

# **Blue Cross and Blue Shield of Kansas X12N 834 Requirements Document**

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American National Standards Institute (ANSI) X12N 834 V4010

Requirement Document

**BCBSKS**

**Last Updated 1/29/09**

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS). The ANSI X12N 834 implementation guide has been established as the standards of compliance for health plan enrollment/disenrollment transactions. The implementation guides for each transaction are available electronically at [www.wpc-edi.com](http://www.wpc-edi.com).

The following information is intended to serve only as a requirement document to the HIPAA ANSI X12N 834 implementation guide. The use of this document is solely for the purpose of clarification.

This document is subject to change as new information is available. Please check the ASK Web Site at [www.ask-edi.com](http://www.ask-edi.com) for updated documents.

This requirement document supplements, but does not contradict any requirements in the X12N 834 implementation guide.

## File Identification

The following should be submitted in ISA08 – Interchange Receiver ID and GS03 – Application Receivers Code. A value of 'ZZ' should be submitted in ISA07 – Interchange ID Qualifier.

ASK INC (Note: A space should be entered between ASK and INC)

The appropriate trading partner number assigned by ASK should be submitted in ISA06 – Interchange Sender ID and GS02 – Application Sender's Code. A value of 'ZZ' should be submitted in ISA05 – Interchange ID Qualifier.

Until assignment of National Plan ID's, the appropriate Payer Federal Tax ID number should be submitted in 1000B-N104 (Identification Code) with a value of 'FI' in 1000B-N103 (Identification Code Qualifier).

Kansas Blue Cross and Blue Shield                      48-0952857

## Secure File Transfer Methods- MoveIT Products

Here are the supported methods of Secure File Transfers over the Internet using Standard Networks products:

### **Automated solutions:**

SFTP - or FTP over SSH port 22 - usually ran on Unix/Linux systems

FTPS – or FTP over SSL port 990 (Implicit connections only) – ran on Windows systems

(Clients can use any **Secure** FTP client for Windows to connect to Moveit DMZ, BCBSKS security can provide one if needed.)

### **Manual solution:**

HTTPS – user connects to MoveIT DMZ over SSL ports using a 128 bit enabled Web Browser

### Information for All Payers

1	Administrative Services of Kansas will reject an interchange (transmission) that is submitted with a submitter identification number that is not authorized for electronic enrollment/disenrollment submission.
2	All dates that are submitted on an incoming 834 transaction should be valid calendar dates in the based as CCYYMMDD. Failure to submit a valid calendar date will result in a rejection of the applicable interchange (transmission).
3	Administrative Services of Kansas will only process one transaction type (records group) per interchange (transmission); a submitter must only submit one GS-GE (Functional Group) within an ISA –IEA (Interchange).
4	Administrative Services of Kansas will edit data submitted within the envelope segments (ISA, GS, ST, SE, GE, and IEA) beyond the requirements defined in the Institutional or Professional Implementation Guides.
5	Only loops, segments, and data elements valid for the 834 Implementation Guide will be translated. Submitting data not valid based on the Implementation Guide will cause files to be rejected.
6	We suggest retrieval of the ANSI 997 functional acknowledgment files on or before the first business day after the submission, but no later than five days after the submission.
7	Administrative Services of Kansas will reject an interchange (transmission) that is not submitted with a valid payer identifier.
8	Administrative Services of Kansas will convert all lower case characters submitted on an inbound 834 file to upper case when sending data to the payer.
9	You must submit incoming 834 eligibility data using the basic character set as defined in Appendix A of the 834 Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the '@' symbol from the extended character set. Any other characters submitted from the extended character set may cause the interchange (transmission) to be rejected at the translator.
10	The incoming 834 transactions utilize delimiters from the following list: >, *, ~, ^,  , and :. Submitting delimiters not supported with this list may cause an interchange (transmission) to be rejected.
11	Administrative Services of Kansas, Inc. may reject an interchange (transmission) that is not submitted with unique values in the ST02 (Transaction Set Control Number) elements.
12	Administrative Services of Kansas will return the version of the 834 inbound transaction in GS08 (Versions/Release/Industry/Identifier Codes) of the 997.
13	Codes listed within the Language column are codes BCBSKS use within our business. Other codes used from the implementation guide not on the list will be reported back as an invalid code and will need to be resubmitted. If the data element is not listed in the Requirement Document we will accept all valid 834 codes.

