

MercyCare Health Plans

834 004010A Companion Document

Benefit Enrollment and Maintenance

Disclosure:

The ANSI ASC X12 834 Benefit Enrollment and Maintenance transaction will transfer enrollment information from a sponsor of the insurance coverage, benefits or policy to MercyCare Health Plans. This transaction was designed to enable a sponsor to create an electronic file for the enrollment and maintenance of its subscribers.

Business Use:

The following events are supported by the 834 Benefit Enrollment and Maintenance transaction.

- New enrollment or termination of coverage for a subscriber and their dependents.
- Changes to a subscriber's or their dependents current coverage.
- Verify the current subscribers for a sponsor

MercyCare Health Plans Specifications/Requirements

This section covers the information that MercyCare Health Plans requests to process your files efficiently. Please see the matrix for any detailed information that we may need to process your data.

- You must submit incoming 834 data using the basic character set as defined in Appendix A of the 834 Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the “@” symbol from the extended character set. Any other character submitted from the extended character set may cause the interchange (transmission) to be rejected by the translator.
- Only loops, segments and data elements valid for the HIPAA Benefit Implementation Guide will be translated. Non-implementation guide data may not be sent for processing consideration.
- MercyCare Health Plans will only process one transaction type (records group per interchange (transmission)); a submitter must only submit one GS-GE (Functional Group) within an ISA-IEA (interchange).
- MercyCare Health Plans may reject an interchange (transmission) that is submitted with a submitter identification number that is not authorized for electronic data submission.
- MercyCare Health Plans may reject an interchange (transmission) that is submitted with an invalid value in the GS03 (Application Receivers Code based on the carrier definition.)
- MercyCare Health Plans may reject any files that are found to be a duplication of a previous submission.
- MercyCare Health Plans requires the National Provider Identifier (NPI) be sent in the 2310 Loop under NM109 with an NM108 qualifier of ‘XX’. The NPI numbers for MercyCare PCP's will be available from MCHP upon request.

834 Data Element Matrix

The following matrix may assist you in creating an 834 transaction for MercyCare Health Plans. **When a field is indicated as situational, MercyCare Health Plans is assuming that if you have valid values for a data element then you are sending the information.** For example, if an individual does have a Medicare Plan Code, you are expected to send that information. Therefore, situational does not necessarily mean optional.

Segment	Element	Required or Situational	IG Comments	Comments (including valid values, formats, etc.)
ISA		Required	Interchange Control Header	
	ISA01	R	Authorization Information Qualifier	Always "00" (zero-zero) No authorization.
	ISA02	R	Authorization Information	Always blank (Fill with 10 spaces.)
	ISA03	R	Security Information Qualifier	Always "00" – No authorization.
	ISA04	R	Security Information	Always blank (Fill with 10 spaces.)
	ISA05	R	Interchange ID Qualifier	Always "ZZ" to indicate mutually defined.
	ISA06	R	Interchange Sender ID	Name or Number of sender submitting file.
	ISA07	R	Interchange ID Qualifier	Always "ZZ" to indicate mutually defined.
	ISA08	R	Interchange Receiver ID	Always MERCYCARE.
	ISA09	R	Interchange Date	Date format of YYMMDD.
	ISA10	R	Interchange Time	Time format of HHMM.
	ISA11	R	Interchange Control Standards Identifier	"U"
	ISA12	R	Interchange Control Version Number	"00401"
	ISA13	R	Interchange Control Number	The unique interchange control number. (Must be identical to IEA02.)

	ISA14	R	Acknowledgement Requested	“0” for no acknowledgement “1” for an acknowledgement .
	ISA15	R	Usage Indicator	“T” for Test data, “P” for Production data.
	ISA16	R	Component Element Separator	Use a delimiter from the following list: >,*,~,^, and :
GS		Required	Functional Group Header	
	GS01	R	Functional Identifier Code	“BE” to indicate Benefit Enrollment and Maintenance.
	GS02	R	Application Sender’s Code	Same as ISA06.
	GS03	R	Application Receiver’s Code	Same as ISA08.
	GS04	R	Date	Date format of CCYYMMDD.
	GS05	R	Time	Time format of HHMM.
	GS06	R	Group Control Number	The unique functional group control number. (Must be identical to GS02.)
	GS07	R	Responsible Agency Code	“X”
	GS08	R	Version/Release/Industry Identifier Code	“004010X095A1”
ST		Required	Transaction Set Header	
	ST01	R	Transaction Set Identifier Code	“834”
	ST02	R	Transaction Set Control Number	The unique transaction set control number. (Must be identical to ST02.)
BGN		Required	Beginning Segment	
	BGN01	R	Transaction Set Purpose Code	“00” (zero-zero).

