



## **Delta Dental of Colorado**

### **834 Benefit Enrollment and Maintenance Transaction Companion Guide**

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# 834 Benefit Enrollment and Maintenance Transaction Companion Guide

Refers to the Implementation Guides Based on ASCX12 version  
005010X220A1

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Confidential and Proprietary Information of Delta Dental of Colorado  
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# Table of Contents

Disclosure Statement.....	4		
<b>1. Introduction.....</b>	<b>5</b>	<b>6. Control Segments/Envelopes.....</b>	<b>7</b>
Scope.....	5	ISA-IEA.....	7
Overview.....	5	GS-GE.....	7
References.....	5	ST-SE.....	7
<b>2. Getting Started.....</b>	<b>5</b>	<b>7. Payer-Specific Business Rules and Limitations.....</b>	<b>8</b>
Working with Delta Dental of Colorado.....	5	<b>8. Acknowledgements and/or Reports.....</b>	<b>8</b>
Trading Partner Registration.....	5	Report Inventory.....	8
Certification and Testing Overview.....	6	<b>9. Trading Partner Agreements.....</b>	<b>8</b>
<b>3. Testing with the Payer.....</b>	<b>6</b>	<b>10. Transaction-Specific Information.....</b>	<b>9</b>
<b>4. Connectivity with the Payer/Communications</b>	<b>6</b>	<b>Appendices.....</b>	<b>19</b>
Process Flow.....	6	1. Relationship Codes.....	19
Transmission Administrative Procedures.....	6	2. Gender Codes.....	19
Retransmission Procedure.....	6	3. Marital Status Codes.....	19
Communication Protocol Specifications.....	6	4. Rate Tier Codes.....	19
Passwords.....	6	5. Implementation Checklist.....	20
<b>5. Contact Information.....</b>	<b>7</b>	6. File Example.....	20
		7. Frequently Asked Questions.....	21



## Disclosure Statement

The information provided by Delta Dental of Colorado in this companion guide is based on Delta Dental of Colorado's interpretation of implementation specifications as set forth in the administrative simplification requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated by the U.S. Department of Health and Human Services pursuant thereto. In presenting this information, Delta Dental of Colorado seeks to facilitate a smooth transition to utilization of the standard. This layout is not intended by Delta Dental of Colorado to constitute the provision of legal services or advice; nor does Delta Dental of Colorado seek to create reliance on your part such as to give rise to liability. Delta Dental of Colorado makes no representation, and extends no warranty of any kind, regarding the completeness, accuracy, and legal sufficiency of the information provided herein.

We respectfully encourage you to review the matters discussed herein, and the applicability to your entity of the administrative simplification requirements of HIPAA and its implementing regulations as identified above, with your legal counsel and other experts to determine the scope of your compliance related responsibilities and obligations under HIPAA.

# 1. Introduction

## Scope

Many groups have found the electronic interface method to be the easiest way to establish and maintain their employee information. Groups furnish the data in a pre-defined format, described on the following pages.

## Overview

Processing claims at Delta Dental of Colorado requires that correct and current eligibility information be on file in the Dental Claims System 2000 (DCS2000) database. This information is maintained and updated using both online and batch processes as described below.

In the online process, Delta Dental of Colorado personnel key the eligibility data directly into the system using Eligibility Maintenance screens. In this case, documents containing the information necessary to perform the Eligibility Updates typically come from a contract administrator representing a group of subscribers or group dental plan.

In the batch process, the eligibility data is provided electronically in the standard format mandated in regulations issued by the U.S. Department of Health and Human Services. This standard format is called "The ASC X12N 834-Benefit Enrollment and Maintenance" as set forth in §162.1502 of Part 162, Subpart O, Standards for Electronic Transactions and Code Sets (45 CFR Part 162, August 17, 2000).

## References

ASC X12N/005010X220E1 Benefit Enrollment and Maintenance (834)

Technical Report 3.

# 2. Getting Started

## Working With Delta Dental of Colorado

The first step in establishing an electronic interface with Delta Dental of Colorado is to contact our electronic eligibility test team by email at [EDI\\_Testing@ddpco.com](mailto:EDI_Testing@ddpco.com)

## Trading Partner Registration

Provisioning of 834 trading partners is managed by Delta Dental of Colorado's electronic eligibility test specialists. To request a connection to Delta Dental of Colorado, please complete and submit the following form: <https://ddpco.wufoo.com/forms/pljj8con05lw1vc/>.



### 3. Testing With the Payer

Delta Dental of Colorado requires that all trading partners wishing to submit benefit enrollment and maintenance information electronically via the 834 format in the production environment complete compliance and business level testing. There are three steps to our testing process, which are listed below:

**Testing of Format** — In this step, we will test to ensure that the data being sent is in accordance with the HIPAA 834 format.

**Testing of Data** — In this step, we will test to ensure the integrity of the data being submitted on the file. All required fields must be submitted correctly.

**Testing of Changes** — For groups that will be using the electronic eligibility process for ongoing eligibility updates, we require that all of our 10 test cases be successfully completed before we can utilize the 834 files in our production environment. These 10 test cases are the most common changes that occur in eligibility records. These test cases are located in the last appendix at the end of this companion guide.

Delta Dental of Colorado **requires full files** during all testing phases and once moved into production. If your organization elects to send change or negative files, a quarterly audit and verification is **required** by the Group or third-party administrator (TPA).

