

*Blue Cross Blue Shield of Michigan and Blue Care Network of Michigan HIPAA EDI Companion Document*

*American National Standards Institute ASC X12N 834 (005010X220A1) Benefit Enrollment and Maintenance*  

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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).

This document is intended for use as a companion to the HIPAA-mandated 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.](http://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 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]](#footnote-0)

For group specific reporting requirements refer to the BCN, BCBSM and Medicare Advantage group enrollment documents located in back of this EDI Companion Document:

APPENDIX A: BLUE CARE NETWORK GROUP ENROLLMENT DOCUMENT (INCLUDES BCN ADVANTAGE)

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.](http://www.bcbsm.com/)

# Testing Overview and Transmission Method

**1: Download a Validator User Guide.**

* Visit the *How to learn about electronic enrollment* site: [http://www.bcbsm.com/employers/help/faqs/managing-my-account/how-to-learn-aboutelectronic-enrollment.html](http://www.bcbsm.com/employers/help/faqs/managing-my-account/how-to-learn-about-electronic-enrollment.html)
* Select “*Enrollment Testing Login Page”* at the bottom of the webpage • At the bottom of the login screen, select “*Download the testing user guide*”

**#2: Request a Validator login ID and password.**

* On the same login screen noted above, select ‘***Step 1:*** *To log in, you'll need to request a user ID and password.***’**
* Via the email request, provide your personal company name and tax id (not the employer group’s information).
* If you do not receive your login ID and password within two days, please contact the EDI Helpdesk 1-800-542-0945, Opt#2 or email our EDI Support Specialist submitteridrequests@bcbsm.com.

**#3: Log in and begin Validator self-testing.**

**NOTE:** When testing with the Validator Self-Test Tool, do not send PHI data in the test file. Be sure to send test data and not the actual enrollment data. Keep the test file small limiting it to about 15 or so samplings of your data. For example, if you will be sending Medicare, COB, etc. be sure to include them in your Validator test. Note: The Validator tool does not support files over 1 MB.

**#4: Complete Validator self-testing.**

* You must receive a green check to complete testing successfully.
* Once testing is complete, contact our EDI Analyst via email for a review and sign-off. EDICustMgmt@bcbsm.com
* Please include the following in your email at the above email address:
* Validator ID
* Group tested
* Date of File
* BCBSM/BCN Business Analyst
* Version (5010A1)

**#5: Obtain final approval.**

* Once the Validator testing review is complete, you and your BCBSM/BCN Business Analyst will receive email notification from EDI.
* Your BCBSM/BCN Business Analyst will submit a request for you to receive [Secured File Transfer Protocol (SFTP)](http://www.bcbsm.com/content/dam/public/Providers/Documents/help/sftp-instructions.pdf) connection. You will use this SFTP connection to send file(s) into BCBSM.
* You will continue working with your BCBSM/BCN Business Analyst for subsystem and production testing:

* + You will be instructed on submitting your first subsystem test file with an ISA15 indicator of “T”. o Once you pass subsystem testing and are approved for production, you will be instructed to change ISA15 from ‘T’ to ‘P’.
  + Files containing ‘P’ in ISA15 will then be recognized and processed as a production file; however, you cannot submit a production file until approved by the Business Analyst.

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

## General Overview

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the version 005010X220A1 EDI standards for health care as established by the Secretary of Health and Human Services.

## Change File, Full File Update or Full Audit File

The 834 transaction set can be used to report (in all three instances, BGN08 must be reported):

* A **change (update) file** contains add, terminate or update requests. A change file should only contain information about the changed members.
* A **full replacement file** can be used to apply updates. Submitters should send terminations on full files that are being used to apply updates.
* A **full audit verification file** lists all current members. A full audit file facilitates keeping the sponsor’s and payer’s systems synchronized. A full audit file is not intended to contain a history of all previous enrollments. When sending a full file audit, Loop 2000, INS03 must be 030. INS04 must be XN and Loop 2300, HD01 must be 030. It will do a compare only. Updates will not be applied.

