

Blue Cross Blue Shield of Massachusetts

**834 Benefit Enrollment and Maintenance Companion Guide**

**Reference Guidelines HIPAA X12 Implementation Guide**

**(Version 005010X220A1)**

[Introduction 4](#_Toc52795561)

[Overview 4](#_Toc52795562)

[Purpose of this Document 4](#_Toc52795563)

[References 4](#_Toc52795564)

[Connecting and Communicating 5](#_Toc52795565)

[Setting Up Your Connection 5](#_Toc52795567)

[Security 5](#_Toc52795568)

[Folder Structure 6](#_Toc52795569)

[Testing 6](#_Toc52795570)

[Testing Overview 6](#_Toc52795572)

[Test Set Up 6](#_Toc52795573)

[Reports / Acknowledgements 7](#_Toc52795574)

[BCBSMA Processing Rules and Operational Requirements 8](#_Toc52795575)

[Operation Requirements 9](#_Toc52795578)

[BCBSMA 834 Date Specifications 10](#_Toc52795579)

[ISA - Interchange Control Header 10](#_Toc52795580)

[GS – Functional Group Header 11](#_Toc52795581)

[ST – Transaction Set Header 11](#_Toc52795582)

[BGN – Beginning Segment 12](#_Toc52795583)

[REF – Transaction Set Policy Number 12](#_Toc52795584)

[DTP – File Effective Date 13](#_Toc52795585)

[QTY – Transaction Set Control Totals 13](#_Toc52795586)

[1000A N1 – Sponsor Name 14](#_Toc52795587)

[1000B N1 – Payer 14](#_Toc52795588)

[1000C N1 – TPA/Broker Name 14](#_Toc52795589)

[2000 INS – Member Level Detail 15](#_Toc52795590)

[2000 REF – Subscriber Identifier 17](#_Toc52795591)

[2000 REF – Member Supplemental Identifier 17](#_Toc52795592)

[2000 DTP – Member Level Dates 18](#_Toc52795593)

[2100A NM1 - Member Name 19](#_Toc52795594)

[2100A PER – Member Communications Numbers 20](#_Toc52795595)

[2100A N3 – Member Residence Street Address 20](#_Toc52795596)

[2100A N4 – Member City, State, Zip Code 21](#_Toc52795597)

[2100A DMG– Member Demographics 21](#_Toc52795598)

[2300 HD – Health Coverage 22](#_Toc52795599)

[2300 DTP – Health Coverage Dates 23](#_Toc52795600)

[2300 REF- Health Coverage Policy Number 23](#_Toc52795601)

[2310 LX – Provider Information 24](#_Toc52795602)

[2310 NM1 – Provider Name 24](#_Toc52795603)

[SE - Transaction Set Trailer 25](#_Toc52795604)

[GE – Functional Group Trailer 25](#_Toc52795605)

[IEA – Interchange Control Trailer 25](#_Toc52795606)

[Appendices 26](#_Toc52795607)

[Add Transactions 26](#_Toc52795608)

[New Add Family 26](#_Toc52795609)

[New Add Individual to Family Coverage Level Change 28](#_Toc52795610)

[Adding a Newborn 29](#_Toc52795611)

[Group Transfer 30](#_Toc52795612)

[Medicare Information, Part A and B Begin Dates 31](#_Toc52795613)

[Termination Transaction 32](#_Toc52795614)

[Termination of Dependent 33](#_Toc52795615)

[Termination of ALL Coverages 34](#_Toc52795616)

[Financial Records for 834 clients 35](#_Toc52795617)

[Terminating the Financial Account– 38](#_Toc52795618)

[Transferring to New Group with HSA 39](#_Toc52795619)

[Administrative Only Groups 40](#_Toc52795620)

# Introduction

## Overview

The Health Insurance Portability and Accountability Act ‐ Administration Simplification (HIPAA‐AS) requires that Blue Cross and Blue Shield of Massachusetts (BCBSMA), Medicare, and all other health insurance payers in the United States, comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services. The ASC X12N Technical Report Type 3 (TR3) version 5010 and the Addenda (A1) for Benefit Enrollment and Maintenance (834) have been established as the industry standard for the 834 HIPAA transactions. This BCBSMA 834 Companion Guide document supplements, but does not contradict any requirements in the ASC X12N version 5010 Implementation Guide(s) or the Addenda.

This guide has been prepared as the Blue Cross and Blue Shield of Massachusetts specific 834 Companion Guide to the ASC X12N TR3. The goals of the BCBSMA Companion Guide are:

* Describe the processes to set up, test, and make operational a Trading Partner (Direct Submitter) relationship with Blue Cross and Blue Shield of Massachusetts
* Clarify when conditional data elements and segments must be used with Blue Cross and Blue Shield of Massachusetts transactions and identify those codes and data elements that are not applicable to Blue Cross and Blue Shield of Massachusetts transactions.

## Purpose of this Document

The purpose of this Companion guide is to provide standardized data requirements and content to users of Version 005010 of ANSI ASC X12, Benefit Enrollment and Maintenance (834). The 834 is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer (BCBSMA). The intent of this Companion guide is to meet the BCBSMA specific need for the initial enrollment and subsequent maintenance of individuals who are enrolled in insurance products.

This Companion guide specifically addresses the enrollment and maintenance of Blue Cross and Blue Shield of Massachusetts health care products only. It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12 standard (005010**X220A1)**.

## References

The ASC X12N 834 (version 005010X220A1) Technical Report Type 3 guide for Benefit Enrollment and Maintenance (has been established as the standard for Benefit Enrollment and Maintenance and is available at [**http://www.wpc‐edi.com/HIPAA**](http://www.wpc‐edi.com/HIPAA)**.**

# Connecting and Communicating

The purpose of this section is to identify the process for establishing connectivity to transmit and receive electronic transactions with Blue Cross and Blue Shield of Massachusetts.



## Setting Up Your Connection

Accounts deliver and pick up files using BCBSMA’s Secure File Transfer server.

BCBSMA provides access to its Secure File Transfer server using the HTTPS (Hypertext Transfer Protocol Secure) scheme in order to create a secure channel via your web browser. It is important to note the differentiation between using http and https when accessing the servers. Testing will now be performed using a new SFTP listed below.

|  |  |
| --- | --- |
| **Environment** | **DNS** |
| Test | https://staging.sftp.bluecrossma.com/ |
| Production | <https://sftp.bluecrossma.com/> |

## 

## Security

**Password reset protocol**

The password for your account will be system generated. The password will need to be reset every 90 days.

For server accounts, we will email each registered user (we register the user from the name and email address on the Security form) 3 notifications that the password is about to expire:

* One at 10 days before the expiration
* One at 5 days before the expiration
* One at the day of expiration.

Once one registered user has visited the site to “reset password”, we will again email each registered user the new password. The new server password is good for the next 90 days. The user will need to update their server to use the new password.

For individual User IDs, The BCBSMA’s application will display an error message indicating your password has expired after 90 days. The message will advise you to reset your password. The application provides a link to reset your password. The system will generate a new password and email the new password directly to the individual user. The new password is good for the next 90 days.

The user will use the reset password button to:

* Reset a password after 90 days.
* Obtain a new password if you have forgotten your password.
* Unlock your accounts.

## Folder Structure

The folder structure when submitting files to BCBSMA has been enhanced. Reports will now be delivered to the SFTP folder in the Reports section. This folder structure will be the same for Testing and production

**/e\_\_company\_tradingpartners\_ENR\_STAGE/Submitter** (there are 2 underscores between e & company)

Inbound

Acknowledgement

Error

Archive

**/e\_\_company\_tradingpartners\_ENR\_STAGE /Reports**

# 

# Testing



## Testing Overview

BCBSMA requires all potential submitters to participate in testing to ensure that transactions produce the desired results. Successful completion and validation is an indication that all systems can properly submit and receive the transactions. Testing the 834 transaction is NOT optional.

## Test Set Up

1. Coordinate with your BCBS Implementation Specialist on the test file submission
2. Submit a test 834 File to BCBSMA’s Secure FTP test server: <https://staging.sftp.bluecrossma.com/>
3. BCBSMA will process the accepted test data.

**Test Results**

1. Accounts will be able to place their test files in BCBSMA’s Secure Server
2. BCBSMA successfully process the file through gateway into enrollment system
3. BCBSMA acknowledgment transaction 999 and TA1 was received and processed successfully by accounts.
4. Test results will be available through the Secure FTP Account set up and should be reviewed with your Implementation Specialist

# Reports / Acknowledgements

BCBSMA will provide various reports/acknowledgements to accounts/TPAs.