### 4. Connectivity with the Payer/Communications Process Flows

834 batch transmissions are processed in Delta Dental of Colorado's system within two business days (48 hours) of receipt of complete and accurate data.

#### Transmission Administrative Procedures

Delta Dental of Colorado processes 834 files on a first-in, first out basis. No notice from the submitter is required to trigger processing.

#### Retransmission Procedure

On the failure of processing due to compliance errors, Delta Dental of Colorado will notify the trading partner of the compliance failure and will ask the submitter to correct the error and re-transmit the file again.

#### Communications Protocol Specifications

Delta Dental of Colorado will set up a SFTP connection for the trading partner during the provisioning process.

The address of the SFTP is <https://mft.deltadentalco.com>.  
Or via smart client: <https://mft.deltadentalco.com> port 22.

#### Passwords

A username and password will be created for our SFTP site. In order to review secured emails containing protected health information (PHI) you will need to develop a password with the initial secured email you receive from Delta Dental of Colorado. For any personnel changes at the partner's office, a new password should be requested.

## 5. Contact Information

Please contact [EDI\\_Testing@ddpco.com](mailto:EDI_Testing@ddpco.com) for EDI customer services and EDI technical assistance during the testing phase. Thereafter, please use [Eligibility@ddpco.com](mailto:Eligibility@ddpco.com).

## 6. Control Segments/ Envelopes

### ISA-IEA

The transmission file should include only one ISA-IEA segment. The ISA segment should be configured as follows:

**ISA05 = 30** unless an alternate identifier is mutually agreed-upon during the provisioning process.

**ISA06 =** Submitter's Federal Tax ID unless an alternate identifier is mutually agreed-upon during the provisioning process.

**ISA07 = 30**

**ISA08 = 840568337** — Delta Dental of Colorado Receiver number

**ISA15 = T** when submitting the file to Delta Dental of Colorado's test system and **P** when submitting the file to Delta Dental of Colorado's production system.

**N104 = 381791480** — Delta Dental of Colorado Federal Tax ID number

### GS-GE

The transmission file should include only one GS-GE segment. The GS segment should be configured as follows:

**GS02 =** Submitter's Federal Tax ID unless an alternate identifier is mutually agreed-upon during the provisioning process.

**GS03 = 840568337** — Delta Dental of Colorado Federal Tax ID number

### ST-SE

The transmission can contain multiple ST-SE segments (one each for 999,999 members). The data sent should only have printable characters from the ASCII character set.

## 7. Payer Specific Business Group Information

Delta Dental of Colorado requires the group, sub-location, and division.

**The individual is to be submitted in the loop 2000 segment REF where REF01 = 1L.** The number should be formatted as follows:

REF\*1L\*Group Number

REF\*17\*Sublocation Number

REF\*1L GGGGGGGGGSSSSSSSSDDDD (please note, this requires additional programming.)

G = Group number left padded with zero to nine positions and

S = Sub-location number left padded with zero to eight positions and

D = Division number left padded with zero to four positions.

## 8. Acknowledgements and/or Reports

### Report Inventory

Delta Dental of Colorado implements the following 834 transaction acknowledgement model. Transaction compliance is judged against the HIPAA-mandated X12N/005010X220E1 Benefit Enrollment and Maintenance (834) Technical Report 3.

Upon completion of 834 processing by Delta Dental of Colorado, electronic eligibility error reports will be generated and made available to the trading partner. The email will be sent to the designated group contacts (we suggest more than one contact be set up in case of vacations or illness). The error report is detailed and shows both the summary file processing results and specific error records with explanations about the error. An electronic eligibility specialist is available to go over the report with the group contact so that the report may be worked and returned to Delta Dental of Colorado if necessary.

If a file is not received within two business days of the scheduled receipt date, an automated email will be sent to the designated group contacts. Note that these contacts can be different from the error report contacts.

## 9. Trading Partner Agreements

Delta Dental of Colorado requires that a Business Associate Agreement be in place before trading electronic data. The Business Associate Agreement is typically provisioned during the group on-boarding process.



## 10. Transaction-Specific Information

USAGE	SEGMENT	NAME	VALUE	LENGTH	DESCRIPTION
<b>REQUIRED/ OPTIONAL</b>					
<b>HEADER</b>	<b>ISA</b>	<b>INTERCHANGE CONTROL HEADER</b>	<b>ISA</b>		<b>MANDATORY HEADER SEGMENT, ONLY ONE PER FILE</b>
R	ISA01	AUTHORIZATION INFORMATION QUALIFIER	00	2	NO AUTHORIZATION INFORMATION PRESENT
R	ISA02	AUTHORIZATION INFORMATION		10	ENTER 10 SPACES
R	ISA03	SECURITY INFORMATION QUALIFIER	00	2	ENTER 00 NO SECURITY INFORMATION PRESENT
R	ISA04	SECURITY INFORMATION		10	ENTER 10 SPACES
R	ISA05	INTERCHANGE	30	2	ENTER VALUE 30
R	ISA06	INTERCHANGE		15	ENTER THE SUBMITTERS US FEDERAL TAX ID, TRAILING SPACES
R	ISA07	INTERCHANGE	30	2	ENTER VALUE 30
R	ISA08	INTERCHANGE RECEIVER ID		15	ENTER RECEIVER ID 840568337, TRAILING SPACES
R	ISA09	INTERCHANGE DATE		6	DATE IS IN YYMMDD FORMAT
R	ISA10	INTERCHANGE TIME		4	TIME IS IN HHMM FORMAT
R	ISA11	REPETITION SEPARATOR	^	1-	ENTER CARET
R	ISA12	INTERCHANGE CONTROL VERSION NUMBER	00501	5	APPROVED ANSI VERSION
R	ISA13	INTERCHANGE CONTROL NUMBER		9	ENTER SAME VALUE AS IEA*02
O	ISA14	ACKNOWLEDGEMENT REQUESTED	0, 1	1	0 - NO ACKNOWLEDGEMENT REQUESTED  1 - ACKNOWLEDGEMENT REQUESTED
R	ISA15	INTERCHANGE USAGE INDICATOR	P, T	1	T - TEST TRANSACTIONS  P - PRODUCTION TRANSACTIONS
R	ISA16	COMPONENT ELEMENT SEPARATOR	:	1	ENTER ": DELIMITER FOR COMPOSITE DATA STRUCTURE IN AN ELEMENT. MUST BE DIFFERENT FROM DATA ELEMENT SEPARATOR, REPETITION SEPARATOR AND THE SEGMENT TERMINATOR.

