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of the Blue Cross and Blue Shield Association

February 2012

Subject: Changes for the 834 Benefit Enrollment and Maintenance Companion Document

Dear software developer,

A revised, updated copy of the (ANSI) ASC X12N 834 (005010X220A1) Benefit Enrollment and Maintenance (BCBSM EDI 834 Companion Document) is now online at:
<http://www.bcbsm.com/pdf/HIPAA-EDI-834-Companion-Document.pdf>.

The table below summarizes the changes to companion document.

Section	Description of Change	Page
Enrollment 834 Interchange Envelope and Functional Group Structure		
Interchange ID Qualifier – ISA07	Revised instruction	4

If you have any questions regarding this information, please call our Electronic Data Interchange department at 800-542-0945.

Sincerely,

A handwritten signature in black ink that reads 'John Bialowicz'.

John Bialowicz
Manager, ETP Contracting and Relations
e-Business Interchange Group

Blue Cross Blue Shield of Michigan HIPAA EDI Companion Document
American National Standards Institute (ANSI) ASC X12N 834 (005010X220A1)
Benefit Enrollment and Maintenance

Published March 2011



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Introduction

This document is the property of Blue Cross Blue Shield of Michigan (BCBSM) and is for use solely in your capacity as a Trading Partner of health care transactions with BCBSM, Blue Care Network (BCN) and National Account Services Corporation (NASCO). NASCO is referred to in this document as BCBSM National.

This document is intended for use as a companion to the HIPAA-mandated ANSI ASC X12N 834 version 005010X220 and the modifications implemented with the adopted Type 1 Errata (X12N/5010X220A1) transaction set Technical Reports Type 3 (TR3). Specific payer instructions contained in this document are provided for clarification purposes only and should be used in conjunction with the applicable HIPAA TR3s and the adopted Type 1 Errata published by the Washington Publishing Company. TR3s can be downloaded from the Washington Publishing Company web site at www.wpc-edi.com. Copyright (c) 2006, Data Interchange Standards Association on behalf of ASC X12.Format (c) 2006, Washington Publishing Company. All Rights Reserved.

This document provides information related to specific elements within the ANSI ASC X12N 834 version 005010X220A1 transaction, but does not change the definition, data condition, or use of a data element or segment in a standard, add data elements or segments to the maximum defined data set, use any code or data elements that are either marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specification(s), or change the meaning or intent of the HIPAA standards implementation specifications.¹

All instructions were written as known at the time of publication and are subject to change based on mutually agreed-upon conditions between BCBSM/National, BCN, and their customers. Changes will be communicated in future letters and on the BCBSM web site: www.bcbsm.com.

¹Standards for Electronic Transactions, *Federal Register*, Vol. 65, No. 160, August 17, 2000 pg. 50368

ANSI ASC X12N Benefit Enrollment and Maintenance 834 (005010X220A1) – Reporting Instruction Clarifications

General Overview

The Health Insurance Portability and Accountability Act (HIPAA) require that all health insurance payers in the United States comply with the version 005010 EDI standards for health care as established by the Secretary of Health and Human Services.

Consumer Driven Health Plans (CDHP)

Refer to the Data Requirements section for details to report information related to Health Savings Account (HSA), Health Reimbursement Account (HRA) and Flexible Spending Account (FSA) benefits.

Maximums/Limitations

To ensure proper routing when possible, lines of business should be submitted in separate transactions (See Page 4 REF02).

Additional Information

TA1 Interchange Acknowledgements

Interchange Acknowledgements (TA1) are used to reply to an interchange or transmission, notify the sending trading partner of problems that were encountered in the interchange control structure, and verify the envelope information. TA1 acknowledgements are only provided when requested in the Interchange Control Header.

Refer to Appendix B (B.1.1.5.1 Interchange Acknowledgment,TA1) of the ANSI ASC X12N 834 version 005010X220 TR3 for additional terminology, and information for the TA1 Interchange Acknowledgement.