**The below Acknowledgments are delivered to the Submitters STFP Acknowledgements folder.**

If file is sent through a Third Party Agent, that agent would have access to the folder.

* 999 Functional Acknowledgement (Accept – Reject)

If compliance process accepts the 834 ISA/IEA, but an error is found during the validation of the Functional Group(s) (or) Transaction Set(s) within a Functional Group, a 999 Functional Acknowledgement indicates each rejection (negative file acknowledgement). When the 834 processes without errors an accepted file acknowledgement will be returned. BCBSMA applies HIPPA level 1-7 Snip edits.

* TA1 Interchange Acknowledgement (Errors)

The TA1 Interchange Acknowledgement is used to indicate a accepted or rejected interchange (also known as a negative file acknowledgement) of the ISA/IEA Interchange contained in the X12 834.

**The below reports are delivered once file processing complete**

Email Notifications to account contacts

* Maintenance Processing Summary Report for Account XXX
  + Summarizes the file processing
* Maintenance Processing Compliance Report for Account XXX
  + Will provide list of the compliance errors for the file
  + If No errors the report will still generate but will show no errors

Reports pushed to secure SFTP Account folder (approximately 3 hours after file is processed)

* Activity Report
* Exception Report
* Potential Termination Report

Next business day a member list will be delivered to the secure STFP Account Folder

# BCBSMA Processing Rules and Operational Requirements

3. Trading Partners (Vendors) will send HIPAA compliant 834 transactions that include HIPAA valid values. This Companion Guide is based on, and must be used in conjunction with, the ASC X12 X12N/005010X220 Type 3 Technical Report (TR3) and its associated A1 addenda.
   1. The Companion Guide clarifies and specifies specific transmission requirements for exchanging data with trading partners. The instructions in this companion guide conform to the requirements of the TR3, ASC X12 syntax and semantic rules.
4. Delimiters are characters used to separate Data and Component elements. They are also used to terminate a segment. The following delimiters should be used when submitting an 834 eligibility file.

Data elements delimiters – use the asterisk \*

Repetition separator – used the carat ^

Component element separator – used the colon :

Segment/Line termination character – use the tilde

1. Full File is expected to have the full family unit for all active enrollments based on account set up and marked as AUDIT (030) transactions at subscriber and Dependent level. Accounts are expected to send cancellation only once to BCBSMA.
2. For change files with qualified maintenance type code BCBSMA will be overriding the same and applying the transactions, based on comparison results with existing data in the enrollment system. Subscriber must be included in the change file.
3. ST/SE Segments will be broken down at the BCBSMA Account level.
4. BCBSMA assigned group# will be available at the Subscriber and Dependent level.
5. Dependents will be linked to the subscriber through the subscriber's Social Security Number (SSN) or BCBSMA Sub id in 2000 REF segment.
6. End of line separators must be one of the following:

CRLF ( ~\r\n)

~

LF (~\n)

CRLF (\r\n)

1. Special Characters in Enrollment data (e.g. Names, Addresses, and Identifiers) should be avoided. Examples of special characters are Punctuation Comma (,), Period (.), Colon (:), Semicolon (;), Pipe delimiter (|) and Number sign (#)
2. If a record is received and the transaction is beyond the retroactivity limit (set up for the Account/Group), it will error at BCBSMA.
3. Members in Multiple Groups including Personal Spending accounts will have the REF\*1L loop in the 2300 loop of the corresponding benefit. Personal spending account information needs to be submitted only at the subscriber level but group level information should be present at Subscriber and Dependent level.

## Operation Requirements

|  |  |
| --- | --- |
| **Item** | **Detail** |
| Transmission Method | SFTP |
| Transmission Frequency | Mon-Fri before 4PM  Only 1 file per day is acceptable  Full files can be submitted up to 3 times per week / Change only files can be submitted daily based on testing results |
| Product Type | ANSI ASC X12N 834 5010 X220A1 |
| File Naming | BCBSMA.<submitterID>.<timestamp>.<ENR>.834  Timestamp format of yyyymmddhhmmss  For example BCBSMA.01234.20180228101514.ENR.834  Please avoid an extraneous characters after the 834 unless sending as PGP encrypted. |

# 

# BCBSMA 834 Date Specifications

### ISA - Interchange Control Header

**Purpose:** To start and identify an interchange of documents

**Repeat:** Segment – 1

**Usage:** Required

**Example:** ISA\*00\* \*00\* \*ZZ\*SUBMITTERS.ID\*30\*04-1045815 \*110314\*1010\*^\*00501\*999999999\*1\*P\*:

| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| --- | --- | --- | --- | --- |
| ISA | 01 | Authorization Info Qualifier | R | ‘00’ - No Authorization Information Present |
| ISA | 02 | Authorization Information | n/a | <Blanks> 10 bytes |
| ISA | 03 | Security Information Qualifier | R | ‘00’ - No Security Information Present |
| ISA | 04 | Security Information | n/a | <Blanks> 10 bytes |
| ISA | 05 | Interchange ID Qualifier | R | ZZ- Mutually Defined |
| ISA | 06 | Interchange Sender ID | R | Unique 5 digit submitter ID assigned by BCBSMA  ***NOTE: 15 byte field requires 10 blanks after submitter ID*** |
| ISA | 07 | Interchange Receiver Qualifier | R | 30 - US Federal Tax ID |
| ISA | 08 | Interchange Receiver ID | R | 04-1045815  ***NOTE: Field needs to be a total of 15 bytes*** |
| ISA | 09 | Interchange Date | R | File Date - YYMMDD |
| ISA | 10 | Interchange Time | R | File Time - HHMM |
| ISA | 11 | Repetition Separator | R | ^ |
| ISA | 12 | Interchange Control Version Number | R | Populate with 00501 |
| ISA | 13 | Interchange Control Number | R | A unique identifier to each file assigned by the sender of 9 bytes  Must be identical in IEA02 |
| ISA | 14 | Acknowledgement Requested | R | 0 – No Interchange Acknowledgement  1 – Interchange Acknowledgement Requested (TA1) |
| ISA | 15 | Usage Indicator | R | P – Production  T – Test |
| ISA | 16 | Component Element Separator | R | : for Component Element Separator |

### 

### *GS – Functional Group Header*

Purpose: To indicate the start of a functional group and provide control information

**Repeat:** Segment – 1

**Usage:** Required

Example: GS\*BE\*SENDER CODE\*04-1045815\*20090428\*1123\*1\*X\*005010X220A1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| GS | 01 | Functional Identifier Code | R | BE - Benefit Enrollment |
| GS | 02 | Sender’s Code | R | Unique ID assigned by BCBSMA (must match ISA06) |
| GS | 03 | Receiver’s Code | R | 04-1045815 |
| GS | 04 | Date | R | System Date- CCYYMMDD |
| GS | 05 | Time | R | System Time – HHMM |
| GS | 06 | Group Control Number | R | Created by Sender  Must be identical in GE02 / no leading zeros / Numeric only |
| GS | 07 | Responsible Agency’s Code | R | Populate with X |
| GS | 08 | Version/Release Code | R | Populate with 005010X220A1 |

### *ST – Transaction Set Header*

**Purpose:** To indicate the start of a transaction set and to assign a control number

**Repeat:** Segment – 1

**Usage:** Required

**Example**: ST\*834\*0001\*005010X220A1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| ST | 01 | Transaction Set Identifier Code | R | 834 |
| ST | 02 | Transaction Set Control Number | R | 4 to 9 bytes / Unique within the transaction set  If more than one account appears in the file, the ST numbers are sequential. The Transaction Set Control Number in ST02 and SE02 must be identical. |
| ST | 03 | Implementation Convention Reference | R | 005010X220A1  This field contains the same value as GS08. |