## Additional Information:

Response reports (TRN, TA1, 997) provide very important information regarding your submissions. Please review the Response Reports manual available at the following link:

[http://www.ask-edi.com/edi\\_employer\\_groups/index.htm](http://www.ask-edi.com/edi_employer_groups/index.htm)

### Medicare

Medicare is not applicable for any insurance other than medical. If the subscriber or any dependents has Medicare coverage, this information is sent in the INS06 Segment along with the Medicare begin (DTP\*338) and Medicare end (DTP\*339) dates, if applicable. If the member is on Medicare because of a disability (e.g. End Stage Renal Disease), the DSB (2200 loop) segments are sent also.

### Terminations

BCBSKS will not accommodate implied terminations. All terminations for Insured's and Member's will need to be transmitted at least one time to BCBSKS. Insured's that are dropped off the file will be considered an active participant within the plan. No reporting is available on a weekly basis for Insured's that are missing from the file.

This will be what transactions, required segments for an individual member, we are expecting to come through for cancellations:

*Scenario 1:* If an entire family is cancelled, a termination transaction is sent for each member currently on the policy.

*Scenario 2:* If dependent(s) cancel, an open transaction for the subscriber, an open transaction for each active member and a termination transaction for the cancelled dependent(s) are sent.

## Technical Requirements

### File Format Summary

Item	Detail
Group's Product Version:	Version 4
File Format:	- ANSI ASC X12N 834
Date Fields:	Date fields are formatted as CCYYMMDD
File Naming:	All incoming files with .834 extension
Other:	Carriage Returns and Line Feeds are sent at the end of each line.

### 834 File Format

File Format Key:

Req?

Y = Yes, Required

N = Not Required

S = Situational

Size

A = Alphanumeric

N = Numeric

**ISA - Interchange Control Header**

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

**Repeat:** 1

**Notes:** The ISA is a fixed record length segment and all positions with each of the data elements must be filled (i.e. space fill). These segments are always required

Segment ID	Element	Field Name	Req?	Description
ISA	01	Authorization Info Qualifier	Y	'00'
ISA	02	Authorization Information	Y	<Blanks> 10 bytes
ISA	03	Security Information Qualifier	Y	'00'
ISA	04	Security Information	Y	<Blanks> 10 bytes
ISA	05	Interchange ID Qualifier	Y	<b>ZZ for Mutually defined</b>
ISA	06	Interchange Sender ID	Y	7 digit Client trading partner number issued EDI confirmation letter.
ISA	07	Interchange Receiver Qualifier	Y	<b>ZZ for Mutually defined</b>
ISA	08	Interchange Receiver ID	Y	<b>ASK INC</b>
ISA	09	Interchange Date	Y	YYMMDD
ISA	10	Interchange Time	Y	HHMM
ISA	11	Interchange Control Standards ID	Y	Populate with U
ISA	12	Interchange Control Version Number	Y	Populate with 00401 5 bytes
ISA	13	Interchange Control Number	Y	Created by Sender 9 bytes Must be identical in IEA02
ISA	14	Acknowledgement Requested	Y	Populate with 1 for Yes
ISA	15	Usage Indicator	Y	Populate with P for Production files Populate with T for Test files
ISA	16	Component Element Separator	Y	:

**Example:**

ISA\*00\* \*00\* \*ZZ\*9999999 \*ZZ\*ASK INC \*090101\*1916\*U\*00401\*999999999\*1\*T\*>~

**GS – Functional Group Header**

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

**Repeat:** 1

**Note:** Required

Segment ID	Element	Field Name	Req?	Description
GS	01	Functional Identifier Code	Y	Sender company initials
GS	02	Sender's Code	Y	7 digit Client trading partner number issued EDI confirmation letter.
GS	03	Receiver's Code	Y	<b>ASK INC</b>
GS	04	Date	Y	System Date
GS	05	Time	Y	System Time
GS	06	Group Control Number	Y	Created by Sender Must be identical in GE02
GS	07	Responsible Agency's Code	Y	Populate with X
GS	08	Version/Release Code	Y	Populate with 004010X095A1 HIPAA Compliant Version