USAGE	SEGMENT	NAME	VALUE	LENGTH	DESCRIPTION
<b>REQUIRED/ OPTIONAL</b>					
<b>HEADER</b>	<b>GS</b>	<b>FUNCTIONAL GROUP HEADER</b>	<b>GS</b>		<b>ENTER VALUE GS</b>
R	GS01	FUNCTIONAL GROUP IDENTIFIER CODE	BE	2	FUNCTIONAL IDENTIFIER CODE FOR BENEFIT ENROLLMENT AND MAINTENANCE
R	GS02	APPLICATION SENDER'S CODE		15	ENTER SAME VALUE AS ISA*06
R	GS03	APPLICATION RECEIVER'S CODE		15	ENTER SAME VALUE AS ISA*08 840568337
R	GS04	DATE		8	DATE IS IN YYYYMMDD FORMAT
R	GS05	TIME		8	TIME IS IN HHMM FORMAT
R	GS06	GROUP CONTROL NUMBER		9	ENTER SAME VALUE AS GE*02
R	GS07	RESPONSIBLE AGENCY CODE	X	1	ACCREDITED STANDARDS COMMITTEE X12
R	GS08	VERSION/RELEASE/ INDUSTRY IDENTIFIER CODE	005010X220	12	ENTER VALUE 005010X220
<b>HEADER</b>	<b>ST</b>	<b>TRANSACTION SET HEADER</b>	<b>ST</b>	<b>2</b>	<b>ENTER VALUE ST</b>
R	ST01	TRANSACTION SET IDENTIFIER CODE	834	3	ENTER VALUE 834 FOR BENEFIT ENROLLMENT AND MAINTENANCE
R	ST02	TRANSACTION SET CONTROL NUMBER		4-9	ENTER SAME VALUE AS SE*02
R	ST03	VERSION/RELEASE/ INDUSTRY IDENTIFIER CODE	005010X220	35	VERSION OF THE BENEFIT ENROLLMENT AND MAINTENANCE
<b>HEADER</b>	<b>BGN</b>	<b>BEGINNING SEGMENT</b>	<b>BGN</b>		<b>ENTER VALUE BGN</b>
R	BGN01	TRANSACTION SET PURPOSE CODE	00	2	ENTER VALUE 00 FOR ORIGINAL
R	BGN02	REFERENCE IDENTIFICATION	-		NOT USED BY DDCO
R	BGN03	DATE	ENTER FILE CREATED DATE	8	DATE IS IN YYYYMMDD FORMAT
R	BGN04	TIME		8	TIME IS IN HHMM FORMAT
O	BGN05	TIME CODE	-		NOT USED BY DDCO
O	BGN06	REFERENCE CODE	-		NOT USED BY DDCO
O	BGN07	TRANSACTION TYPE CODE	-		NOT USED BY DDCO
R	BGN08	ACTION CODE			ENTER VALUE 4 NOT USED BY DDCO