### 

### *BGN – Beginning Segment*

**Purpose:** To indicate the beginning of a transaction set

**Repeat:** Segment – 1

**Usage:** Required

**Example:** BGN\*00\*201811011123\*20181101\*1123\*ET\*\*\*RX

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| BGN | 01 | Transaction Set Purpose Code | R | 00 - Original  *Note: For re submission of file on the same day please contact your implementation specialist* |
| BGN | 02 | Reference Identification | R | Extraction Date + Extraction time  Format YYYYMMDDHHMM |
| BGN | 03 | Date | R | System Date - CCYYMMDD  Transaction Set Creation Date |
| BGN | 04 | Time | R | System Time – HHMM  Transaction Set Creation Time |
| BGN | 05 | Time Code | S | Required when the sender and receiver are not in the same time zone. |
| BGN | 06 | NOT USED | R |  |
| BGN | 07 | NOT USED | R |  |
| BGN | 08 | Action Code | R | 2 - Change (update)  4 - Verify for full audit files  RX – Replace (Used to identify a full file to be used to identify additions, terminations and changes that need to be applied to the payers enrollment system) |

### 

### *REF – Transaction Set Policy Number*

**Purpose:** To identify master policy number, if available.

**Repeat:** Segment – 1

**Usage:** Required

**Example:** REF\*38\*MASTER POLICY NUMBER

| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| --- | --- | --- | --- | --- |
| REF | 01 | Reference Number Qualifier | R | 38 for Master Policy Number |
| REF | 02 | Reference Identification | R | BCBSMA Account Number of the enrollment group |

### 

### *DTP – File Effective Date*

**Purpose:** To identify employee enrollment date

**Repeat:** Segment > 1

**Usage:** Situational

**Example:** DTP\*382\*D8\*20090428

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| DTP | 01 | Date/Time Qualifier | R | 303 – Maintenance Effective  382 – Enrollment |
| DTP | 02 | Date/Time Format Qualifier | R | D8 - Date Format |
| DTP | 03 | Date Time Period | R | Date in format CCYYMMDD (Date that file is sent) |

### *QTY – Transaction Set Control Totals*

**Purpose:** To specify quantity information

**Repeat:** Segment – 3

**Usage:** Situational

**Example:** QTY\*DT\*47

QTY\*ET\*73

QTY\*TO\*120

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| QTY | 01 | Quantity Qualifier | S | DT – Dependent Total  ET – Employee Total  TO – Total |
| QTY | 02 | Date/Time Format Qualifier | S | Numeric value of quantity |

### *1000A N1 – Sponsor Name*

**Purpose:** To identify the entity paying for the coverage

**Repeat:** Segment – 1, Loop – 1

**Usage:** Required

**Example**: N1\*P5\*SPONSOR NAME\*94\*Unique Acct ID

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| N1 | 01 | Entity Identifier Code | R | P5 - Plan Sponsor |
| N1 | 02 | Name | S | Account/Group Name |
| N1 | 03 | Identification Code Qualifier | R | 94 – Code assigned by the organization that is the ultimate destination of the transaction set |
| N1 | 04 | Identification Code | R | A 5-digit unique identifier assigned by BCBSMA for the account. |

### *1000B N1 – Payer*

**Purpose:** To identify the insurance company providing coverage

**Repeat:** Segment – 1, Loop – 1

**Usage:** Required

**Example**: N1\*IN\*BCBSMA\*FI\*04-1045815

| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| --- | --- | --- | --- | --- |
| N1 | 01 | Entity Identifier Code | R | IN - Insurer |
| N1 | 02 | Name | S | BCBSMA |
| N1 | 03 | Identification Code Qualifier | R | FI - Federal Tax ID |
| N1 | 04 | Identification Code | R | 04-1045815 – BCBSMA’s Tax ID  Note: Hyphen (-) should be included in the Insurer’s Tax ID |

### *1000C N1 – TPA/Broker Name*

**Purpose:** Identify the TPA/Broker

**Repeat:** Segment – 1, Loop – 2

**Usage:** Situational - when a broker/TPA is involved in the enrollment

**Example:** N1\*TV\*BROKER NAME\*FI\*BROKER.ID

| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| --- | --- | --- | --- | --- |
| N1 | 01 | Entity Identifier Code | R | TV – Third Party Administrator  BO - Broker |
| N1 | 02 | Name | R | TPA or Broker Name |
| N1 | 03 | Identification Code Qualifier | R | FI - Federal Tax ID |
| N1 | 04 | Identification Code | R | TPA or Broker Identification Code |

### 

### *2000 INS – Member Level Detail*

**Purpose:** To provide benefit information on each insured member

**Repeat:** Segment – 1, Loop – >1

**Usage:** Required

**Example:** INS\*Y\*18\*030\*XN\*A\*\*\*FT (Subscriber)

INS\*N\*01\*030\*XN\*A (Spouse)

INS\*N\*19\*030\*XN\*A\*\*\*\*\*N (Dependent)

INS\*N\*19\*030\*XN\*A\*\*\*\*F\*N (Dependent who is full time student)

INS\*N\*19\*030\*XN\*A\*\*\*\*\*N\*\*\*\*\*\*\*1 (Dependent twin 1)

| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| --- | --- | --- | --- | --- |
| INS | 01 | Yes/No Condition | R | Y – member is a Subscriber  N – member is a Dependent |
| INS | 02 | Individual Relationship Code | R | 01 – Spouse  05 – Grandchild  09 – Adopted Child  17 – Stepson / Stepdaughter  18 – Self (Subscriber)  19 – Child  23 – Student  25 – Ex-spouse  31 – Court Appointed Guardian  53 – Domestic Partner |
| INS | 03 | Maintenance Type Code | R | 001 – Change if the member has previously been sent to the carrier **(only sent when BGN\*08 = 2 (Change only file))**  021 – Add member never been sent to the carrier or a member who was cancelled with a lapse in coverage **(only sent when BGN\*08 = 2 (Change only file))**  024 – Cancel or Termination if the member is canceling coverage **(only sent when BGN\*08 = 2 (Change only file))**  025 – Reinstatement - if the member is reinstating with no lapse in coverage **(only sent when BGN\*08 = 2 (Change only file))**  030 – Audit/compare – Use this when sending a full file (**BGN08=4 or RX**)  (INS04 must = XN when INS03 = 030) |
| INS | 04 | Maintenance Reason Code | S | 01 – Divorce  02 – Birth  03 – Death  04 – Retirement  05 – Adoption  07 – Termination of Benefits  08 – Termination of Employment  09 – COBRA  11 – Surviving Spouse  22 – Plan Change  25 – Change in Identifying Data Elements (Demographics)  28 – Initial Enrollment  32 – Marriage  33 – Personnel Data  43 – Address Change (When only address is changing)  XN - Notification Only (**Use when INS03 = ‘030’**)  ***Note:*** *The reason code for death is a mandatory Field for cancellations due to death.* |
| INS | 05 | Benefit Status Code | R | A – Active if the member has active coverage or has been terminated.  C – COBRA if the member has COBRA coverage. |
| INS | 06 - 1 | Medicare Plan Code | S | If the data is present:  A – Medicare Part A if the member has Medicare Part A.  B – Medicare Part B if the member has Medicare Part B.  C – Medicare Part A and Part B if the member has both Medicare A and B.  E – No Medicare  *NOTE: No distinct value is defined for an individual with Medicare Parts [A or B]. If an individual has either of these combinations, he will simply be indicated as type 'A' 'B' or 'C', (see examples)* |
| INS | 06-2 | Eligibility Reason Code | S | 0 – Age  1 – Disability  2 – ESRD |
| INS | 07 | COBRA Qualifying Event Code | S | 1 – Termination of Employment  4 – Death  ***NOTE:*** *This field must be populated if INS05 = C* |
| INS | 08 | Employment Status Code | S | Populate only for subscribers.  FT – Full Time if the member is an active employee  RT – Retired if the member has the retirement flag set  TE – Terminated if the member has been terminated from employment or has terminated COBRA coverage. |
| INS | 09 | Student Status | S | Populate only for dependent Children who are Student dependents when INS\*02 can not be sent as 23  F – full time student |
| INS | 10 | Handicap Indicator | S | N – No if the member is not Handicapped/disabled.  Y – Yes if the member is Handicapped/disabled.  ***NOTE****: Should only be sent for dependent children over the age of 26* |
| INS | 11 | Date Time Period Format Qualifier | S | D8 – Date Format  Note: Date Format needs to be sent only if INS12 value is sent |
| INS | 12 | Date Time Period | S | Information Effective Date - CCYYMMDD format  If the Member has died, the date of death is sent in this field. |
| INS | 13 | Not Used |  | Not Used |
| INS | 14 | Not Used |  | Not Used |
| INS | 15 | Not Used |  | Not Used |
| INS | 16 | Not Used |  | Not Used |
| INS | 17 | Birth Sequence Number | S | This number identifies birth sequence for multiple births allowing  proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.). |