**Example:** GS\*BE\*9999999\*ASK INC\*20090101\*1916\*269\*X\*004010~

**ST – Transaction Set Header**

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

**Repeat:** 1

**Note:** Required

Segment ID	Element	Field Name	Req?	Description
ST	01	Transaction Set Header	Y	834
ST	02	Transaction Set Control Number	Y	Populated with a 4-digit number and it should start with 0001. If multiple ST/SE segments are sent in one file, this number will be sequential and ascending.

**BGN – Beginning Segment**

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

**Repeat:** 1

**Note:** Required

Segment ID	Element	Field Name	Req?	Description
BGN	01	Transaction Set Purpose Code	Y	00 for Original
BGN	02	Reference Identification	Y	Sender unique transaction set identifier code.
BGN	03	Date	Y	System Date
BGN	04	Time	Y	System Time
BGN	08	Action Code	Y	2 for update file 4 for Synch file (no update)

**REF – Transaction Set Policy Number**

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

**Repeat:** 1

**Note:** Required

Segment ID	Element	Field Name	Req?	Description
REF	01	Reference Number Qualifier	Y	38 for Master Policy Number
REF	02	Reference Number	Y	Carrier Numbers Master Policy Number

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DTP – File Effective Dates**

**Purpose:** To identify employee enrollment date

**Repeat:** > 1

**Note:** Required

Segment ID	Element	Field Name	Req?	Description
DTP	01	Date/Time Qualifier	Y	007 File Effective Date
DTP	01	Date/Time Period Format Qualifier	Y	D8 (CCYYMMDD)
DTP	01	Date/Time Qualifier	Y	File Effective Date

**1000A N1 – Sponsor Name**

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

**Repeat:** 1

**Note:** Required

Segment ID	Element	Field Name	Req?	Description
N1	01	Entity Identifier Code	Y	P5 for Plan Sponsor
N1	02	Name	Y	Group's Name
N1	03	Identification Code Qualifier	Y	FI for Federal Tax ID
N1	04	Identification Code	Y	Group's Tax ID

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**1000B N1 – Payer Name**

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

**Repeat:** 1

**Note:** Required

Segment ID	Element	Field Name	Req?	Description
N1	01	Entity Identifier Code	Y	IN for Insurer
N1	02	Name	Y	<b>BCBSKS</b>
N1	03	Identification Code Qualifier	Y	FI for Federal Tax ID
N1	04	Identification Code	Y	<b>48-0952857</b>

Notes/Exceptions: \_\_\_\_\_

**1000C N1 – TPA/Broker Name**

**Purpose:** This loop is to be sent if a TPA or Broker is involved. A TPA is “a vendor to handle collecting insured member data if the sponsor chooses not to perform this function”.

**Repeat:** 1

**Note:** Situational

Segment ID	Element	Field Name	Req?	Description
N1	01	Entity Identifier Code	S	TV for TPA
N1	02	Name	S	Company Name
N1	03	Identification Code Qualifier	S	FI for Federal Tax ID
N1	04	Identification Code	S	Company Tax ID

Notes/Exceptions: \_\_\_\_\_

**2000 INS – Insured Benefit**

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

**Repeat:** > 1

**Note:** Required

Segment ID	Element	Field Name	Req?	Description
INS	01	Yes/No Condition	Y	Y if the member is a Subscriber. N if the member is a Dependent.
INS	02	Individual Relationship Code	Y	01 for Spouse 05 for Grandchild 09 for Adopted Child 15 for Legal Custody Dependent 17 for Step Child 18 for Self (Subscriber) 19 for Child or Student 53 for Domestic Partner
INS	03	Maintenance Type Code	Y	001 for Change. 021 for Add 024 for Termination 030 if Maintenance Type Code unknown
INS	04	Maintenance Reason Code	Y	01 for Divorce 02 for Birth 03 for Death 04 for Retirement 05 for Adoption 07 for Termination of Benefits 08 for Termination of Employment 15 for PCP Change 21 (preferred) for Disability (send if member becomes disabled. Maintenance Effective Date reflects date the member became disabled.) 25 (preferred) for if member becomes a student. Maintenance Effective date reflects date the member became a student) 28 for Initial Enrollment 31 for Legal Separation 32 for Marriage 3 for Change of Location (Address) AI for No Reason Given (reason unknown)
INS	05	Benefit Status Code	Y	A if the member is not Cobra. C for Cobra