USAGE	SEGMENT	NAME	VALUE	LENGTH	DESCRIPTION
<b>REQUIRED/ OPTIONAL</b>					
O	BGN09	SECURITY LEVEL CODE	-		NOT USED BY DDCO
O	REF	REFERENCE IDENTIFICATION	-		NOT USED BY DDCO
O	DTP	DATE OR TIME OR PERIOD	-		NOT USED BY DDCO
O	QTY	QUANTITY INFORMATION	-		NOT USED BY DDCO
<b>LOOP 1000A</b>	<b>N1</b>	<b>SPONSOR NAME</b>	<b>N1</b>		<b>ENTER VALUE N1</b>
R	N101	ENTITY IDENTIFIER CODE	P5	2	ENTER VALUE OF P5
O	N102	NAME		60	SPONSOR/CLIENT/ GROUP NAME
R	N103	IDENTIFIER ID	FI	2	ENTER VALUE OF FI
R	N104	IDENTIFIER NO HYPHENS		9	ENTER FEDERAL TAX ID NUMBER
O	N105	ENTITY RELATIONSHIP CODE	-		NOT USED BY DDCO
O	N106	ENTITY IDENTIFIER CODE	-		NOT USED BY DDCO
<b>LOOP 1000B</b>	<b>N1</b>	<b>PAYER NAME</b>	<b>N1</b>		<b>ENTER VALUE AS N1</b>
R	N101	ENTITY IDENTIFIER CODE	IN	3	ENTER VALUE AS IN
O	N102	PAYER NAME		60	ENTER VALUE DELTA DENTAL OF COLORADO
R	N103	IDENTIFIER ID	FI	2	ENTER VALUE FI
R	N104	IDENTIFIER NO HYPHENS		9	381791480
O	N105	ENTITY RELATIONSHIP CODE	-		NOT USED BY DDCO
O	N106	ENTITY IDENTIFIER CODE	-		NOT USED BY DDCO
<b>LOOP 1000C</b>	<b>N1</b>	<b>TPA/BROKER NAME</b>			<b>ENTER VALUE N1</b>
R	N101	ENTITY IDENTIFIER CODE	TV	3	ENTER VALUE TV
R	N102	NAME		60	TPA/BROKER NAME
R	N103	IDENTIFIER ID	FI	2	ENTER VALUE FI
R	N104	IDENTIFIER NO HYPHENS		9	TPA/BROKER TAX ID NUMBER
O	N105	ENTITY RELATIONSHIP CODE	-		NOT USED BY DDCO
O	N106	ENTITY IDENTIFIER CODE	-		NOT USED BY DDCO
<b>LOOP 1100C</b>	<b>ACT</b>	<b>TPA/BROKER ACCOUNT INFO</b>	<b>-</b>		<b>NOT USED BY DDCO</b>
<b>LOOP 2000</b>	<b>INS</b>	<b>INSURED BENEFIT</b>	<b>INS</b>		<b>ENTER VALUE INS</b>
R	INS01	CONDITION OR RESPONSE CODE		1	Y = INSURED/ SUBSCRIBER  N = DEPENDENT
R	INS02	INDIVIDUAL RELATIONSHIP CODE		2	CODE INDICATING THE RELATIONSHIP MUST USE 18 (SELF) FOR SUBSCRIBER. SEE APPENDIX 1
R	INS03	INSURED BENEFIT AUDIT/COMPARE		3	ENTER VALUE 030

USAGE	SEGMENT	NAME	VALUE	LENGTH	DESCRIPTION
<b>REQUIRED/ OPTIONAL</b>					
O	INS04	MAINTENANCE REASON CODE	-		NOT USED BY DDCO
R	INS05	BENEFIT STATUS CODE	-		NOT USED BY DDCO
O	INS06	MEDICARE STATUS CODE	-		NOT USED BY DDCO
O	INS07	COBRA QUALIFYING EVENT	-		NOT USED BY DDCO
O	INS08	EMPLOYMENT STATUS CODE		2	ONLY FOR SPECIFIC CONTRACTS. OTHERWISE, DO NOT SEND
O	INS09	STUDENT STATUS	F, P, N	1	ONLY FOR SPECIFIC CONTRACTS. OTHERWISE, DO NOT SEND
O	INS10	DISABILITY STATUS	Y,N	1	ONLY IF REPORTING OVERAGE DISABLED DEPENDENT
O	INS11	DATE/TIME PERIOD FORMAT QUALIFIER	-		NOT USED BY DDCO
O	INS12	DATE/TIME PERIOD	-		NOT USED BY DDCO
O	INS13	CONFIDENTIALITY CODE	-		NOT USED BY DDCO
O	INS14	CITY NAME	-		NOT USED BY DDCO
O	INS15	STATE OR PROVINCE CODE	-		NOT USED BY DDCO
O	INS16	COUNTRY CODE	-		NOT USED BY DDCO
O	INS17	NUMBER- ASSIGNED TO EACH FAMILY MEMBER BORN WITH THE SAME DOB	-		NOT USED BY DDCO
<b>LOOP 2000</b>	<b>REF</b>	<b>REFERENCE INFORMATION</b>	<b>CAN BE REPORTED IN LOOP 2000 OR 2300 (NOT BOTH)</b>		<b>ENTER VALUE OF REF</b>
R	REF01	REFERENCE IDENTIFICATION QUALIFIER	OF	2	ENTER VALUE OF
R	REF02	REFERENCE IDENTIFICATION		9	SUBSCRIBER ID NO PUNCTUATION 000000000
O	REF03	DESCRIPTION	-		NOT USED
O	REF04	REFERENCE IDENTIFIER	-		NOT USED
R	REF	REF-MEMBER POLICY NUMBER	REF		ENTER VALUE REF
R	REF01	REFERENCE IDENTIFICATION QUALIFIER	1L	2	ENTER VALUE 1L
R	REF02	REFERENCE IDENTIFICATION		9	PREASSIGNED GROUP NUMBER
R	REF	REFERENCE INFORMATION	REF		ENTER VALUE REF
R	REF01	REFERENCE IDENTIFICATION QUALIFIER	17	2	CAN BE REPORTED IN LOOP 2000 OR 2300 (NOT BOTH)
R	REF02	REFERENCE IDENTIFICATION		8	PREASSIGNED SUBLOCATION NUMBER