### *2000 REF – Subscriber Identifier*

**Purpose:** To identify employee whose employment is providing coverage

**Repeat:** Segment – 1

**Usage:** Required

**Example:** REF\*0F\*SUBSCRIBER.ID

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| REF | 01 | Reference Identification Qualifier | R | 0F - Subscriber Number |
| REF | 02 | Reference Identification | R | Subscriber SSN OR BCBSMA Subscriber ID  For dependents send Subscriber’s SSN |

### 

### *2000 REF – Member Supplemental Identifier*

**Purpose:** The segment is required to link the dependent(s) to the subscriber.

**Repeat:** Segment-13

**Usage:** Situational

**Example:** REF\*DX\*BOSsouth Payroll location

REF\*F6\*1EG4TE5MK73 MBI (Medicare) number

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| REF | 01 | Reference Number Qualifier | S | F6 – Medicare MBI Number  DX – Payroll ID / Student Identification |
| REF | 02 | Reference Number | R | Identifier / numeric up to 13 digits |

### 

### *2000 DTP – Member Level Dates*

**Purpose:** To identify member level dates

**Repeat:** Segment-24

**Usage:** Situational

**Example:** DTP\*336\*D8\*20090201

DTP\*338\*D8\*20090401

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| DTP | 01 | Date/Time Qualifier | R | 303 – Maintenance Date  336 – Employment Begin date (hire date)  338 – Medicare Begin, if INS06 is A, B or C   1. Part A Effective Date 2. Part B Effective Date   339 – Medicare End, if INS06-1 is A, B or C **AND** the Medicare End Date is  populated in the database   1. Part A End Date 2. Part B End Date   340 – COBRA Begin, if INS05 is set to ‘C’  341 – COBRA End, if INS05 is set to ‘C’ |
| DTP | 02 | Date/Time Format Qualifier | R | D8 in format CCYYMMDD |
| DTP | 03 | Date Time Period | R | Information Effective Date - CCYYMMDD format |

### 

### *2100A NM1 - Member Name*

**Purpose:** To supply employee/member name and SSN

**Repeat:** Segment – 1, Loop – 1

**Usage:** Required

**Example:** NM1\*IL\*1\*JONES\*MARY\*A\*\*\*34\*123456789

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| NM1 | 01 | Entity Identifier Code | R | IL - Insured or Subscriber |
| NM1 | 02 | Entity Type Qualifier | R | 1 - Person |
| NM1 | 03 | Name Last | R | Member Last Name  *Note: Required if supplied by member.* |
| NM1 | 04 | Name First | S | Member First Name  *Note: Required when NM102=’1’ and the person has a first name.* |
| NM1 | 05 | Name Middle | S | Member Middle Initial  *Note: Required if supplied by member*. |
| NM1 | 06 | NOT USED |  |  |
| NM1 | 07 | Name Suffix | S | Member Suffix  *Note: Required if supplied by member.* |
| NM1 | 08 | Identification Code Qualifier | S | 34 - SSN  ***Note****: SSN changes for subscriber is not expected through 834. Reach out to BCBSMA member service for Subscriber SSN updates.*  *If dependent SSN is not available do not send zeros, leave blank* |
| NM1 | 09 | Identification Code | S | Member SSN |

### *2100A PER – Member Communications Numbers*

**Purpose:** To supply Subscriber contact information

**Repeat:** Segment – 1

**Usage:** Situational

**Example:** PER\*IP\*\*HP\*8438497476\*WP\*7181234576

| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| --- | --- | --- | --- | --- |
| PER | 01 | Contact Function Code | R | IP - Insured Party |
| PER | 02 | NOT USED | R |  |
| PER | 03 | Communication Number Qualifier | R | CP – Cell phone  HP – Home telephone  WP – Work telephone  TE - Telephone Number  EM - Email |
| PER | 04 | Communication Number | R | Communication number/ email |
| PER | 05 | Communication Number Qualifier | S | CP – Cell phone  HP – Home telephone  WP – Work telephone  TE - Telephone Number  EM - Email |
| PER | 06 | Communication Number | S | Communication Number / Email  ***Note****: When additional communication numbers are available*  ***DO NOT Send the same number as in PER\*03 this will cause family to error*** |

### *2100A N3 – Member Residence Street Address*

**Purpose:** To supply Subscriber Street address

**Repeat:** Segment – 1

**Usage:** Situational

**Example:** N3\*123 OAK ST

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| N3 | 01 | Address Line 1 | R | Subscribers Address  *NOTE****:*** *BCBSMA does not require dependent’s address.* |
| N3 | 02 | Address Line 2 | S | Subscribers Address Line 2  *NOTE****:*** *BCBSMA does not require dependent’s address* |

### *2100A N4 – Member City, State, Zip Code*

**Purpose:** To supply Subscriber City,State,Zip

**Repeat:** Segment – 1

**Usage:** Situational

**Example:** N4\*CHARLESTON\*SC\*29492

\*\*See below for examples when member have a foreign address

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** | |
| N4 | 01 | City Name | R | | Subscriber City  *NOTE****:*** *BCBSMA does not require dependent’s address* |
| N4 | 02 | State/Province | S | | Subscriber State/Province  *NOTE****:*** *BCBSMA does not require dependent’s address* |
| N4 | 03 | ZIP Code/Postal Code | S | | Subscriber ZIP or Postal Code  *NOTE****:*** *BCBSMA does not require dependent’s address* |
| N4 | 04 | Country Code | S | | Subscriber ISO 2-digit Country Codes (e.g. Canada = CA) |

For Foreign addresses we require the following mapping on the 834

N4\*02 State must be ZZ

N4\*03 Zip Code must be 00000

Examples:

N4\*Tehran\*ZZ\*00000\*IR

N4\*Beijing\*ZZ\*00000\*CN

N4\*North Vancouver\*ZZ\*00000\*CA

### *2100A DMG– Member Demographics*

**Purpose:** To supply employee/member birth date, gender, marital status, and citizenship status.

**Repeat:** Segment – 1

**Usage:** Situational

**Example:** DMG\*D8\*19730225\*M

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| DMG | 01 | Date/Time Format Qualifier | R | D8 – Date |
| DMG | 02 | Date/Time Period | R | Member’s Birth Date in format CCYYMMDD |
| DMG | 03 | Gender Code | R | M – Male  F – Female |

### 

### *2300 HD – Health Coverage*

**Purpose:** To provide information on employee/member health coverage

**Repeat:** Segment – 1, Loop – 99

**Usage:** Required

**Example:** HD\*030\*\*HLT\*\*EMP

HD\*030\*\*HLT\*HSA\*EMP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| HD | 01 | Maintenance Type Code | R | 001 – Change if the member has previously been sent to the carrier.  021 – Addition if the member has never been sent to the carrier or re-enrolled with a lapse in coverage  024 – Cancel or Termination if the member is canceling coverage.  025 – Reinstatement of Coverage  030 – Audit if the file is being extracted in full file (all) mode. |
| HD | 02 | NOT USED | R |  |
| HD | 03 | Insurance Line Code | R | DEN – Dental  HLT – Health (Medical and Medicare Supplement (MEDICARESUP)) Includes  both Hospital and Professional coverage  VIS – Vision  Note: All lines of insurance should be sent within the same 834 file (e.g. separate files should not be sent for medical vs. dental vs. vision. **All PSA coverage attached to a Medical plan should be sent as HLT and DEN if attached to a Dental plan** |
| HD | 04 | Plan Coverage Description | S | Required when group has a Personal Spending option  A description or number that identifies the plan or coverage  HSA – Health Spending Account  FSA – Flexible Spending Account  FSL – Limited Purpose FSA  DFS – Dependent Care FSA  PFS – Parking FSA  TFS – Transportation FSA |
| HD | 05 | Coverage Level Code | R | ECH – Employee and Children  EMP – Employee Only  ESP – Employee and Spouse  FAM – Family  IND – Individual |

### *2300 DTP – Health Coverage Dates*

**Purpose:** To identify employee benefit dates

**Repeat:** Segment – 6

**Usage:** Required

**Example:** DTP\*348\*D8\*20090501

| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| --- | --- | --- | --- | --- |
| DTP | 01 | Date/Time Qualifier | R | 348 - Benefit Effective date  **Note**: 348 should have the current effective date of coverage  349 - Benefit End if the member is canceling coverage |
| `DTP | 02 | Date/Time Format Qualifier | R | D8 – Date expressed in format CCYYMMDD |
| DTP | 03 | Date/Time Period | R | CCYYMMDD format |

### 

### *2300 REF- Health Coverage Policy Number*

**Purpose:** To identify employee group number

**Repeat:** Segment – 14

**Usage:** Situational

**Example:** REF\*1L\*001234567

REF\*ZZ\*1000

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| REF | 01 | Reference Number Qualifier | R | 1L - Carrier Number Group Number  ZZ - Mutually Defined |
| REF | 02 | Reference Identification | R | Member Group or Policy Number  Personal spending account amount should be specified using ZZ identifier(The PSA goal amount cannot include decimal points, currency symbols, or commas) |

### 

### 

### Primary Care Provider information

If available PCP information should be sent for all new enrollments.