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INS	06	Medicare Plan Code	S	If the data is available: A for Medicare Part A . B for Medicare Part B. C for Medicare Part A and Part B.
INS	07	COBRA Qualifying Event Code	S	Optional
INS	08	Employment Status Code	Y	Subscribers Only. FT for Full Time Employee. RT for Retired Employee.
INS	09	Student Status Code	S	F if the member is identified as a student based on the age criteria between BCBSKS and the Group.
INS	10	Handicap Indicator	S	N for No if the member is not handicapped/disabled. Y for Yes if the member is handicapped/disabled. <b>NOTE:</b> Only sent for disabled children. This is not sent on the Insured or Spouse.
INS	11	Date Time Period Qualifier	S	In the event of a death of the subscriber or dependent, populate with D8. Otherwise, leave blank.
INS	12	Date Time Period	S	Populate this date for the death of the subscriber/dependent <b>NOTE:</b> If INS11 is populated with D8, the date must also be populated.

Notes/Exceptions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2000 REF – Subscriber Number**

**Purpose:** To specify identifying information

**Repeat:** 1

**Note:** Required

Segment ID	Element	Field Name	Req?	Description
REF	01	Reference Number Qualifier	Y	0F for Subscriber Number
REF	02	Reference Number	Y	Subscriber's SSN

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2000 REF – Group Policy Number**

**Purpose:** To identify the group or policy number

**Repeat:** 1

**Note:** Required

Segment ID	Element	Field Name	Req?	Description
REF	01	Reference Number Qualifier	Y	1L for Group Number
REF	02	Reference Number	Y	BCBSKS will provide the number

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2000 REF – Member Identification Number**

**Purpose:** To identify the group or policy number

**Repeat:** 1

**Note:** Situational - if member is enrolled in Medicare

Segment ID	Element	Field Name	Req?	Description
REF	01	Reference Number Qualifier	S	F6 for Medicare HIC Number
REF	02	Reference Number	S	Medicare HIC Number

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2000 DTP – Member Level Dates**

**Purpose:** To identify member level dates

**Repeat:** > 1

**Note:** Required.

Segment ID	Element	Field Name	Req?	Description
DTP	01	Date/Time Qualifier	Y	303 for Maintenance Effective Date
DTP	01	Date/Time Qualifier	S	Enrollment Signature Date
DTP	01	Date/Time Qualifier	Y	336 for Employment Begin for subscribers only.
DTP	01	Date/Time Qualifier	Y	338 for Medicare Begin.  <b>NOTE:</b> INS06 must be populated with A, B or C. If the member has both Medicare Part A and B, we will send earliest Effective Date and latest Termination Date between the two.
DTP	01	Date/Time Qualifier	Y	339 for Medicare End.  <b>NOTE:</b> INS06 must be populated with A, B or C. If the member has both Medicare Part A and B, we will send earliest Effective Date and latest Termination Date between the two.
DTP	01	Date/Time Qualifier	Y	356 for Eligibility Begin
DTP	01	Date/Time Qualifier	Y	357 for Eligibility End for terminations
DTP	01	Date/Time Qualifier	S	394 for Rehire Date
DTP	02	Date/Time Format Qualifier	Y	D8
DTP	03	Date Time Period	Y	Date associated with the DTP01

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2100A NM1 – Member Name**

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

**Repeat:** 1

**Note:** Required for all members

Segment ID	Element	Field Name	Req?	Description
NM1	01	Entity Identifier Code	Y	IL
NM1	02	Entity Type Qualifier	Y	1 for Person
NM1	03	Name Last	Y	Last Name
NM1	04	Name First	Y	First Name
NM1	05	Name Middle	N	Middle Name
NM1	07	Name Suffix	N	Suffix
NM1	08	Identification Code Qualifier	Y	34
NM1	09	Identification Code	Y	SSN – Required for all members on the contract.