USAGE	SEGMENT	NAME	VALUE	LENGTH	DESCRIPTION
<b>REQUIRED/ OPTIONAL</b>					
<b>LOOP 2000</b>	<b>DTP</b>	<b>MEMBER LEVEL DATES</b>			<b>ENTER VALUE DTP</b>
R	DTP01	DATE OR TIME PERIOD	336	3	EMPLOYMENT BEGIN DATE
R	DTP02	DATE OR TIME PERIOD QUALIFIER	D8	2	ENTER VALUE D8
R	DTP03	DATE TIME PERIOD	DATE IN FORMAT	8	MOST RECENT HIRE DATE SHOULD BE PASSED. DATE IS IN YYYYMMDD FORMAT.
R	DTP01	DATE OR TIME PERIOD	348	3	COVERAGE BEGIN DATE
R	DTP02	DATE OR TIME PERIOD QUALIFIER	D8	2	ENTER VALUE D8
R	DTP03	DATE TIME PERIOD	DATE IN FORMAT	8	MOST RECENT EFFECTIVE DATE SHOULD BE PASSED. DATE IS IN YYYYMMDD FORMAT.
R	DTP01	DATE OR TIME PERIOD	349	3	COVERAGE TERMINATION DATE
R	DTP02	DATE OR TIME PERIOD QUALIFIER	D8	2	ENTER VALUE D8
R	DTP03	DATE TIME PERIOD  THE TERMINATION DATE REPRESENTS THE LAST DATE OF COVERAGE IN WHICH CLAIMS WILL BE PAID FOR THE INDIVIDUAL BEING TERMINATED.	DATE IN FORMAT	8	CCYYMMDD  FOR EXAMPLE, IF A DATE OF 20180930 IS PASSED THEN CLAIMS WILL BE PAID THROUGH 11:59 P.M. ON 9/30/2018.
<b>LOOP 2100A</b>	<b>NM1</b>	<b>MEMBER NAME</b>	<b>SUBSCRIBER OR POLICY HOLDER</b>		<b>ENTER VALUE NM1</b>
R	NM101	ENTITY IDENTIFIER CODE	IL	3	ENTER VALUE IL
R	NM102	ENTITY IDENTIFIER QUALIFIER	1	1	PERSON
R	NM103	LAST NAME			LAST NAME
R	NM104	FIRST NAME			FIRST NAME
O	NM105	MIDDLE NAME			MIDDLE NAME OR INITIAL
O	NM106	NAME PREFIX	-		NOT USED BY DDCO
O	NM107	NAME SUFFIX	-		NOT USED BY DDCO
R	NM108	IDENTIFICATION CODE QUALIFIER	34	2	ENTER VALUE 34
R	NM109	IDENTIFICATION CODE		9	SUBSCRIBER SSN NO PUNCTUATION  000000000
O	NM110	ENTITY RELATIONSHIP CODE	-		NOT USED
O	NM111	ENTITY IDENTIFIER CODE	-		NOT USED
O	NM112	LAST NAME OR ORGANIZATION NAME	-		NOT USED

USAGE	SEGMENT	NAME	VALUE	LENGTH	DESCRIPTION
<b>REQUIRED/ OPTIONAL</b>					
O	PER01	CONTACT FUNCTION CODE	IP	2	INSURED PARTY
O	PER02	NAME		60	NOT USED BY DDCO
O	PER03	COMMUNICATION NUMBER QUALIFIER	TE, EM	2	TE = TELEPHONE EM = EMAIL
O	PER04	COMMUNICATION NUMBER		256	PHONE OR EMAIL CONTACT INFORMATION
O	PER05	COMMUNICATION NUMBER QUALIFIER	TE, EM	2	TE = TELEPHONE EM = EMAIL
O	PER06	COMMUNICATION NUMBER		256	PHONE OR EMAIL CONTACT INFORMATION
O	PER07	COMMUNICATION NUMBER QUALIFIER	TE, EM	2	TE = TELEPHONE EM = EMAIL
O	PER08	COMMUNICATION NUMBER	Y/N		EMAIL OPT IN OR OPT OUT
O	PER09	CONTACT INQUIRY REFERENCE			
<b>LOOP 2100A</b>	<b>N3</b>	<b>MEMBER RESIDENCE STREET ADDRESS</b>			<b>ENTER VALUE N3</b>
R	N301	ADDRESS INFORMATION			SUBSCRIBER/DEPENDENT ADDRESS LINE 1
O	N302	ADDRESS INFORMATION			SUBSCRIBER/DEPENDENT ADDRESS LINE 2
<b>LOOP 2100A</b>	<b>N4</b>	<b>GEOGRAPHIC LOCATION</b>			<b>ENTER VALUE N4</b>
R	N401	CITY NAME		30	SUBSCRIBER/DEPENDENT CITY NAME
R	N402	STATE OR PROVIDE CODE		2	SUBSCRIBER/DEPENDENT STATE OR PROVINCE NAME
R	N403	POSTAL CODE		5	ZIP CODE
O	N404	COUNTRY CODE		2	2-DIGIT ALPHA COUNTRY CODE
O	N405	LOCATION QUALIFER	-		NOT USED BY DDCO
O	N406	LOCATION IDENTIFER	-		NOT USED BY DDCO
O	N407	COUNTRY SUBDIVISION CODE	-		NOT USED BY DDCO
R	DMG01	DATE TIME PERIOD FORMAT QUALIFIER	D8	3	ENTER VALUE D8
R	DMG02	DATE TIME PERIOD	SUBSCRIBER/ MEMBER DATE OF BIRTH	8	DATE IN FORMAT CCYYMMDD
R	DMG03	GENDER CODE	M,F,U	1	SEE APPENDIX 1 FOR MAPPING
R	DMG04	MARITAL STATUS CODE		1	SEE APPENDIX 3 FOR MAPPING
O	DMG05-01	RACE OR ETHNICITY CODE			NOT USED BY DDCO



