Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N

Benefit Enrollment and Maintenance (834), 005010X220
Washington Publishing Company, August 2006

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<http://wpc-edi.com>

The ASC X12 TR3s that detail the full requirements for these transactions are available at http://store.x12.org/store/

This Technical Specification supplements Benefit Enrollment and Maintenance (834) ASC X12N/005010X220 and A1 addenda.

Every effort has been made to prevent errors in this document. However, if there is a discrepancy between this document and the TR3, the TR3 is the final authority.

In the examples given in this technical specification, a lowercase "b" denotes a blank space and values contained are for reference purposes only.

Important Note: Load the Daily transaction before the monthly 834 transaction.

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REF - Transaction Set Policy Number - Page 36

Example: REF*38*123456~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
REF02	Master Policy Number		**NOTE**: This is where the Plan ID will be provided. It will no longer be sent at the member level in the 2000 loop. See example.

REF - Subscriber Identifier - Page 55

Example: REF*0F*12345678~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
REF02	Subscriber Identifier		Recipient's Prime ID as designated by DMAP. See example.

REF - Member Supplemental Identifier - Page 57

Example: REF*3H*1234567AFS~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
REF02	Member Supplemental Identifier		Recipient's current case number and agency code. See example.

REF - Member Supplemental Identifier - Page 57

Example: REF*23*12345678~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
REF02	Member Supplemental Identifier		Head of Household Prime ID, if available. See example.

REF - Member Supplemental Identifier - Page 57

Example: REF*F6*123456789~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
REF02	Member Supplemental Identifier		Medicare Claim Number, if available. See example.

DTP - Member Level Dates - Page 59

Example: DTP*357*D8*19960705~

NOTE: One repeat of the segment for the beginning date of CCO coverage, and one repeat for the ending date of CCO coverage will be sent.

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
DTP01	Date Time Qualifier	356, 357	
DTP03	Status Information Effective Date		PHP Enrollment Begin Date and PHP Enrollment End Date of the recipient. The PHP Enrollment End Date will be the actual termination date or the last day of the current coverage month.

AMT - Member Policy Amounts - Page 81

Example: AMT*P3*100~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
AMT01	Amount Qualifier Code	P3	
AMT02	Contract Amount		Monthly Capitation Rate

HD - Health Coverage - Page 140

Example: HD*030**HMO*1234567890201206202013041 5N*IND~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
HD03	Insurance Line Code	AG, AK, DCP, EPO, HMO, PPO	
HD04	Plan Coverage Description		Refer to 834 Supplemental document, available on the Oregon Health Authority website.

REF - Health Coverage Policy Number - Page 146

Example: REF*17*A1~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
REF02	Insured Member or Policy Number		Program Eligibility Reporting Code (PERC). See example.