Notes/Exceptions: \_\_\_\_\_

**2100A PER – Member Communications Numbers**

**Purpose:** To supply member contact information

**Repeat:** 1

**NOTE:** If only one phone number is available, send it in the first available slot.

Segment ID	Element	Field Name	Req?	Description
PER	01	Contact Function Code	N	IP for Insured Party
PER	03	Comm Number Qual	N	HP
PER	04	Comm Number	N	Member's Home Phone Number <b>Note:</b> No punctuation within Phone Number
PER	05	Comm Number Qual	N	WP
PER	06	Comm Number	N	Member's Work Phone Number <b>Note:</b> No punctuation within Phone Number
PER	07	Comm Number Qual	N	EM
PER	08	Comm Number	N	Member's E-mail Address

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

**Purpose:** To supply employee/member Street address

**Repeat:** 1

**Note:** Required for Subscriber

Segment ID	Element	Field Name	Req?	Description
N3	01	Address Line 1	Y	Member's Address <b>NOTE:</b> Only send this segment for the dependent if the address is different than the subscriber's.
N3	02	Address Line 2	N	<b>If the country (N404 &lt;&gt; USA), populate the province in this field</b>

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2100A N4 – Member Residence City,State,Zip**

**Purpose:** To supply employee/member City,State,Zip

**Repeat:** 1

**Note:** Required if N3 segment sent.

Segment ID	Element	Field Name	Req?	Description
N4	01	City	Y	City
N4	02	State/Province	Y	State <b>NOTE:</b> If the member does not reside in the US, pass the province in the N302 field)
N4	03	ZIP Code/Postal Code	Y	Postal Code
N4	04	Country Code	Y	If member lives in the United States, pass USA. If not, pass FOR.

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2100A DMG– Member Demographics**

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

**Repeat:** 1

**Note:** Required.

Segment ID	Element	Field Name	Req?	Description
DMG	01	Date/Time Format Qualifier	Y	D8
DMG	02	Date/Time Period	Y	Member's Birth Date
DMG	03	Gender Code	Y	M for Male F for Female
DMG	04	Marital Status Code	N	B for Registered Domestic Partner D for Divorced I for Single M for Married S for Separated U for Unmarried W for Widowed X for Legally Separated R for Unreported

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2100C NM1 – Member Mailing Address**

**Purpose:** The member's mailing address is different from the residential address.

**Repeat:** 1

**Note:** Situational

Segment ID	Element	Field Name	Req?	Description
NM1	01	Entity Identifier Code	S	31 for Postal Mailing Address
NM1	02	Entity Type Qualifier	S	1 for Person

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2100C N3 – Member Mailing Street Address**

**Purpose:** To supply employee/member Street address from 2100C loop

**Repeat:** 1

**Note:** Situational

Segment ID	Element	Field Name	Req?	Description
N3	01	Address Line 1	S	Address Line 1
N3	02	Address Line 2	N	

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2100C N4 – Member Mailing City,State,ZIP**

**Purpose:** To supply employee/member City,State,ZIP from 2100C loop

**Repeat:** 1

**Note:** Situational

Segment ID	Element	Field Name	Req?	Description
N4	01	City	S	City
N4	02	State/Province	S	State/Province
N4	03	ZIP Code/Postal Code	S	Postal Code
N4	04	Country Code	N	USA

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2200 DSB – Disability Information**

**Purpose:** Used when the member is disabled due to End Stage Renal Disease.

**Repeat:** 1

**Note:** Only send if member is disabled due to End Stage Renal Disease (Medicare).

Segment ID	Element	Field Name	Req?	Description
DSB	01	Disability Type Code	S	2 for Long Term Disability
DSB	07	Product/Service ID Qualifier	S	DX
DSB	08	Medical Code Value	S	585 for End Stage Renal Disease (only valid value)

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2200 DTP – Disability Eligibility Dates**

