float: right;">NEW NAME</span>
2100B	NM101[70] + NM102[1] + NM103 + NM104 + NM105 <span style="float: right;">OLD NAME</span>
	INS*Y*[relationship code]*001*25~ NM1*74*1*[last name/org]*[first name]*[middle name]~ NM1*70*1*[last name/org]*[first name]*[middle name]~
<b>Primary Care Physician (PCP) Change</b>	
2000	INS01[Y] + INS02[relationship code] + INS03[001] + INS04[15]
2310	LX01
2310	PLA01[2] + PLA02[1P] + PLA03 + PLA05
	INS*Y*[relationship code]*001*15~ LX*[number] PLA*2*1P*[date CCYYMMDD]**[reason code]~
	PLA01[2] + PLA02[1P] + PLA03 + PLA05 INS*Y*[relationship code]*001*15~ LX*[number] PLA*2*1P*[date CCYYMMDD]**[reason code]~

According to the 834 TR3, data element PLA04 is not used. Account for PLA04 by using the asterisk (\*) as the data element separator.

Business Case Scenarios	
Loop	Data Element [Value]
<b>834 Translation: SEGMENT, Data Element Separator (*), Value/[Value], Segment Terminator (~)</b>	
<b>Date of Birth (DOB) or Gender Change</b>	
2000	INS01[Y] + INS02[relationship code] + INS03[001] + INS04[25]
2100A	NM101[IL] + NM102[1] + NM103 + NM104 + NM105 <span style="float: right;">MEMBER NAME</span>
2100A	DMG01[D8] + DMG02 + DMG03 <span style="float: right;">NEW DOB &amp; GENDER</span>
2100B	NM101[70] + NM102[1] + NM103 + NM104 + NM105 <span style="float: right;">MEMBER NAME</span>
2100B	DMG01[D8] + DMG02 + DMG03 <span style="float: right;">OLD DOB &amp; GENDER</span>
	INS*Y*[relationship code]*001*25~ NM1*IL*1*[last name/org]*[first name]*[middle name]~ DMG*D8*[date of birth CCYYMMDD]*[M,F OR U]~ NM1*70*1*[last name/org]*[first name]*[middle name]~ DMG*D8*[date of birth CCYYMMDD]*[M,F OR U]~
<b>Handicap Indicator Change</b>	
2000	INS01[Y] + INS02[relationship code] + INS03[001] + INS04[21] + INS10
	INS*Y*[relationship code]*001*21*****[handicap status]~
<b>Student Indicator Change</b>	
2000	INS01[N] + INS02[child dependent code] + INS03[001] + INS04[33] + INS09
	INS*N*[child dependent code]*001*33*****[student status]~
<b>Disability Indicator Change</b>	
2000	INS01[Y] + INS02[relationship code] + INS03[001] + INS04[21]
2200	DSB01
2000	DTP01[360 OR 361] + DTP02[D8] + DTP03
	INS*Y*[relationship code]*001*21~ DSB*[1, 2, 3 OR 4]~ DTP*[360 OR 361]*D8*[disability eligibility date CCYYMMDD]~
<b>Firm Division / Product Change</b>	
2000	INS01[Y] + INS02[18] + INS03[001] + INS04[22 OR XT]
2300	REF01[1L] + REF02 <span style="float: right;">NEW FIRM DIVISION</span>
2300	HD01[001] + HD04 <span style="float: right;">NEW HEALTH BENEFIT PLAN (HBP)</span>
	INS*Y*18*001*[22 OR XT]~ REF*1L*[group policy]~ HD*001***[plan coverage description]~
<b>Reinstatement</b>	
2000	INS01[Y] + INS02[18] + INS03[025]
	INS*Y*18*025~
<b>Add / Terminate Product</b>	
2000	INS01[Y] + INS02[relationship code] + INS03[001] + INS04[29]
2300	HD01[021] <span style="float: right;">ADD PRODUCT</span>
2300	HD01[023] <span style="float: right;">TERMINATE PRODUCT</span>
	INS*Y*[relationship code]*001*29~ HD*021~ HD*023~

## Section 3 - Enveloping

EDI envelopes control and track communications between you and UniCare. One envelope may contain many transaction sets grouped into the following:

- Interchange Control Header (ISA)
- Functional Group Header (GS)
- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

834 Benefit Enrollment and Maintenance–Envelope Specific to UniCare (TR3, Appendix C)			
<b>ISA—Interchange Control Header</b>		<b>GS—Functional Group Header</b>	<b>GE—Functional Group Trailer</b>
ISA01	00	GS01	BE
ISA02	refer to TR3	GS02	SENDER ID
ISA03	00	EDI assigned	
ISA04	refer to TR3	Left-justified followed by no zeroes or spaces	
ISA05	ZZ	GS03	UNICAREWGS
ISA06	SENDER ID		UNICARESTAR
	EDI assigned		BCCASTAR
	Left-justified followed by spaces	GS04	refer to TR3
ISA07	ZZ	GS05	refer to TR3
ISA08	UNICAREWGS UNICARESTAR BCCASTAR	GS06	refer to TR3
		GS07	X
		GS08	005010X220A1
ISA09	refer to TR3	<p><b>NOTE. Critical Batching and Editing Information</b></p> <p><i>*Files must be submitted with ISA08=GS03.</i></p> <p><i>*Transactions must be batched in separate functional group by GS03.</i></p> <p><i>*Unique group control number (GS06) MUST NOT be duplicated within 365 days by Trading Partner ID (GS02); files containing duplicate or previously received group control numbers will be rejected.</i></p>	
ISA10	refer to TR3		
ISA11	^ (5E)		
ISA12	00501		
ISA13	refer to TR3		
ISA14	refer to TR3		
ISA15	refer to TR3		
ISA16	refer to TR3		

## Section 4 - Charts for Situational Rules

Listed below are loops, segments, and data elements required for proper processing by UniCare per the situational rules in the 834 TR3.

834 Benefit Enrollment and Maintenance				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
P.31	<b>ST</b> Transaction Set Header	<b>ST03</b> Implementation Convention Ref	<b>005010X220A1</b>	005010X220A1 - Benefit Enrollment and Maintenance
P.32	<b>BGN</b> Beginning Segment	<b>BGN08</b> Action Code	<b>2</b> <b>4</b> <b>RX</b>	2 - Change (Update) 4 - Verify FILE IS <u>NOT</u> UPLOADED RX - Replace FILE IS UPLOADED
P.36	<b>REF</b>	<i>Transaction Set Policy Number - refer to TR3</i>		
P.37	<b>DTP</b>	<i>File Effective Date - refer to TR3</i>		
P.38	<b>QTY</b> Transaction Set Control Totals	<b>QTY02</b> Quantity	<b>(Record Totals)</b>	In absence of trailer record, submit record totals for UniCare to capture compare/balancing of transaction.
<b>Loop ID 1000A—Sponsor Name</b>				
P.39	<b>N1</b>	<i>Sponsor Name - Refer to TR3</i>		
<b>Loop ID 1000B—Payer</b>				
P.41	<b>N1</b> Payer	<b>N102</b> Name	<b>UNICARE</b>	UniCare
		<b>N104</b> ID Code	<b>953760001</b>	Represents the Tax ID of UniCare.
<b>Loop ID 1000C—TPA/Broker Name</b>				
P.43	<b>N1</b> TPA/Broker Name	<b>N104</b> ID Code	<b>(TPA or Broker ID Code)</b>	Use '01' to accompany '94' qualifier in N103.
<b>Loop ID 1100C—TPA/Broker Account Information</b>				
P.45	<b>ACT</b>	<i>TPA/Broker Account Information - Refer to TR3</i>		
<b>Loop ID 2000—Member Level Detail</b>				
P.47	<b>INS</b> Member Level Detail	<b>File will be rejected when INS03 (values '001' and '021') is not accompanied by a value populated in INS04</b>		
		<b>INS04</b> Maintenance Reason Code	If enrollment is a change or addition (INS03=001, 021), maintenance reason code must be populated.	
P.55	<b>REF</b> Subscriber Identifier	<b>REF02</b> Reference Identification	<b>(Subscriber Identifier)</b>	Represents Social Security Number for each Subscriber.
P.56	<b>REF</b> Member Policy Number	<b>REF02</b> Reference Identification	<b>(Insured Group or Policy Number)</b>	<ul style="list-style-type: none"> <li>Enter the Member Policy No. assigned by UniCare to efficiently process through systems.</li> <li>Contact Sales Rep for related questions.</li> </ul>
P.57	<b>REF</b>	<i>Member Supplemental Identifier - Refer to TR3</i>		
P.59	<b>DTP</b> Member Level Dates	<b>DTP01</b> Date/Time Qualifier	<b>356</b>	Must be submitted with all initial enrollments to identify when eligibility could begin. For the actual begin date, refer to Loop 2300 DTP Health Coverage Dates segment.
<b>Loop ID 2100A—Member Name</b>				
P.62	<b>NM1</b> Member Name	<b>NM105</b> Name Middle	<b>(Subscriber Middle Name)</b>	If whole Middle name is passed, only 1st position will be mapped and it must be an alpha character.