Accounts that wish to manage a member’s PCPs sending PCP changes to BCBSMA may do so **AFTER** speaking with their Implementation Specialist.

### *2310 LX – Provider Information*

**Purpose:** To notify carrier of a member’s Primary Care Provider

**Repeat:** Segment – 1, Loop – 30

**Usage:** Situational

**Example:** LX\*1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| LX | 01 | Assigned Number | R | This is a sequential number representing the number of loops for the insured person. |

### *2310 NM1 – Provider Name*

**Purpose:** To notify carrier of a member’s Primary Care Provider information

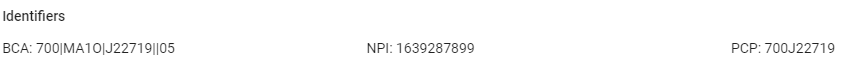
**Repeat:** Segment – 1

**Usage:** Situational

**Example:** NM1\*P3\*1\*\*\*\*\*\*SV\*700J12345\*25

| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| --- | --- | --- | --- | --- |
| NM1 | 01 | Entity ID Code | R | P3 for Primary Care Provider |
| NM1 | 02 | Entity Type Qualifier | R | 1 for Person |
| NM1 | 03 | NOT USED |  |  |
| NM1 | 04 | NOT USED |  |  |
| NM1 | 05 | NOT USED |  |  |
| NM1 | 06 | NOT USED |  |  |
| NM1 | 07 | NOT USED |  |  |
| NM1 | 08 | Identification Code Qualifier | R | SV – BCBSMA Primary Care Physician number (PCP#)  XX – Provider NPI |
| NM1 | 09 | Identification Code | R | Provider Identification Number \*\* |
| NM1 | 10 | Entity Relationship Code | R | Required when sending PCP information  25 - Established Patient  26 - Non-established patient  72 - Unknown |

\*\* NOTE: When utilizing the Find a Doc application, the NPI number or PCP number should be used in NM1 08 field. BCA number should not be used as this will cause the file to error



*2310 PLA – Provider Change Reason*

**Purpose:** To report the reason and effective date that a member changes their PCP

**Repeat:** Segment – 1

**Usage:** Situational

**Example:** PLA\*2\*1P\*20210201\*\*AI(See page 31 for complete member segment with change)

Changes will only occur when NM1\*08 = SV – changes will not be recognized if NM1\*08 is XX

| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| --- | --- | --- | --- | --- |
| PLA | 01 | Action Code | R | 2 – Change |
| PLA | 02 | Entity Identifier code | R | 1P – Provider |
| PLA | 03 | Date | R | Effective Date of change to new PCP |
| PLA | 04 | Not used |  |  |
| PLA | 05 | Maintenance Reason Code | R | |  |  | | --- | --- | | AA | Dissatisfaction with Office Staff | | AB | Dissatisfaction with Medical Care/Services Rendered | | AC | Inconvenient Office Location | | AD | Dissatisfaction with Office Hours | | AE | Unable to Schedule Appointments in a Timely Manner | | AF | Dissatisfaction with Physician’s Referral Policy | | AG | Less Respect and Attention Time Given than to Other Patients | | AH | Patient Moved to a New Location | | AI | No Reason Given | | AJ | Appointment Times not Met in a Timely Manner | |  |  | |

### SE - Transaction Set Trailer

**Purpose:** To identify end of transaction set and provide count of transmitted segments

**Repeat:**  Segment – 1

**Usage**: Required

**Example:** SE\*39\*0001

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| SE | 01 | Number of included Segments | R | Total number of segments on the file |
| SE | 02 | Transaction Set Control Number | R | The transaction set control numbers in ST02 and SE02 must be identical. |

### GE – Functional Group Trailer

**Purpose:** To identify the end of a transaction set

**Repeat:** Segment – 1

**Usage**: Required

**Example:** GE\*1\*1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| GE | 01 | Number of Transaction sets | R | Total number of transaction sets on the file. |
| GE | 02 | Group Control Number | R | Assigned number originated and maintained by the sender  *Note: GE02= GS06* |

### IEA – Interchange Control Trailer

**Purpose:** To define the end of an Interchange

**Repeat:** Segment – 1

**Usage**: Required

**Example:** IEA\*1\*000000905

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Segment**  **ID** | **Element** | **Field Name** | **Req?** | **Description** |
| IEA | 01 | Number of Functional Groups | R | Total number of groups included on the file. |
| IEA | 02 | Interchange Control Number | R | *Note: Must be identical in ISA13.* |

# Appendices

Below are examples of transactions including when submitted as part of a full file or a changes only file

Add Transactions

These transactions occur when a new person is electing coverage with BCBSMA. It’s important to BCBSMA that the new person being added is added for the correct date as well as name and demographic data is correct as this creates the new ID cards.

In this example John Doe, is being added to group 001234567 on 3/1/2020.

|  |  |
| --- | --- |
| Full file | Changes only File |
| INS\*Y\*18\***030\*XN**\*A\*\*\*FT  REF\*0F\*011223333  DTP\*336\*D8\*20170725  NM1\*IL\*1\*DOE\*JOHN\*\*\*\*34\*011223333  PER\*IP\*\*TE\*5550001111  N3\*1 MAIN ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\***030**\*\*HLT\*\*EMP  DTP\*348\*D8\*20200301  REF\*1L\*001234567 | INS\*Y\*18\*021\*28\*A\*\*\*FT  REF\*0F\*011223333  DTP\*336\*D8\*20170725  NM1\*IL\*1\*DOE\*JOHN\*\*\*\*34\*011223333  PER\*IP\*\*TE\*5550001111  N3\*1 MAIN ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\*021\*\*HLT\*\*EMP  DTP\*348\*D8\*20200301  REF\*1L\*001234567 |

## 

### New Add Family

|  |  |
| --- | --- |
| Full File | Change Only file |
| INS\*Y\*18\***030**\***XN**\*A\*\*\*FT  REF\*0F\*022334444  DTP\*336\*D8\*19700908  NM1\*IL\*1\*SMITH\*FRANK\*\*\*\*34\*022334444  PER\*IP\*\*TE\*5550002222  N3\*1 NEWBURY ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\***030**\*\*HLT\*\*FAM  DTP\*348\*D8\*20200215  REF\*1L\*001000000  INS\*N\*01\***030**\***XN**\*A  REF\*0F\*022334444  NM1\*IL\*1\*SMITH\*DONNA\*\*\*\*34\*000000003  DMG\*D8\*19690701\*M  HD\***030**\*\*HLT  DTP\*348\*D8\*20200215  REF\*1L\*001000000  INS\*N\*19\***030**\***XN**\*A  REF\*0F\*022334444  NM1\*IL\*1\*SMITH\*VAL\*\*\*\*34\*000000004  DMG\*D8\*19990301\*M  HD\***030**\*\*HLT  DTP\*348\*D8\*20200215  REF\*1L\*001000000 | INS\*Y\*18\***021\*28**\*A\*\*\*FT  REF\*0F\*022334444  DTP\*336\*D8\*19700908  NM1\*IL\*1\*SMITH\*FRANK\*\*\*\*34\*022334444  PER\*IP\*\*TE\*5550002222  N3\*1 NEWBURY ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\***021**\*\*HLT\*\*FAM  DTP\*348\*D8\*20200215  REF\*1L\*001000000  INS\*N\*01\***021\*28**\*A  REF\*0F\*022334444  NM1\*IL\*1\*SMITH\*DONNA\*\*\*\*34\*000000003  DMG\*D8\*19690701\*M  HD\***021**\*\*HLT  DTP\*348\*D8\*20200215  REF\*1L\*001000000  INS\*N\*19\***021\*28**\*A  REF\*0F\*022334444  NM1\*IL\*1\*SMITH\*VAL\*\*\*\*34\*000000004  DMG\*D8\*19990301\*M  HD\***021**\*\*HLT  DTP\*348\*D8\*20200215  REF\*1L\*001000000 |

### Individual to Family Coverage Level Change

The subscriber is adding a spouse on the date of marriage 03/12/19.