	BGN02	R	Reference Identification	ID to be used for reference purposes. Must be unique per transaction set over time, so it is best to use a convention such as date time stamp + counter.
	BGN03	R	Transaction Set Creation Date	Date format of CCYYMMDD.
	BGN04	R	Transaction Set Creation Time	Time format of HHMM.
	BGN08	R	Action Code	“2”, for Change or Update, “4” for Verify.
REF		Required	Beginning Segment	
	REF01	R	Reference Identification Qualifier	“38” to indicate master policy number.
	REF02	R	Reference Identification	Group Number. This number must be the MercyCare Health Plans assigned number.
Loop 1000 A		Required	Sponsor	
N1		Required	Sponsor Name	
	N101	R	Entity Identifier Code	“P5” for Plan Sponsor.
	N102	R	Plan Sponsor Name	Group Name
	N103	R	Identification Code Qualifier	See IG for valid values.
	N104	R	Sponsor Identifier	See IG for valid values.
Loop 1000 A		Required	Payer	
N1		Required	Payer	
	N101	R	Entity Identifier Code	“IN” for Insurer.
	N102	S	Insurer Name	Carrier Name or ID
	N103	R	Identification Code Qualifier	See IG for valid values.
	N104	R	Insurer Identifier	See IG for valid values.

Loop 2000		Required	Member Level Detail	
INS		Required	Member Level Detail	
	INS01	R	Subscriber Indicator	“Y” for Subscriber records, “N” for Dependent records
	INS02	R	Individual Relationship Code	See IG for valid values.
	INS03	R	Maintenance Type Code	See IG for valid values.
	INS04	R	Maintenance Reason Code	See Reason Code/Date Matrix for valid values.
	INS05	R	Benefit Status Code	See IG for valid values.
	INS06	S	Medicare Plan Code	See IG for valid values.
	INS07	S	COBRA Qualifying	See IG for valid values.
	INS08	S	Employment Status Code	See IG for valid values.
	INS09	S	Student Status Code	See IG for valid values.
	INS10	S	Handicap Indicator	See IG for valid values.
	INS17	S	Birth Sequence Number	See IG for valid values.
REF		Required	Subscriber Number	
	REF01	R	Reference Identification Qualifier	“0F” for Subscriber Number
	REF02	R	Reference Identification	Subscriber Number, or Family ID. This number must be the MercyCare Health Plans assigned Subscriber Number
REF		Required	Member Policy Number	
	REF01	R	Reference Identification Qualifier	“1L” for Group or Policy Number
	REF02	R	Reference Identification	Group or Policy Number
REF		Situational	Member	

			Identification Number	
	REF01	R	Reference Identification Qualifier	“17” for Client Reporting Category.
	REF02	R	Reference Identification	Member Number. This is the MercyCare Health Plans assigned Member Number.
REF		Situational	Prior Coverage Months	
	REF01	R	Reference Identification Qualifier	“QQ” for Unit Number –Not Required.
	REF02	R	Reference Identification	Prior Coverage Month Count-Not Required.
DTP		Required	Member Level Dates	
	DTP01	R	Date/Time Qualifier	See Reason Code/Date Matrix for valid values.
	DTP02	R	Date Time Period Format Qualifier	“D8”
	DTP03	R	Date Time Period	Relevant date corresponding to DTP01
Loop 2100A		Required	Member Name	
NM1		Required	Member Name	
	NM101	R	Entity Identifier Code	“1L” for Insured or Subscriber
	NM102	R	Entity Type Qualifier	“1” for Person
	NM103	R	Name Last or Organization Name	Member’s Last Name
	NM104	R	Name First	Member’s First Name
	NM105	S	Name Middle	Member’s Middle Initial
	NM106	S	Name Prefix	Member’s Name Prefix
	NM107	S	Name Suffix	Member’s Name Suffix
	NM108	S	Identification Code Qualifier	“34” for Social Security Number

	NM109	S	Identification Code	Member's Social Security Number
PER		Situational	Member Communications Numbers	
	PER01	R	Contact Function Code	"IP" for Insured Party
	PER03	R	Communication Number Qualifier	See IG for valid values.
	PER04	R	Communication Number	See IG for valid values.
	PER05	R	Communication Number Qualifier	See IG for valid values.
	PER06	R	Communication Number	See IG for valid values.
N3		Situational	Member Residence Street Address	
	N301	R	Address Information	Address Line 1
	N302	S	Address Information	Address Line 2
N4		Situational	Member Residence City, ST, Zip	
	N401	R	City Name	
	N402	R	State or Province Code	
	N403	R	Postal Code	
	N404	S	Country Code	Required only if country is not USA. If sent for USA, the valid value is 'US'.
DMG		Situational	Member Demographics	
	DMG01	R	Date Time Period Format Qualifier	"D8"
	DMG02	R	Date Time Period	Member Birth Date
	DMG03	R	Gender Code	See IG for valid values.
	DMG04	S	Marital Status Code	See IG for valid values.
ICM		Situational	Member Health Information	
	ICM01	R	Frequency Code	See IG for valid values.
	ICM02	R	Monetary Amount	Wage Amount