999 Functional Acknowledgements

Functional Acknowledgements (999) are used to facilitate control of EDI. Segments within the 999 are used to identify the acceptance or rejection of functional groups, transaction sets or segments. Data elements in error can also be identified. BCBSM will return 999 acknowledgements on a daily basis to verify receipt of files from trading partners.

Refer to Section 1.6.2 999 Implementation Acknowledgment of the ANSI ASC X12N 834 version 005010X220 TR3 for additional terminology and information for the 999 Functional Acknowledgement.

Enrollment 834 Interchange Envelope and Functional Group Structure

Trading partners should follow the Interchange Control Structure (ICS) and Functional Group Structure (GS) guidelines for HIPAA that are located in the HIPAA implementation guides. The following sections address specific information needed by BCBSM in order to process the ASC X12N/005010X220A1-834 Benefit Enrollment and Maintenance Transaction. This information should be used in conjunction with the ASC X12N/005010X220 –Benefit Enrollment and Maintenance TR3.

Element Name	Element	Instruction	Pg#
Authorization Information Qualifier	ISA01	Report 00.	C.4
Security Information Qualifier	ISA03	Report 00.	C.4
Interchange Sender ID	ISA06	Report the Federal Tax ID of the Submitter.	C.4
Interchange ID Qualifier	ISA07	Report ZZ or 30. Reporting ZZ is recommended.	C.5
Interchange Receiver ID	ISA08	Report 382069753.	C.5
Functional Identifier Code	GS01	Report BE	C.7
Application Sender's Code	GS02	Report the Federal Tax ID of the Submitter.	C.7
Application Receiver's Code	GS03	Report 382069753.	C.7

Data Requirements for the 834 Transaction Set

Loop	Segment/Element	Instruction	Industry/Element Name	Pg#
Header	REF02	Required for all 834 transactions. Report one of the following master policy codes in REF02, as applicable: BCN HMO: Report HMO BCBSM Local: Report PPO BCBSM Local/MetaVance: Report MOS BCBSM National: Report HLT BCBSM Medicare Advantage: Report MABCBSM. (For use by employer group URMBT only) BCBSM National/MetaVance: Report NTL Note: If you have split files (containing more than 1 line of business), supply a group number.	Master Policy Number	36
Header	DTP01	BCBSM Local/MetaVance: Report qualifier 007.	Date/Time Qualifier	37
1000B	N103 N104	Report FI. Report 382069753.	Indicator Insurer Tax ID	42
1000C	N103 N104	Report 94 or FI. If reporting 94 , report the BCBSM agent code in N104, when applicable. If reporting FI, report a Federal Taxpayer Identification Number in N104.	Qualifier and TPA or Broker Identification Code	44