The INS03 and HD01 fields for the subscriber will have the 001 maintenance type code due to the change from Individual to Family policy.

The INS03 and HD01 fields for the spouse will have the 021 maintenance type code with the effective date equal to the date of marriage.

|  |  |
| --- | --- |
| Full File | Change only file |
| INS\*Y\*18\***030**\***XN**\*A\*\*\*FT  REF\*0F\*000000001  DTP\*336\*D8\*19700908  NM1\*IL\*1\*DOE\*JOHN\*\*\*\*34\*000000001  PER\*IP\*\*TE\*5550001111  N3\*1 MAIN ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\***030**\*\*PPO\*\***ESP**  DTP\*348\*D8\***20190312**  REF\*1L\*001000000  INS\*N\*01\***030**\***XN**\*A << Spouse being added  REF\*0F\*000000001  NM1\*IL\*1\*DOE\*JANE\*\*\*\*34\*000000005  DMG\*D8\*19720202\*F  HD\***030**\*\*PPO\*\*ESP  DTP\*348\*D8\***20190312**  REF\*1L\*001000000 | INS\*Y\*18\***001**\***32**\*A\*\*\*FT  REF\*0F\*000000001  DTP\*336\*D8\*19700908  NM1\*IL\*1\*DOE\*JOHN\*\*\*\*34\*000000001  PER\*IP\*\*TE\*5550001111  N3\*1 MAIN ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\***001**\*\*PPO\*\***ESP**  DTP\*348\*D8\***20190312**  REF\*1L\*001000000  INS\*N\*01\***021**\***32**\*A << Spouse being added  REF\*0F\*000000001  NM1\*IL\*1\*DOE\*JANE\*\*\*\*34\*000000005  DMG\*D8\*19720202\*F  HD\***021**\*\*PPO\*\*ESP  DTP\*348\*D8\***20190312**  REF\*1L\*001000000 |

### Adding a Newborn

When a newborn or other dependent is being added to the policy the dependent must be indicated using the INS03 and HD01 with the 021 “add” maintenance code. In the following example a Family Policy already exists, and no changes are needed to the family, so the transaction would look like this:

|  |  |
| --- | --- |
| Full File | Change Only file |
| INS\*Y\*18\***030**\*XN\*A\*\*\*FT  REF\*0F\*000000001  DTP\*336\*D8\*19700908  NM1\*IL\*1\*DOE\*JOHN\*\*\*\*34\*000000001  PER\*IP\*\*TE\*5550001111  N3\*1 MAIN ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\***030**\*\*HLT\*\***FAM**  DTP\*348\*D8\*20200101  REF\*1L\*001000000  INS\*N\*19\***030**\*XN\*A  REF\*0F\*000000001  NM1\*IL\*1\*DOE\*SPOUSE\*\*\*\*34\*000000002  DMG\*D8\*19700526\*F  HD\***030**\*\*HLT\*\*FAM  DTP\*348\*D8\*20200101  REF\*1L\*001000000  INS\*N\*19\***030**\*XN\*A  REF\*0F\*000000001  NM1\*IL\*1\*DOE\*SONNY\*\*\*\*34\*000000003  DMG\*D8\*20150626\*M  HD\***030**\*\*HLT\*\*FAM  DTP\*348\*D8\*20200101  REF\*1L\*001000000  INS\*N\*19\***030**\*XN\*A  REF\*0F\*000000001  NM1\*IL\*1\*DOE\*BOB\*\*\*\*34\*000000006  DMG\*D8\*20200201\*M <<< Date of Birth of child  HD\***030**\*\*HLT\*\*FAM  DTP\*348\*D8\*20200201 <<< Date of Birth of child  REF\*1L\*001000000 | INS\*Y\*18\***030**\*XN\*A\*\*\*FT  REF\*0F\*000000001  DTP\*336\*D8\*19700908  NM1\*IL\*1\*DOE\*JOHN\*\*\*\*34\*000000001  PER\*IP\*\*TE\*5550001111  N3\*1 MAIN ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\***030**\*\*HLT\*\***FAM**  DTP\*348\*D8\*20200101  REF\*1L\*001000000  INS\*N\*19\***021**\***02**\*A  REF\*0F\*000000001  NM1\*IL\*1\*DOE\*BOB\*\*\*\*34\*000000006  DMG\*D8\*20200201\*M <<< Date of Birth of child  HD\***021**\*\*HLT\*\*FAM  DTP\*348\*D8\*20200201 <<< Date of Birth of child  REF\*1L\*001000000 |

### Group Transfer

If a person transfers between medical groups 001000000 and 002000000 BCBSMA does not need a termination and an add transaction. BCBSMA would prefer just a single Add transaction for the new group, and our systems will handle the rest. The transaction would look like this.

|  |  |
| --- | --- |
| Full File | Change only file |
| INS\*Y\*18\***030**\***XN**\*A\*\*\*FT  REF\*0F\*000000002  NM1\*IL\*1\*SMITH\*FRANK\*\*\*\*34\*00000000  PER\*IP\*\*TE\*5550002222  N3\*1 NEWBURY ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\***030**\*\*HLT\*\*EMP  **DTP\*348\*D8\*20200501 <<< New Effective Begin Date**  REF\*1L\***002000000 <<< New Group Number** | INS\*Y\*18\***021**\***22**\*A\*\*\*FT  REF\*0F\*000000002  NM1\*IL\*1\*SMITH\*FRANK\*\*\*\*34\*00000000  PER\*IP\*\*TE\*5550002222  N3\*1 NEWBURY ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\***021**\*\*HLT\*\*EMP  **DTP\*348\*D8\*20200501 <<< New Effective Begin Date**  REF\*1L\***002000000 <<< New Group Number** |

PCP Change

|  |  |
| --- | --- |
| Full File | Change only file |
| INS\*Y\*18\***030**\***XN**\*A\*\*\*FT  REF\*0F\*000000002  NM1\*IL\*1\*SMITH\*FRANK\*\*\*\*34\*00000000  PER\*IP\*\*TE\*5550002222  N3\*1 NEWBURY ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\*030\*\*HLT\*\*EMP  DTP\*348\*D8\*20200501  REF\*1L\*002000000  **LX\*1**  **NM1\*P3\*1\*\*\*\*\*\*SV\*700J14034\*72**  **PLA\*2\*1P\*20210201\*\*AI** | INS\*Y\*18\***001**\***15**\*A\*\*\*FT  REF\*0F\*000000002  NM1\*IL\*1\*SMITH\*FRANK\*\*\*\*34\*00000000  PER\*IP\*\*TE\*5550002222  N3\*1 NEWBURY ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\*030\*\*HLT\*\*EMP  DTP\*348\*D8\*20200501  REF\*1L\*002000000  **LX\*1**  **NM1\*P3\*1\*\*\*\*\*\*SV\*700J14034\*72**  **PLA\*2\*1P\*20210201\*\*AI** |

### Medicare Information, Part A and B Begin Dates

This information is required if the subscriber has selected a Medex (Medicare supplemental) plan. Even if the subscriber does not select a Medex plan, we will capture this information if it is passed in the file. It is critical that the information be submitted in the exact order.

**ADD MEDICARE A AND B (no end date)**

INS\*Y\*18\*021\*20\*A\***C**0\*\*FT

REF\*0F\*984999999

REF\*F6\*1EG4TE5MK73

DTP\*338\*D8\*20170301 <= Part A effective date

DTP\*338\*D8\*20170301 <= Part B effective date

NM1\*IL\*1\*JONES\*INDIANA\*I\*\*\*34\*999999999

DMG\*D8\*19480301\*M

HD\*021\*\*HLT

DTP\*348\*D8\*20170301 <= Medical Plan Effective Date

REF\*1L\*099534567

**ADD MEDICARE A & B (different effective dates)**

INS\*Y\*18\*021\*20\*A\*C0\*\*FT

REF\*0F\*999999999

REF\*F6\*1EG4TE5MK73

**DTP\*338\*D8\*20160301 <= Part A effective date**

**DTP\*338\*D8\*20170301 <= Part B effective date**

LOOP 2100A: NM1\*IL\*1\*JONES\*INDIANA\*I\*\*\*34\*999999999

LOOP 2100A: DMG\*D8\*19480301\*M

LOOP 2300: HD\*021\*\*HLT

LOOP 2300: DTP\*348\*D8\*20160301 Medical Plan Effective date

LOOP 2300: REF\*1L\*099534567

### Termination Transaction

These transactions occur when a person is electing to end coverage with BCBSMA. Terminations should be submitted once then removed from subsequent files.