**Purpose:** Used when the member is disabled.

**Repeat:** >1

**Note:** Only send if member is disabled and dates are known.

Segment ID	Element	Field Name	Req?	Description
DTP	01	Date/Time Qualifier	S	360 for Disability Begin 361 for Disability End
DTP	02	Date/Time Format Qualifier	S	D8
DTP	03	Date Time Period	S	Disability date

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2300 HD – Health Coverage**

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

**Repeat:** > 1

**Note:** Required

Segment ID	Element	Field Name	Req?	Description
HD	01	Maintenance Type Code	Y	001 for Change. 021 for Add 024 for Termination 030 if Maintenance Type Code unknown
HD	03	Insurance Line Code	Y	DEN for Dental HLT for Health
HD	04	Plan Coverage Description	Y	BCBSKS will provide the values based on Group coverage. <b>Note:</b> Optional for Dependents
HD	05	Coverage Level Code	Y	EMP for Employee Only ESP for Employee + Spouse E1D for Employee + Child ECH for Employee + Children FAM for Employee + Family CHD for Children Only DEP for Dependents Only SPC for Spouse and Children SPO for Spouse Only <b>Note:</b> <b>A.</b> This is optional for Dependents <b>B.</b> These values will be agreed upon during the initial setup phase of the 834. There may be more or less values depending on the setup of the Group.

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2300 DTP – Member Benefit Dates**

**Purpose:** To identify employee benefit dates

**Repeat:** > 1

**Note:** Required

Segment ID	Element	Field Name	Req?	Description
DTP	01	Date/Time Qualifier	Y	348 for Benefit Begin.
DTP	01	Date/Time Qualifier	Y	349 for Benefit End <b>Note:</b> Required if member is canceling coverage with BCBSKS.
DTP	02	Date/Time Format Qualifier	Y	D8
DTP	03	Date/Time Period	Y	Benefit Date

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2300 REF- Member Policy Number**

**Purpose:** To identify member group number

**Repeat:** 1

**Note:** Situational

Segment ID	Element	Field Name	Req?	Description
REF	01	Reference Number Qualifier	Y	1L
REF	02	Reference Identification	Y	BCBSKS will provide the number

Notes/Exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SE - Transaction Set Trailer**

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

**Repeat:** 1

**Note:** Required

Segment ID	Element	Field Name	Req?	Description
SE	01	Number of Segments	Y	
SE	02	Transaction Set Control Number	Y	

**GE – Functional Group Trailer**

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

**Repeat:** 1

**Note:** Required

Segment ID	Element	Field Name	Req?	Description
GE	01	Number of Transaction sets	Y	
GE	02	Group Control Number	Y	

**IEA – Interchange Control Trailer**

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

**Repeat:** 1

**Note:** Required

Segment ID	Element	Field Name	Req?	Description
IEA	01	Number of Functional Groups	Y	
IEA	02	Interchange Control Number	Y	

### Custom Data Elements

Segment	Value
Segment	Value
Segment	Value
Segment	Value
Segment	Value

## 834 Scenarios

The following scenarios do not include the ISA, GS, ST, BGN, SE, GE, and IEA segments that are required for all 834 transmissions.

### **Enrollment of a Subscriber (employee only) who has elected both Medical and Dental Coverage**

INS\*Y\*18\*021\*AI\*A\*\*\*FT~  
REF\*0F\*111223333~  
REF\*1L\*888888~  
DTP\*300\*D8\*20081230~  
DTP\*336\*D8\*20010101~  
DTP\*356\*D8\*20090101~  
NM1\*IL\*1\*SITH\*JON\*W\*\*\*34\*111223333~  
PER\*IP\*\*HP\*2643332343~  
N3\*111 NORTH MAIN\*APT B~  
N4\*GREENVILLE\*SC\*29601~  
DMG\*D8\*19681129\*M\*I~  
HD\*021\*\*HLT\*\*EMP~  
DTP\*348\*D8\*20090101~  
REF\*1L\*888888~  
HD\*021\*\*DEN\*\*EMP~  
DTP\*348\*D8\*20090101~  
REF\*1L\*888888~