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>Loop ID 2100A—Member Name (cont'd)</b>				
		<b>NM109</b> Identification Code	(Subscriber Identifier)	Valid Social Security Number for each subscriber record needed to process the transaction successfully.
P.65	<b>PER</b> Member Communications Numbers	<b>PER04</b> Communic. No.	(Communic. Number)	Format - <AAA><BBBCCCC> 3 digit area code and 7 digit phone number
P.68	<b>N3</b> Member Residence Street Address	<b>N301</b> Address Information	(Subscriber Address Line)	Address for enrolling subscriber, for a dependent when the subscriber's address differs from the dependent's, or for a change in member's address.
P.71	<b>DMG</b> Member Demographics	<b>DMG03</b> Gender Code		If U is passed, the record will error and be reported back as discrepancy.
P.76	<b>EC</b>	<i>Employment Class - Refer to TR3</i>		
P.79	<b>ICM</b>	<i>Member Income - Refer to TR3</i>		
P.81	<b>AMT</b>	<i>Member Policy Amounts - Refer to TR3</i>		
P.82	<b>HLH</b>	<i>Member Health Information - Refer to TR3</i>		
P.84	<b>LUI</b>	<i>Member Language - Refer to TR3</i>		
<b>Loop ID 2100B—Incorrect Member Name</b>				
P.86	<b>NM1</b>	<i>Incorrect Member Name - Refer to TR3</i>		
P.89	<b>DMG</b>	<i>Incorrect Member Demographics - Refer to TR3</i>		
<b>Loop ID 2100C—Member Mailing Address</b>				
P.92	<b>NM1</b>	<i>Member Mailing Address - Refer to TR3</i>		
P.94	<b>N3</b>	<i>Member Mail Street Address - Refer to TR3</i>		
P.95	<b>N4</b>	<i>Member Mail City, State, ZIP Code - Refer to TR3</i>		
<b>Loop ID 2100D—Member Employer</b>				
P.97	<b>NM1</b>	<i>Member Employer - Refer to TR3</i>		
P.100	<b>PER</b>	<i>Member Employer Communications Numbers - Refer to TR3</i>		
P.103	<b>N3</b>	<i>Member Employer Street Address - Refer to TR3</i>		
P.104	<b>N4</b>	<i>Member Employer City, State, ZIP Code - Refer to TR3</i>		
<b>Loop ID 2100E—Member School - Refer to TR3</b>				
P.106	<b>NM1</b>	<i>Member School - Refer to TR3</i>		
P.108	<b>PER</b>	<i>Member School Communications Numbers - Refer to TR3</i>		
P.111	<b>N3</b>	<i>Member School Street Address - Refer to TR3</i>		
P.112	<b>N4</b>	<i>Member School City, State, ZIP Code - Refer to TR3</i>		
<b>Loop ID 2100F—Custodial Parent</b>				
P.114	<b>NM1</b>	<i>Custodial Parent - Refer to TR3</i>		
P.117	<b>PER</b>	<i>Custodial Parent Communications Numbers - Refer to TR3</i>		
P.120	<b>N3</b>	<i>Custodial Parent Street Address - Refer to TR3</i>		
P.121	<b>N4</b>	<i>Custodial Parent City, State, ZIP Code - Refer to TR3</i>		
<b>Loop ID 2100G—Responsible Person</b>				
P.123	<b>NM1</b>	<i>Responsible Person - Refer to TR3</i>		
P.126	<b>PER</b>	<i>Responsible Person Communications Numbers - Refer to TR3</i>		
P.129	<b>N3</b>	<i>Responsible Person Street Address - Refer to TR3</i>		
P.130	<b>N4</b>	<i>Responsible Person City, State, ZIP Code - Refer to TR3</i>		
<b>Loop ID 2100H—Drop Off Location</b>				
P.132	<b>NM1</b>	<i>Drop Off Location - Refer to TR3</i>		
P.134	<b>N3</b>	<i>Drop Off Location Street Address - Refer to TR3</i>		
P.135	<b>N4</b>	<i>Drop Off Location City, State, ZIP Code - Refer to TR3</i>		