In the event a person is dropped from a file without an explicit termination being sent to BCBSMA, the member will show on a “Potential Termination” report which requires manual interaction between the account and BCBSMA Enrollment Team.

Single Coverage

|  |  |
| --- | --- |
| Full file | Change only file |
| INS\*Y\*18\***030**\***XN**\*A\*\*\*FT  REF\*0F\*000000001  DTP\*336\*D8\*19700908  NM1\*IL\*1\*DOE\*JOHN\*\*\*\*34\*000000001  PER\*IP\*\*TE\*5550001111  N3\*1 MAIN ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\***030**\*\*HLT\*\***FAM**  DTP\*348\*D8\*20200101  DTP\*349\*D8\*20200306  REF\*1L\*001000000  INS\*N\*01\***030**\*XN\*A  REF\*0F\*000000001  NM1\*IL\*1\*DOE\*SPOUSE\*\*\*\*34\*000000002  DMG\*D8\*19700526\*F  HD\***030**\*\*HLT\*\*FAM  DTP\*348\*D8\*20200101  DTP\*349\*D8\*20200306  REF\*1L\*001000000  INS\*N\*19\***030**\*XN\*A  REF\*0F\*000000001  NM1\*IL\*1\*DOE\*SONNY\*\*\*\*34\*000000003  DMG\*D8\*20150626\*M  HD\***030**\*\*HLT\*\*FAM  DTP\*348\*D8\*20200101  DTP\*349\*D8\*20200306  REF\*1L\*001000000 | INS\*Y\*18\***024**\***08**\*A\*\*\*FT  REF\*0F\*000000002  DTP\*336\*D8\*19700908  NM1\*IL\*1\*SMITH\*FRANK\*\*\*\*34\*00000000  PER\*IP\*\*TE\*5550002222  N3\*1 NEWBURY ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\*024\*\*HLT\*\*FAM  DTP\*348\*D8\*20120101  DTP\*349\*D8\*20120601  REF\*1L\*001000000 |

### Termination of Dependent

In the event just a dependent is being terminated from a policy the transaction would look like this, with no changes to the policy.

|  |  |
| --- | --- |
| Full file | Change only file |
| INS\*Y\*18\***030**\***XN**\*A\*\*\*FT  REF\*0F\*000000001  DTP\*336\*D8\*19700908  NM1\*IL\*1\*DOE\*JOHN\*\*\*\*34\*000000001  PER\*IP\*\*TE\*5550001111  N3\*1 MAIN ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\***030**\*\*HLT\*\***FAM**  DTP\*348\*D8\*20200101  REF\*1L\*001000000  INS\*N\*01\***030**\*XN\*A  REF\*0F\*000000001  NM1\*IL\*1\*DOE\*SPOUSE\*\*\*\*34\*000000002  DMG\*D8\*19700526\*F  HD\***030**\*\*HLT\*\*FAM  DTP\*348\*D8\*20200101  REF\*1L\*001000000  INS\*N\*19\***030**\*XN\*A  REF\*0F\*000000001  NM1\*IL\*1\*DOE\*SONNY\*\*\*\*34\*000000003  DMG\*D8\*20150626\*M  HD\***030**\*\*HLT\*\*FAM  DTP\*348\*D8\*20200101  **DTP\*349\*D8\*20200306**  REF\*1L\*001000000 | INS\*Y\*18\*030\*XN\*A\*\*\*FT  REF\*0F\*000000002  DTP\*336\*D8\*19990908  NM1\*IL\*1\*SMITH\*FRANK\*\*\*\*34\*000000002  PER\*IP\*\*TE\*5550002222  N3\*1 NEWBURY ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\***030**\*\*HLT\*\*FAM  DTP\*348\*D8\*20200101  REF\*1L\*001000000  INS\*N\*01\***024**\*07\*A  REF\*0F\*000000002  NM1\*IL\*1\*O’TOOLE\*MICHELLE\*\*\*\*34\*000000009  DMG\*D8\*20120626\*F  HD\***024**\*\*HLT\*\*FAM  DTP\*348\*D8\*20200101  **DTP\*349\*D8\*20200410**  REF\*1L\*001000000 |

### Termination of ALL Coverages

|  |  |
| --- | --- |
| Full file | Change only file |
| INS\*Y\*18\***030**\***XN**\*A\*\*\*FT  REF\*0F\*000000001  DTP\*336\*D8\*19700908  NM1\*IL\*1\*DOE\*JOHN\*\*\*\*34\*000000001  PER\*IP\*\*TE\*5550001111  N3\*1 MAIN ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\***030**\*\*HLT\*\***FAM**  DTP\*348\*D8\*20200101  **DTP\*349\*D8\*20200306**  REF\*1L\*001000000  HD\***030**\*\*DEN\*\***FAM**  DTP\*348\*D8\*20200101  **DTP\*349\*D8\*20200306**  REF\*1L\*002000000  INS\*N\*01\***030**\*XN\*A  REF\*0F\*000000001  NM1\*IL\*1\*DOE\*SPOUSE\*\*\*\*34\*000000002  DMG\*D8\*19700526\*F  HD\***030**\*\*HLT\*\*FAM  DTP\*348\*D8\*20200101  **DTP\*349\*D8\*20200306**  REF\*1L\*001000000  HD\***030**\*\*DEN\*\***FAM**  DTP\*348\*D8\*20200101  **DTP\*349\*D8\*20200306**  REF\*1L\*002000000  INS\*N\*19\***030**\*XN\*A  REF\*0F\*000000001  NM1\*IL\*1\*DOE\*SONNY\*\*\*\*34\*000000003  DMG\*D8\*20150626\*M  HD\***030**\*\*HLT\*\*FAM  DTP\*348\*D8\*20200101  **DTP\*349\*D8\*20200306**  REF\*1L\*001000000  HD\***030**\*\*DEN\*\***FAM**  DTP\*348\*D8\*20200101  **DTP\*349\*D8\*20200306**  REF\*1L\*002000000 | INS\*Y\*18\*024\*07\*A\*\*\*FT  REF\*0F\*000000002  DTP\*336\*D8\*19700908  NM1\*IL\*1\*SMITH\*FRANK\*\*\*\*34\*00000000  PER\*IP\*\*TE\*5550002222  N3\*1 NEWBURY ST  N4\*BOSTON\*MA\*02111  DMG\*D8\*19700101\*M  HD\*024\*\*HLT\*\*FAM  DTP\*348\*D8\*20120101  DTP\*349\*D8\*20120601  HD\*024\*\*DEN\*\*FAM  DTP\*348\*D8\*20120101  DTP\*349\*D8\*20120601 |

# Financial Records for 834 clients

BCBSMA Processing Rules and Operational Requirements

1. Financial accounts are treated as a coverage similar to medical and dental accounts.
2. Members in Multiple Groups and if members have Chosen Personal Spending accounts they will have the REF\*1L loop in the 2300 loop of the corresponding benefit. Personal spending account information needs to be sent for subscriber level only.