				(Annual)
	ICM03	S	Quantity	Number of work hours
	ICM04	S	Location Identifier	Work Location Identifier
	ICM05	S	Salary Grade	Salary Grade
Loop 2100B		Situational	Incorrect Member Name	
NM1		Situational	Incorrect Member Name	
	NM101	R	Entity Identifier Code	“70” for Prior Incorrect Insured
	NM102	R	Entity Type Qualifier	“1” for Person
	NM103	R	Name Last or Organization Name	Prior Incorrect Insured Last Name

	NM104	R	Name First	Prior Incorrect Insured First Name
	NM105	S	Name Middle	Prior Incorrect Insured Middle Name
	NM106	S	Name Prefix	Prior Incorrect Insured Name Prefix
	NM107	S	Name Suffix	Prior Incorrect Insured Name Suffix
DMG		Situational	Incorrect Member Demographics	
	DMG01	R	Date Time Period Format Qualifier	“D8”
	DMG02	R	Date Time Period	Prior Incorrect Insured Birth Date
	DMG03	R	Gender Code	Prior Incorrect Insured Gender Code
Loop 2100E		Situational	Member School	
NM1		Situational	Incorrect Member Name	
	NM101	R	Entity Identifier Code	“M8” for Educational Institution
	NM102	R	Entity Type Qualifier	“2” for Non-Person Entity

	NM103	R	Name Last or Organization Name	School Name
PER		Situational	Member Communications Numbers	
	PER01	R	Contact Function Code	“SK” for School Clerk
	PER03	R	Communication Number Qualifier	See IG for valid values.
	PER04	R	Communication Number	See IG for valid values.
	PER05	R	Communication Number Qualifier	See IG for valid values.
	PER06	R	Communication Number	See IG for valid values.
Loop 2200		Situational	Disability Information	
DSB		Situational	Disability Information	
	DSB01	R	Disability Type Code	See IG for valid values.
	DSB07	S	Product/Service ID Qualifier	“DX”
	DSB08	S	Medical Code Value	“585” for End Stage Renal Disease
DTP		Situational	Disability Eligibility Dates	
	DTP01	R	Date/Time Qualifier	See IG for valid values.
	DTP02	R	Date Time Period Format Qualifier	“D8”
	DTP03	R	Date Time Period	Disability Eligibility Date
Loop 2300		Situational	Health Coverage	
HD		Situational	Health Coverage	
	HD01	R	Maintenance Type Code	See IG for valid values.
	HD03	R	Insurance Line Code	See IG for valid values.
	HD04	S	Plan Coverage Description	Plan Coverage Description
	HD05	S	Coverage Level Code	See IG for valid values.
DTP		Required	Health Coverage Dates	
	DTP01	R	Date/Time Qualifier	“348” for Benefit Begin Date, or

				“349” for Benefit End Date
	DTP02	R	Date Time Period Format Qualifier	“D8”
	DTP03	R	Date Time Period	Coverage Date
Loop 2310		Situational	Provider Information	
NM1		Required	Provider Name	
	NM101	R	Entity Identifier Code	See IG for valid values. P3 = Primary Care Provider
	NM102	R	Entity Type Qualifier	See IG for valid values. 1= Person
	NM103	S	Name Last or Organization Name	Provider Last or Organization Name
	NM104	S	Name First	Provider First Name
	NM105	S	Name Middle	Provider Middle Name
	NM107	S	Name Suffix	Provider Name Suffix
	NM108	S	Identification Code Qualifier	Required by MCHP to be ‘XX’ NPI
	NM109	S	Identification Code	Provider NPI (National Provider Identifier)
	NM110	R	Entity Relationship Code	See IG for Valid Values
PLA		Situational	PCP Change Reason	
	PLA01	R	Action Code	“2” for Change (Update)
	PLA02	R	Entity Identifier Code	“1P” for Provider
	PLA03	R	Date	Effective Date of Change of PCP (in format CCYYMMDD)
	PLA04	R	Maintenance Reason Code	See IG for valid values.
Loop 2320		Situational	Coordination of Benefits	
COB		Situational	Coordination of Benefits	
	COB01	R	Payer Responsibility	See IG for valid values.