# 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 found in Appendix C of the

ASC X12N Technical Report Type 3. The following sections address specific information needed by BCBSM 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 sender | 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 sender. | C.7 |
| Application Receiver’s Code | GS03 | Report 382069753. | C.7 |

# Global Data Requirements for the 834 Transaction Set

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Loop** | **Segment/Element** | **Instruction** | **Industry/Element Name** | **Pg#** |
| Header | REF02 | **Required for all 834 transactions**.  For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document. | Master Policy Number | 36 |
| Header | DTP01 | For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document. | Date/Time Qualifier | 37 |
| 1000B | N103 N104 | **All groups:**  Report FI.  Report 382069753. | Indicator  Insurer Tax ID | 42 |
| 1000C | N103  N104 | For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document. | Qualifier and TPA or Broker Identification Code | 44 |
| 2000 | REF01 | **All groups:**  **Report 1L.**  To facilitate processing of your enrollment files, we strongly encourage you to report the group number.  For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document. | Reference Identification Member Policy Number | 56 |
| **Loop** | **Segment/Element** | **Instruction** | **Industry/Element Name** | **Pg#** |
| 2000 | REF02 | For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document. | Reference Identification  Member Supplemental Identifier | 56 |
| 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 | **All groups:** 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 | **All groups:** To facilitate processing of your enrollment files, report at least one HD loop. For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document. | Health Coverage | 140 |
| 2300 | HD03 | For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document. | Insurance Line Code | 141 |
| 2300 | HD04 | To facilitate processing of your enrollment files, we strongly encourage you to report the information if requested.  For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document. | Plan Coverage Description | 141 |
| 2300 | DTP01 | For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document. | Benefit Begin and Benefit End Date | 143 |
| 2300 | REF02 | For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document. | Reference Identification  Health Coverage Policy Number | 146 |
| 2320 | COB  REF  DTP  Segments | For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document. | Coordination of Benefits | 164 |
| 2330 | NM103 | For reporting requirements refer to the BCN or specific BCBSM group enrollment documents located in the back of this EDI Companion Document. | Coordination of Benefits Insurer Name | 170 |

# Appendix A: BLUE CARE NETWORK GROUP ENROLLMENT DOCUMENT

|  |  |  |  |
| --- | --- | --- | --- |
| **Loop** | **Segment/Element** | **Instruction** | **Industry/Element Name** |
| Header | REF01 & REF02 | Required for all 834 transactions.  Report 38 in REF01 and report HMO in REF02. | Master Policy Number |
| 1000A | N101 & N102 | Report P5 in N101 and report constant name of the employer group. Append ‘BCN’ at the beginning of the employer group name. | Plan Sponsor Name |
| 1000B | N101 & N102 | Report IN in N101 and Blue Care Network in N102. | Payer / Insurer Name |
| 1000C | N101 & N102 | Report TV in N101 and TPA Name in N102. | TPA/Identification Code |
| 2000 | INS02 | When enrolling a Sponsored Dependent, INS02 must contain a value of 38. BCN’s business rule for Sponsored Dependents: Dependent is over the age of 26 (not disabled), supported by the subscriber and living in the subscriber’s household. Typically, it is a parent of the subscriber or parent of the subscriber’s spouse. | Individual Relationship Code |
| 2000 | INS04 & INS05 | When enrolling a surviving spouse, report 11 in INS04 and S in INS05. | Maintenance Reason Code |
| 2000 | INS06 | BCN assigns Medicare plans only if the member has both Medicare Parts A & B.  Send C if member has both Parts A & B. Do not send a value if member does not have both Parts A & B. | Medicare Status Code |
| 2000 | REF01 & REF02 | Report 1L in REF01 and report the insured’sgroup number in REF02 (8-digit number includes leading zeros). Group number is supplied by BCN in the Group Structure document. | Reference Identification Member Policy Number |
| 2000 | REF01 & REF02 | Report DX in REF01 and report the insured’s 4-digit Sub-Group I.D. in REF02 (4-digit number includes leading zeros). | Reference Identification  Member Supplemental Identifier |
| 2000 | REF01 & REF02 | Report 17 in REF01 and report the insured’s 4-digit Class I.D. in REF02 (4-digit number includes leading zeros). | Reference Identification  Member Supplemental Identifier |
| 2300 | HD Segment | To facilitate processing of your enrollment files, BCN strongly encourages reporting only one HD loop. | Health Coverage |
| 2300 | HD03 | Report HMO. | Insurance Line Code |
| 2300 | HD04 | Do not report as this data is internally generated by BCN. | Plan Coverage Description |
| 2300 | DTP01 | Use only codes 348 (Benefit Begin) and 349 (Benefit End).  Use only code 349 on term transactions; HD01 must be 024 on term transactions | Benefit Begin and Benefit End Date |

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

   Last revised: 3 [↑](#footnote-ref-0)