Loop	Segment/Element	Instruction	Industry/Element Name	Pg#												
2000	REF02	To facilitate processing of your enrollment files, we strongly encourage you to report the group number. BCN HMO: Report the insured's 8 digit group number in REF02.	Reference Identification Member Policy Number	56												
2000	REF02	BCN HMO: When reporting 17 in REF01, report the insured's 4 digit Class I.D. in REF02. When reporting DX in REF01 report the insured's 4 digit Sub-Group I.D. in REF02	Reference Identification Member Supplemental Identifier	57												
2100A	NM108 & NM109	All groups: Report qualifier 34 and the SSN for all subscribers and all dependents age 45 or older	Insured Identifier	64												
2100A	DMG03	To facilitate processing of your enrollment files, we strongly encourage you limit usage to codes M or F.	Member Gender Code	72												
2300	HD Segment	To facilitate processing of your enrollment files, report at least one HD loop. BCN: Report only one HD Loop	Health Coverage	140												
2300	HD03	Report one of the following lines of business: BCN HMO: Report HMO. BCBSM National: Report HLT or appropriate Insurance Line Code. BCBSM Local and National CDHP: Report HLT for each CDHP product.	Insurance Line Code	141												
2300	HD04	To facilitate processing of your enrollment files, we strongly encourage you to report the information if requested. BCN HMO: Do not report as this data is internally generated by BCN. BCBSM Local: Report the 12-character service code. BCBSM Local/MetaVance: Report-8 character BPID BCBSM National: Report the applicable group, section and package code. BCBSM Local and National: For HSA, HRA or FSA benefits complete this data element as follows: <table border="0"> <thead> <tr> <th><u>Position</u></th> <th><u>Value</u></th> </tr> </thead> <tbody> <tr> <td>1 – 3</td> <td>constant 'CDH' (to identify subsequent data)</td> </tr> <tr> <td>4</td> <td>blank or space</td> </tr> <tr> <td>5 – 12</td> <td>Product Identifier (refer to Appendix A for a list of valid product identifier codes)</td> </tr> <tr> <td>13</td> <td>blank or space</td> </tr> <tr> <td>14 – 22</td> <td>Goal Amount for FSA Products (formatted as 999999.99 or leave blank)</td> </tr> </tbody> </table> <p>Note: Reporting of HSA, RRA, HRA or FSA benefits requires submission of an additional 2300 Loop to provide the CDH related information. Each product selected by the member requires a separate 2300 Loop. See Appendix A for example.</p>	<u>Position</u>	<u>Value</u>	1 – 3	constant 'CDH' (to identify subsequent data)	4	blank or space	5 – 12	Product Identifier (refer to Appendix A for a list of valid product identifier codes)	13	blank or space	14 – 22	Goal Amount for FSA Products (formatted as 999999.99 or leave blank)	Plan Coverage Description	141
<u>Position</u>	<u>Value</u>															
1 – 3	constant 'CDH' (to identify subsequent data)															
4	blank or space															
5 – 12	Product Identifier (refer to Appendix A for a list of valid product identifier codes)															
13	blank or space															
14 – 22	Goal Amount for FSA Products (formatted as 999999.99 or leave blank)															
2300	DTP01	BCN HMO: Use only codes 348 (Benefit Begin) and 349 (Benefit End).	Benefit Begin and Benefit End Date	144												

Loop	Segment/Element	Instruction	Industry/Element Name	Pg#
2300	REF02	<p>BCBSM Local: When reporting 1L in REF01, report the insured's group number and suffix in REF02 (e.g. xxxxx-xxx).</p> <p>BCBSM Local/MetaVance: When reporting 1L in REF01, report the insured's Group and Division in REF02 (e.g. xxxxxxxx xxxx)</p> <p>BCBSM National: When reporting 1L in REF01, report the insured's group/section in REF02. When reporting 17 in REF01, report the Plan Code in REF02.</p> <p>BCN HMO: Do not report the group information in this Loop</p>	Reference Identification Health Coverage Policy Number	146
2320		BCBSM Local/MetaVance: Report separate 2320 Loops for Medicare Part A and Medicare Part B.	Coordination of Benefits	164
2330	NM103	<p>BCBSM Local/MetaVance: Report Medicare Part A or Medicare Part B</p> <p>BCN HMO: Preferred reporting is MEDA, MEDB and/or MEDPRIMARY as applicable.</p>	Coordination of Benefits Insurer Name	170

Appendix A – CDHP Product Identifiers

Product Identifiers	Description
HRA	Health Reimbursement Account (contribution or allocation based)
RRA	Retiree Reimbursement Account (contribution or allocation based)
HSA	Health Savings Account
FSA	Flexible Spending Account
FSADPECA	FSA Dependent Care
FSALPDV	FSA Limited Purpose Dental Vision
FSALPVIS	FSA Limited Purpose Vision
FSALPDEN	FSA Limited Purpose Dental
HRALPDV	HRA Limited Purpose Dental Vision
HRALPVIS	HRA Limited Purpose Vision
HRALPDEN	HRA Limited Purpose Dental
HRAPDED	HRA Post Deductible
FSAPDED	FSA Post Deductible

Example – CDH Loop 2300

Example of a contract with an HSA and FSA Dependant Care with a \$100 Contract Goal Amount:

```

HD*021**HLT*CDH HSA~
DTP*348*D8*20100101~
HD*021**HLT*CDH FSADPECA 000100.00~
DTP*348*D8*20100101~
    
```