			Sequence Number Code	
	COB02	S	Reference Identification	Insured Group or Policy Number
	COB03	R	Coordination of Benefits Code	See IG for valid values.
REF		Situational	Additional Coordination of Benefits Identifiers	
	REF01	R	Reference Identification Qualifier	“6P” for group number
	REF02	R	Reference Identification	COB Group Number
N1		Situational	Other Insurance Company Name	
	N101	R	Entity Identifier Code	“IN” for Insurer Code
	N102	R	Reference Identification	Insurer Name
DTP		Situational	Coordination of Benefits Eligibility Dates	
	DTP01	R	Date/Time Qualifier	“344” for Coordination of Benefits Begin Date, or “345” for Coordination of Benefits End Date
	DTP02	R	Date Time Period Format Qualifier	“D8”
	DTP03	R	Date Time Period	Coordination of Benefits Date
SE		Required	Transaction Set Trailer	
	SE01	R	Number of Included Segments	
	SE02	R	Transaction Set Control Number	The unique transaction set control number. (Must be identical to ST02.)
GE		Required	Functional Group Trailer	
	GE01	R	Number of	

			included transaction sets	
	GE02	R	Group Control Number	The unique functional group control number. (Must be identical to GS06.)
IEA		Required	Interchange Control Trailer	
	IEA01	R	Number of included functional groups	Should always be "1", since we are allowing only one functional group (GS/GE segment) per interchange.
	IEA02	R	Interchange Control Number	The unique interchange control number. (Must be identical to ISA13.)

Reason Code/Date Matrix

The following chart indicates which member level date codes (DTP01 of Loop 2000 Member Level Detail) are expected for a particular maintenance reason code (INS04). In all cases, at least one type of date is required, but if other dates are also listed, MERCYCARE HEALTH PLANS expects that the trading partner will provide that date information if available. This is indicated in the "Date Required" field.

In the cases of individuals with Medicare, MERCYCARE HEALTH PLANS expects a Medicare Begin Date (338) and/or a Medicare End Date (339) in addition to any other relevant dates.

In the cases of individuals with Medicaid, MERCYCARE HEALTH PLANS expects a Medicaid Begin Date (473) and/or a Medicaid End Date (474) in addition to any other relevant dates.

In the cases of individuals who are students, MERCYCARE HEALTH PLANS expects an Education Begin Date (350) and/or a Education End Date (351) in addition to any other relevant dates.

Maintenance Reason Code	Maintenance Reason Description	Member Level Date Code	Member Level Date Description	Date Required?
01	Divorce	301	COBRA QualifyingEvent	Yes
357		EligibilityEnd	No	
02	Birth	356	EligibilityBegin	Yes

03	Death	357	EligibilityEnd	Yes
04	Retirement	286	Retirement	Yes
05	Adoption	356	EligibilityBegin	Yes
06	Strike	337	EmploymentEnd	Yes
07	Termination of Benefits	357	Eligibility End	Yes
08	Termination of Employment	337	Employment End	Yes
357		EligibilityEnd	No	
09	COBRA	340	COBRABegin	Yes
341		COBRAEnd	No	
10	COBRA Premium Paid	340	COBRA Begin	Yes
341		COBRAEnd	No	
301		COBRA QualifyingEvent	No	
11	Surviving Spouse	356	Eligibility Begin	Yes
14	Voluntary Withdrawal	337	EmploymentEnd	Yes
15	PCP Change	303	Maintenance Effective	Yes
16	Quit	337	EmploymentEnd	Yes
357		EligibilityEnd	No	
17	Fired	337	EmploymentEnd	Yes
357		EligibilityEnd	No	
18	Suspended	337	EmploymentEnd	Yes
357		EligibilityEnd	No	
20	Active	336	EmploymentBegin	Yes
356		EligibilityBegin	No	
21	Disability	338	MedicareBegin	Yes
339		MedicareEnd	No	
22	Plan Change	303	Maintenance Effective	Yes
356		EligibilityBegin	No	
25	Change in Identifying Data Elements	303	Maintenance Effective	Yes
26	Declined Coverage	357	Eligibility End	Yes
28	Initial Enrollment	336	Employment Begin	Yes
356		EligibilityBegin	No	

29	Benefit Selection	356	Eligibility Begin	Yes
32	Marriage	356	EligibilityBegin	Yes
33	PersonnelData	303	Maintenance Effective	Yes
37	Leave of Absence with Benefits	337	Employment End	Yes
357		EligibilityEnd	No	
38	Leave of Absence without Benefits	337	Employment End	Yes
357		EligibilityEnd	No	
39	Lay Off with Benefits	337	Employment End	Yes
357		EligibilityEnd	No	
40	Lay Off without Benefits	337	Employment End	Yes
357		EligibilityEnd	No	
41	Re-enrollment	394	Rehire	Yes
356		EligibilityBegin	No	
43	Change of Location	303	Maintenance Effective	Yes
XN	NotificationOnly	356	EligibilityBegin	Yes
XT	Transfer	303	Maintenance Effective	Yes