HD\*030\*\*HLT\*\*FAM

DTP\*348\*D8\*20200101

REF\*1L\***007654321** **(medical group)**

**HD\*030\*\*HLT\*FSA\*EMP**

**DTP\*348\*D8\*20200101   (FSA effective date)**

**REF\*ZZ\*2000 (Goal Amount = $2,000)**

**HD\*030\*\*HLT\*DFS\*EMP**

**DTP\*348\*D8\*20200101**

**REF\*ZZ\*3000 (Goal Amount = ($3,000)**

HD\*001\*\*DEN\*\*EMP

DTP\*348\*D8\*20200101

REF\*1L\*001234567

1. The Financial Record is sent every time the Subscriber record is listed on the file.
2. The annual goal amount is required for all FSA products (FSA, FSL, and DFS). The goal amount cannot include decimal points. No goal amount should be sent for HSA.
3. The receipt of a medical cancellation for a subscriber with an HSA indicator or a cancellation date for the HSA will generate a termination to the vendor.
4. The medical group number used in the examples is not a valid group number.
5. The Financial Accounts (HSA, FSL FSA and DFS) will be sent after the medical 2300 loop. There is no special order for the Financial Accounts.
6. A transfer from one group to another will not automatically transfer the HSA, FSL, FSA and or DFS indicators. The HSA, FSL, FSA and DFS effective dates should = the effective date of the transfer.
7. If the subscriber has dental only with no medical, the dental record will look as follows:

HD\*030\*\*DEN\*\*FAM

DTP\*348\*D8\*20150101   (FSA effective date)

REF\*1L\*001234567

HD\*030\*\***DEN**\*FSA\*FAM

DTP\*348\*D8\*20150101   (FSA effective date)

REF\*1L\*001234567

REF\*ZZ\*1000 (Goal amount = $1,000)

1. The subscriber cannot elect an HSA with dental only coverage.
2. A subscriber enrolled in medical in 2020 that declines medical in 2021 but elects DFS only should be a new add to the FSA Only group and include their annual goal amount.
3. A subscriber enrolled in the FSA only group in 2020 that elects medical in 2021 should be a new add to the medical group.
4. A subscriber enrolled in the FSA only group in 2020 that leaves employment will be sent as a cancel record with a termination date for the FSA only group.

**BCBSMA will auto cancel all FSA, FSL and DFS elections up to 70 days prior to the renewal date. As a result, an employer is responsible for sending the elections for the new plan year.** Health Savings Account (HSA) Examples

The subscriber elects a High Deductible Health Plan and would like to open an HSA. The 834 file should have the HSA indicator and the effective date.

|  |  |
| --- | --- |
| Full File | Change Only |
| INS\*Y\*18\*030\*\*A\*\*\*FT  REF\*0F\*SSN05492  NM1\*IL\*1\*SMITH\*JOHN\*A\*\*\*34\*SSN5492  PER\*IP\*\*HP\*6038892706  N3\*100 MAIN ROAD  N4\*QUINCY\*MA\*02171  DMG\*D8\*19871122\*F  HD\*030\*\*HLT\*\*EMP  DTP\*348\*D8\*20200101  REF\*1L\*001235399 (**Medical Group)**  **HD\*021\*\*HLT\*HSA\*EMP**  **DTP\*348\*D8\*20200101   (HSA effective date)**  **REF\*1L\*001235399** | INS\*Y\*18\*021\*28\*A\*\*\*FT  REF\*0F\*UniqueSubscriberId  NM1\*IL\*1\*SMITH\*JOHN\*A\*\*\*34\*SSN5492  PER\*IP\*\*HP\*6038892706  N3\*100 MAIN ROAD  N4\*QUINCY\*MA\*02171  DMG\*D8\*19871122\*F\*I  HD\*021\*\*HLT\*\*EMP  DTP\*348\*D8\*20200101  REF\*1L\***001235399 (Medical Group)**  **HD\*021\*\*HLT\*HSA\*EMP**  **DTP\*348\*D8\*20200101 (HSA effective date)**  **REF\*1L\*001235399** |

Note: A reinstate back to the effective date or a re-enroll with a lapse in coverage, will be sent as a new add. The HSA effective date must = the date of the medical reinstate or re-enroll.

### Terminating the Financial Account–

This subscriber will continue medical coverage but is dropping the FSA on 05/01/2020. A medical or dental cancellation will automatically cancel the FSA.

|  |  |
| --- | --- |
| Full File | Change Only |
| INS\*Y\*18\*030\*\*A\*\*\*FT  REF\*0F\*SSN05492  NM1\*IL\*1\*SMITH\*JOHN\*A\*\*\*34\*SSN5492  PER\*IP\*\*HP\*6038892706  N3\*100 MAIN ROAD  N4\*QUINCY\*MA\*02171  DMG\*D8\*19871122\*F  HD\*030\*\*HLT\*\*EMP  DTP\*348\*D8\*20200101  REF\*1L\*001235399 (**Medical Group)**  **HD\*021\*\*HLT\*FSA\*EMP**  **DTP\*348\*D8\*20200101   (FSA effective date)**  **DTP\*349\*D8\*20200501**  **REF\*1L\*001235399** | INS\*Y\*18\*001\*22\*A\*\*\*FT  REF\*0F\*UniqueSubscriberId  NM1\*IL\*1\*SMITH\*JOHN\*A\*\*\*34\*SSN5492  PER\*IP\*\*HP\*6038892706  N3\*100 MAIN ROAD  N4\*QUINCY\*MA\*02171  DMG\*D8\*19871122\*F\*I  HD\*001\*\*HLT\*\*EMP  DTP\*348\*D8\*20200101  REF\*1L\***001235399 (Medical Group)**  **HD\*024\*\*HLT\*FSA\*EMP**  **DTP\*348\*D8\*20200101 (FSA effective date)**  **DTP\*349\*D8\*20200501**  **REF\*1L\*001235399** |

**Note: Once the cancellation is sent, future files should not contain Financial Record data.**

### Transferring to New Group with HSA

Subscriber transfers to a new group on 2/2/2020 and would like to continue with the HSA. The file should have the new group, effective date and new HSA date. If there is only one High Deductible Health Plan group, this example does not apply. If a new HSA effective date is not sent on a transfer, the HSA will be cancelled and sent to the vendor which will convert the HSA to retail.

|  |  |
| --- | --- |
| Full File | Change Only |
| INS\*Y\*18\*030\*\*A\*\*\*FT  REF\*0F\*SSN05492  NM1\*IL\*1\*SMITH\*JOHN\*A\*\*\*34\*SSN5492  PER\*IP\*\*HP\*6038892706  N3\*100 MAIN ROAD  N4\*QUINCY\*MA\*02171  DMG\*D8\*19871122\*F  HD\*030\*\*HLT\*\*EMP  **DTP\*348\*D8\*20200201**  **REF\*1L\*001235390**  (**Medical Group)**  **HD\*021\*\*HLT\*HSA\*EMP**  **DTP\*348\*D8\*20200201   (HSA effective date)**  **REF\*1L\*001235390** | INS\*Y\*18\*001\*22\*A\*\*\*FT  REF\*0F\*UniqueSubscriberId  NM1\*IL\*1\*SMITH\*JOHN\*A\*\*\*34\*SSN5492  PER\*IP\*\*HP\*6038892706  N3\*100 MAIN ROAD  N4\*QUINCY\*MA\*02171  DMG\*D8\*19871122\*F\*I  **HD\*001\*\*HLT\*\*EMP**  **DTP\*348\*D8\*20200201**  **REF\*1L\*001235390 (Medical Group)**  **HD\*024\*\*HLT\*HSA\*EMP**  **DTP\*348\*D8\*20200201 (HSA effective date)**  **REF\*1L\*001235390** |

### **Administrative Only Groups**

### An administrative only group number is required for accounts that have employees that elect the Health Care FSA (FSA) or Dependent Care FSA (DFS) but **do not** elect BCBSMA medical or dental coverage. An administrative only group is **required** to send enrollment and goal amounts to the vendor and is treated like a medical/dental group. Members must be “enrolled” in the Admin only group which is set up on the BCBSMA system with no benefits, rates, or ID cards but is necessary for a successful transfer to the vendor. Omitting the administrative group number from the REF\*1L segment will cause the record to error, resulting in delays in enrollment and a dissatisfactory member and account experience.

This example is for an employee that has declined medical or dental coverage with their employer but has elected the Health Care FSA with a goal amount of $2,000.

INS\*Y\*18\*030\*XN\*A\*\*\*FT

REF\*0F\*SSN05492

DTP\*336\*D8\*20070820

NM1\*IL\*1\*SMITH\*JOHN\*A\*\*\*34\*SSN5492

PER\*IP\*\*HP\*6038892706

N3\*100 MAIN ROAD

N4\*QUINCY\*MA\*02171

DMG\*D8\*19871122\*F\*I

**HD\*030\*\*HLT\*\*EMP This loop enrolls the member in the admin group to ensure record sent to vendor**

**DTP\*348\*D8\*20200101**

**REF\*1L\*001235399   (Admin Group # and is required)**

**HD\*030\*\*HLT\*FSA\*EMP This Loop updates the Member Financial elections**

**DTP\*348\*D8\*20200101   (FSA effective date)**

**REF\*ZZ\*2000   (Goal Amount = $2,000)**