USAGE	SEGMENT	NAME	VALUE	LENGTH	DESCRIPTION
<b>REQUIRED/ OPTIONAL</b>					
O	DMG05-02	CODE LIST QUALIFIER CODE	-		NOT USED BY DDCO
O	DMG05-03	INDUSTRY CODE	-		NOT USED BY DDCO
O	DMG06	CITIZENSHIP STATUS CODE	-		NOT USED BY DDCO
O	DMG07	COUNTRY CODE	-		NOT USED BY DDCO
O	DMG08	BASIS OF VERIFICATION CODE	-		NOT USED BY DDCO
O	DMG09	QUANTITY	-		NOT USED BY DDCO
O	DMG10	CODE LIST QUALIFIER CODE	-		NOT USED BY DDCO
O	DMG11	INDUSTRY CODE	-		NOT USED BY DDCO
<b>LOOP 2100A</b>	<b>EC</b>	<b>EMPLOYMENT CLASS</b>	-		<b>NOT USED BY DDCO</b>
O	ICM	INDIVIDUAL INCOME	-		NOT USED BY DDCO
O	AMT	MONETARY AMOUNT	-		NOT USED BY DDCO
O	HLH	HEALTH INFORMATION	-		NOT USED BY DDCO
O	LUI	LANGUAGE USE	-		NOT USED BY DDCO
<b>LOOP 2100B</b>	<b>NM1</b>	<b>INCORRECT MEMBER NAME</b>	-		<b>NOT USED BY DDCO</b>
<b>LOOP 2100C</b>	<b>NM1</b>	<b>MEMBER MAILING ADDRESS</b>	-		<b>NOT USED BY DDCO</b>
<b>LOOP2100D</b>	<b>NM1</b>	<b>MEMBER EMPLOYER</b>	-		<b>NOT USED BY DDCO</b>
<b>LOOP 2100E</b>	<b>NM1</b>	<b>MEMBER SCHOOL</b>	-		<b>NOT USED BY DDCO</b>
<b>LOOP 2100F</b>	<b>NM1</b>	<b>CUSTODIAL PARENT</b>	-		<b>NOT USED BY DDCO</b>
<b>LOOP2100G</b>	<b>NM1</b>	<b>RESPONSIBLE PERSON</b>	-		<b>NOT USED BY DDCO</b>
<b>LOOP2100H</b>	<b>NM1</b>	<b>DROP OFF LOCATION</b>	-		<b>NOT USED BY DDCO</b>
<b>LOOP 2200</b>	<b>DSB</b>	<b>DISABILITY INFORMATION</b>	-		<b>NOT USED BY DDCO</b>
<b>LOOP 2300</b>	<b>HD</b>	<b>HEALTH COVERAGE</b>			<b>ENTER VALUE HD</b>
R	HD01	MAINTENANCE TYPE CODE		3	ENTER VALUE 030
O	HD02	MAINTENANCE REASON CODE		3	NOT USED BY DDCO
R	HD03	INSURANCE LINE CODE	DEN	3	ENTER VALUE DEN - DENTAL INSURANCE
O	HD04	PLAN COVERAGE DESCRIPTION	-		NOT USED BY DDCO
R	HD05	COVERAGE LEVEL CODE			SEE APPENDIX 4 FOR MAPPING
O	HD06	COUNT	-		NOT USED BY DDCO
O	HD07	COUNT	-		NOT USED BY DDCO
O	HD08	UNDERWRITING DECISION CODE	-		NOT USED BY DDCO