834 Benefit Enrollment and Maintenance				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>Loop ID 2100G—Responsible Person (cont'd)</b>				
P.130	N4	Responsible Person City, State, ZIP Code - Refer to TR3		
<b>Loop ID 2100H—Drop Off Location</b>				
P.132	NM1	Drop Off Location - Refer to TR3		
P.134	N3	Drop Off Location Street Address - Refer to TR3		
P.135	N4	Drop Off Location City, State, ZIP Code - Refer to TR3		
<b>Loop ID 2200—Disability Information</b>				
P.137	DSB	Disability Information - Refer to TR3		
P.139	DTP	Disability Eligibility Dates - Refer to TR3		
<b>Loop ID 2300—Health Coverage</b>				
<b>Segment needed for each member and dependent record to process the transaction successfully.</b>				
P.140	HD	Health Coverage - Refer to TR3		
P.143	DTP	DTP01	348 349	348 - Benefit Begin; 349 - Benefit End Change file processing requires both a '348' and '349' when submitting a cancel/term. Full file processing requires a '348' as a default value with a valid date in the DTP03.
	Health Coverage Dates	DTP03	(Coverage Period)	
P.145	AMT	Health Coverage Policy - Refer to TR3		
P.146	REF	<b>Provide REF segment only if not present in Loop 2000</b>		
	Health Coverage Policy Number	REF01	1L	1L - Group or Policy Number
		REF02	(Insured Group or Policy No.)	<ul style="list-style-type: none"> <li>10 digit no. representing the insured's group, including sub-group.</li> <li>no. available from your Account Manager.</li> </ul>
P.148	REF	Prior Coverage Months - Refer to TR3		
P.150	IDC	Identification Card - Refer to TR3		
<b>Loop ID 2310—Provider Information</b>				
P.152	LX	Provider Information - Refer to TR3		
P.153	NM1	Provider Name - Refer to TR3		
P.156	N3	Provider Address - Refer to TR3		
P.157	N4	Provider City, State, ZIP Code - Refer to TR3		
P.159	PER	Provider Communications Numbers - Refer to TR3		
P.162	PLA	Provider Change Reason - Refer to TR3		
<b>Loop ID 2320—Coordination of Benefits</b>				
P.164	COB	Coordination of Benefits - Refer to TR3		
P.166	REF	Additional Coordination of Benefits - Refer to TR3		
P.168	DTP	Coordination of Benefits Eligibility Dates - Refer to TR3		
<b>Loop ID 2330—Coordination of Benefits Related Entity</b>				
P.169	NM1	Coordination of Benefits Related Entity - Refer to TR3		
P.171	N3	Coordination of Benefits Related Entity Address - Refer to TR3		
P.172	N4	Coordination of Benefits Other Insurance Company City, State, ZIP Code - Refer to TR3		
P.174	PER	Administrative Communications Contact - Refer to TR3		
P.176	LS	Additional Reporting Categories - Refer to TR3		
<b>Loop ID 2710—Member Reporting Categories</b>				
P.177	LX	Member Reporting Categories - Refer to TR3		
<b>Loop ID 2750—Reporting Category</b>				
P.178	N1	Reporting Category - Refer to TR3		
P.179	REF	Reporting Category Reference - Refer to TR3		
P.181	DTP	Reporting Category Date - Refer to TR3		
P.183	LE	Additional Reporting Categories Loop Termination - Refer to TR3		
P.184	SE	Transaction Set Trailer - Refer to TR3		