USAGE	SEGMENT	NAME	VALUE	LENGTH	DESCRIPTION
<b>REQUIRED/ OPTIONAL</b>					
O	HD09	YES/NO CONDITION OR RESPONSE CODE	-		NOT USED BY DDCO
O	HD10	DRUG HOUSE CODE	-		NOT USED BY DDCO
O	HD11	YES/NO CONDITION OR RESPONSE CODE	-		NOT USED BY DDCO
<b>LOOP 2300</b>	<b>DTP</b>	<b>DATE OR TIME OR PERIOD</b>	<b>CAN BE REPORTED IN LOOP 2000 OR 2300 (NOT BOTH)</b>		<b>ENTER VALUE DTP</b>
O	DTP01	DATE/TIME QUALIFIER	336	3	EMPLOYMENT BEGIN DATE
O	DTP02	DATE/TIME FORMAT QUALIFIER	D8	2	ENTER VALUE D8
O	DTP03	DATE/TIME PERIOD	DATE IN FORMAT	8	MOST RECENT HIRE DATE SHOULD BE PASSED. CCYYMMDD
O	DTP01	DATE/TIME QUALIFIER	348	3	COVERAGE BEGIN DATE
O	DTP02	DATE/TIME FORMAT QUALIFIER	D8	2	ENTER VALUE D8
O	DTP03	DATE/TIME PERIOD	DATE IN FORMAT	8	MOST RECENT HIRE DATE SHOULD BE PASSED. CCYYMMDD
O	DTP01	DATE/TIME FORMAT QUALIFIER	349	3	COVERAGE TERMINATION DATE
O	DTP02	DATE/TIME FORMAT QUALIFIER	D8	2	ENTER VALUE D8
O	DTP03	DATE/TIME PERIOD	DATE IN FORMAT	8	CCYYMMDD  FOR EXAMPLE, IF A DATE OF 20180930 IS PASSED THEN CLAIMS WILL BE PAID THROUGH 11:59 P.M. ON 9/30/2018.
O	AMT	AMOUNT	-		NOT USED BY DDCO
<b>LOOP 2300</b>	<b>REF</b>	<b>REFERENCE IDENTIFICATION</b>	<b>CAN BE REPORTED IN LOOP 2000 OR 2300 (NOT BOTH)</b>		<b>ENTER VALUE REF</b>
O	REF01	REFERENCE IDENTIFICATION QUALIFIER	1L	3	ENTER VALUE 1L
O	REF02	REFERENCE IDENTIFICATION		9	PREASSIGNED GROUP NUMBER
O	IDC	IDENTIFICATION CARD			NOT USED BY DDCO
<b>LOOP 2310</b>	<b>LX</b>	<b>ASSIGNED NUMBER</b>			<b>NOT USED BY DDCO</b>
O	LX01	ASSIGNED NUMBER	NUMBER COUNTER	1	NOT USED BY DDCO
<b>LOOP 2310A</b>	<b>NM1</b>	<b>PROVIDER NAME</b>			<b>NOT USED BY DDCO</b>
O	NM01	ENTITY IDENTIFIER CODE	NM1	3	NOT USED BY DDCO
O	NM102	ENTITY TYPE QUALIFIER	P3	1	NOT USED BY DDCO
O	NM103	NAME LAST OR ORGANIZATION NAME	PROVIDER LAST NAME		NOT USED BY DDCO
O	NM104	NAME FIRST	FIRST NAME		NOT USED BY DDCO
O	NM105	NAME MIDDLE	MIDDLE NAME		NOT USED BY DDCO
O	NM106	NAME PREFIX	PREFIX		NOT USED BY DDCO
O	NM107	NAME SUFFIX	SUFFIX		NOT USED BY DDCO
O	NM108	IDENTIFICATION CODE QUALIFIER	XX	2	NOT USED BY DDCO

USAGE	SEGMENT	NAME	VALUE	LENGTH	DESCRIPTION
<b>REQUIRED/ OPTIONAL</b>					
O	NM109	IDENTIFICATION CODE	ID	2	NOT USED BY DDCO
O	NM110	ENTITY RELATIONSHIP CODE	72	2	NOT USED BY DDCO
O	NM111	ENTITY IDENTIFIER CODE		3	NOT USED BY DDCO
O	NM112	NAME LAST OR ORGANIZATION NAME		60	NOT USED BY DDCO
<b>LOOP 2310A</b>	<b>N3</b>	<b>PROVIDER LOCATION</b>			<b>NOT USED BY DDCO</b>
O	N4	GEOGRAPHIC LOCATION	N4	55	NOT USED BY DDCO
O	PER	COMMUNICATIONS CONTACT	PER	55	NOT USED BY DDCO
O	PLA	PROVIDER CHANGE REASON	PLA	2	NOT USED BY DDCO
<b>LOOP 2320</b>	<b>COB</b>	<b>COORDINATION OF BENEFITS</b>	<b>COB</b>		<b>NOT USED BY DDCO</b>
O	COB01	PAYER RESPONSIBILITY SEQUENCE NUMBER CODE		U	NOT USED BY DDCO
O	COB02	REFERENCE IDENTIFICATION	POLICY #		NOT USED BY DDCO
O	COB03	COORDINATION OF BENEFITS CODE		1	NOT USED BY DDCO
O	COB04	SERVICE TYPE CODE	35		NOT USED BY DDCO
O	REF	REFERENCE IDENTIFICATION		ZZ	NOT USED BY DDCO
O	DTP	DATE OR TIME OR PERIOD			NOT USED BY DDCO
<b>LOOP 2330</b>	<b>NM1</b>	<b>INDIVIDUAL OR ORGANIZATIONAL NAME</b>			<b>NOT USED BY DDCO</b>
O	NM101	ENTITY IDENTIFIER CODE		2	NOT USED BY DDCO
O	NM102	ENTITY TYPE QUALIFIER		1	NOT USED BY DDCO
O	NM103	NAME LAST OR ORGANIZATION NAME		60	NOT USED BY DDCO
O	NM104	NAME FIRST		35	NOT USED BY DDCO
O	NM105	NAME MIDDLE		25	NOT USED BY DDCO
O	NM106	NAME PREFIX		10	NOT USED BY DDCO
O	NM107	NAME SUFFIX		10	NOT USED BY DDCO
O	NM108	IDENTIFICATION CODE QUALIFIER		1	NOT USED BY DDCO
O	NM109	IDENTIFICATION CODE		2	NOT USED BY DDCO
O	NM110	ENTITY RELATIONSHIP CODE		2	NOT USED BY DDCO
O	NM111	ENTITY IDENTIFIER CODE		2	NOT USED BY DDCO
O	NM112	NAME LAST OR ORGANIZATION NAME		60	NOT USED BY DDCO
LOOP 2330	N3	COB RELATED ENTITY			NOT USED BY DDCO
O	N4	GEOGRAPHIC LOCATION		30	NOT USED BY DDCO

USAGE	SEGMENT	NAME	VALUE	LENGTH	DESCRIPTION
<b>REQUIRED/ OPTIONAL</b>					
O	PER	COMMUNICATIONS CONTACT			NOT USED BY DDCO
O	DTP	DATE OR TIME OR PERIOD			NOT USED BY DDCO
O	N3	PARTY LOCATION			NOT USED BY DDCO
O	N4	GEOGRAPHIC LOCATION			NOT USED BY DDCO
O	PER	COMMUNICATIONS CONTACT			NOT USED BY DDCO
CONTROL	SE	TRANSACTION SET TRAILER			ENTER VALUE SE
R	SE01	NUMBER OF INCLUDED SEGMENTS			TRANSACTION SEGMENT COUNT
R	SE02	TRANSACTION SET CONTROL NUMBER		9	ENTER SAME VALUE AS ST*02
CONTROL	GE	FUNCTIONAL GROUP TRAILER			ENTER VALUE GE
R	GE01	NUMBER OF TRANSACTION SET INCLUDED		6	
R	GE02	GROUP CONTROL NUMBER		9	ENTER SAME VALUE AS GS*06
CONTROL	IEA	INTERCHANGE CONTROL TRAILER			ENTER VALUE IEA
R	IEA01	NUMBER OF FUNCTIONAL GROUPS INCLUDED		5	NUMBER OF GROUPS INCLUDED IN AN INTERCHANGE
R	IEA02	INTERCHANGE CONTROL NUMBER		9	CONTROL NUMBER ASSIGNED BY SENDER

# Appendices

## Appendix 1: Relationship Codes

18 = Subscriber

01 = Spouse/ Domestic Partner

19 = Dependent Child

## Appendix 2: Gender Codes

M = Male

F = Female

U = Undeclared

## Appendix 3: Marital Status Codes

M = Married

S = Separated

U = Unmarried (Single, Divorced or Widowed)

## Appendix 4: Rate Tiers

### 3—TIER RATE

EMP = Subscriber ONLY

E1D = Subscriber Plus One Dependent

E5D = Subscriber Plus Two or More Dependents

### 4—TIER RATE

EMP = Subscriber ONLY

ESP = Subscriber Plus Spouse

FAM = Subscriber Plus Family

E5D = Subscriber Plus Two or more Dependent Children (No Spouse)

### 5—TIER RATE

EMP = Subscriber ONLY

ESP = Subscriber Plus Spouse

FAM = Subscriber Plus Family

E1D = Subscriber Plus One Dependent Child (No Spouse)

ECH = Subscriber Plus Two or more Dependent Children (No Spouse)

## Appendix 5: Implementation Checklist

The following items will need to be completed before Delta Dental of Colorado will move the trading partner to the production environment.

1. Provisioning with Delta Dental of Colorado — SFTP connection and test file
2. Compliance testing — File format and Data validation
3. Business-level testing — See scenarios below

## Appendix 6: File Example

```
ISA*00* *00* *30*9999999999 *30*840568337 *110101*1200*^^*00501*000000476*O*P*:
GS*BE*9999999999*840568337*20110101*1200*000000476*X*005010X220
ST*834*000000476*005010X220
BGN*00*000000476*20030101*1200*ES***4
N1*P5*Group Name Goes Here*FI*0000000000
N1*IN*Delta Dental of Colorado*FI*381791480
N1*TV*TPA or Broker Name Goes Here*FI*9999999999
INS*Y*18*030*XN*A*E**FT*N
REF*OF*9999999999
REF*1L*000012345
REF*17*00001234
DTP*303*D8*20180101
NM1*IL*1*Doe*John*A***34*9999999999
PER*IP**HP*5555555555*EM*doe.john@mymail.com*EM*Y N3*123 Test Rd.*Apt A.
N4*any town*CO*123451234*US
DMG*D8*19700101*M*S
HD*030**DEN**EMP
DTP*348*D8*20180101
DTP*349*D8*200181231
SE*23*000000476
GE*1*000000476
IEA*1*000000476
```



## Appendix 7: Frequently Asked Questions

**Q: Does Delta Dental of Colorado require a full file or a change-only file?**

**A:** Delta Dental of Colorado requires full files. Change files require quarterly reconciliation by group or third-party administrator.

**Q: How often can Delta Dental of Colorado receive the 834?**

**A:** Delta Dental of Colorado has the capability to accept 834 files daily or weekly. However, files are processed Monday–Friday.

**Q: Does Delta Dental of Colorado have any specific filing naming schemes?**

**A:** Yes, please utilize the following format:

- In production, GROUPNAME.CCYMMDD\_834
- In test, GROUPNAME\_TEST.CCYMMDD\_834

**Q: Once the conversion to electronic eligibility has been made, will some paper enrollment forms be accepted, as in the instance of an urgent enrollment? Would it have to wait for the next scheduled 834 submission or are there other processes for an urgent enrollment or change?**

**A:** We can accept paper or email request to our eligibility department if the employee or a covered dependent has a need for immediate dental care. Requests may be emailed to the attention of eligibility. The email address is Eligibility@ddpco.com. Please remember all manual requests must be on the very next 834 or the manual entry will be voided. Please call us if you have questions 303 741-9300 ext.3700

**Q: Will we receive any type of feedback from our 834 submissions as in a status/discrepancy report?**

**A:** Yes. We will auto generate an error report each time a file is processed and deliver based on the preference determined (e.g., email or employer web).