**Enrollment of a Dependent (spouse) to the previous Subscriber enrollment**

INS\*Y\*18\*001\*AI\*A\*\*\*FT~  
REF\*0F\*111223333~  
REF\*1L\*888888~  
DTP\*300\*D8\*20090320~  
DTP\*336\*D8\*20010101~  
DTP\*356\*D8\*20090101~  
NM1\*IL\*1\*SITH\*JON\*W\*\*\*34\*111223333~  
PER\*IP\*\*HP\*2643332343~  
N3\*111 NORTH MAIN\*APT B~  
N4\*GREENVILLE\*SC\*29601~  
DMG\*D8\*19681129\*M\*M~  
HD\*001\*\*HLT\*\*ESP~  
DTP\*348\*D8\*20090401~  
REF\*1L\*888888~  
HD\*001\*\*DEN\*\*ESP~  
DTP\*348\*D8\*20090401~  
REF\*1L\*888888~  
INS\*N\*01\*021\*32\*A~  
REF\*0F\*111223333~  
REF\*1L\*888888~  
DTP\*300\*D8\*20090320~  
DTP\*356\*D8\*20090401~  
NM1\*IL\*1\*SMITH\*VERONICA\*T~  
DMG\*D8\*19710404\*F\*M~  
HD\*021\*\*HLT\*\*ESP~  
DTP\*348\*D8\*20090401~  
REF\*1L\*888888~  
HD\*021\*\*DEN\*\*ESP~  
DTP\*348\*D8\*20090401~  
REF\*1L\*888888~

## Enrollment Termination

INS\*Y\*18\*024\*AI\*A\*\*\*FT~  
REF\*0F\*111223333~  
REF\*1L\*888888~  
DTP\*300\*D8\*20090510~  
DTP\*336\*D8\*20010101~  
DTP\*356\*D8\*20090101~  
DTP\*357\*D8\*20090630~  
NM1\*IL\*1\*SITH\*JON\*W\*\*\*34\*111223333~  
PER\*IP\*\*HP\*2643332343~  
N3\*111 NORTH MAIN\*APT B~  
N4\*GREENVILLE\*SC\*29601~  
DMG\*D8\*19681129\*M\*M~  
HD\*024\*\*HLT\*\*ESP~  
DTP\*348\*D8\*20090401~  
REF\*1L\*888888~  
HD\*024\*\*DEN\*\*ESP~  
DTP\*348\*D8\*20090401~  
REF\*1L\*888888~  
INS\*N\*01\*024\*32\*A~  
REF\*0F\*111223333~  
REF\*1L\*888888~  
DTP\*300\*D8\*20090320~  
DTP\*356\*D8\*20090401~  
DTP\*357\*D8\*20090630~  
NM1\*IL\*1\*SMITH\*VERONICA\*T~  
DMG\*D8\*19710404\*F\*M~  
HD\*024\*\*HLT\*\*ESP~  
DTP\*348\*D8\*20090401~  
DTP\*349\*D8\*20090630~  
REF\*1L\*888888~  
HD\*024\*\*DEN\*\*ESP~  
DTP\*348\*D8\*20090401~  
DTP\*349\*D8\*20090630~  
REF\*1L\*888888~

Dependent terminates Medical Coverage and continues on Dental

INS\*Y\*18\*001\*AI\*A\*\*\*FT~  
REF\*0F\*111223333~  
REF\*1L\*888888~  
DTP\*300\*D8\*20090510~  
DTP\*336\*D8\*20010101~  
DTP\*356\*D8\*20090101~  
NM1\*IL\*1\*SITH\*JON\*W\*\*\*34\*111223333~  
PER\*IP\*\*HP\*2643332343~  
N3\*111 NORTH MAIN\*APT B~  
N4\*GREENVILLE\*SC\*29601~  
DMG\*D8\*19681129\*M\*M~  
HD\*001\*\*HLT\*\*EMP~  
DTP\*348\*D8\*20090701~  
REF\*1L\*888888~  
HD\*001\*\*DEN\*\*ESP~  
DTP\*348\*D8\*20090401~  
REF\*1L\*888888~  
INS\*N\*01\*001\*AI\*A~  
REF\*0F\*111223333~  
REF\*1L\*888888~  
DTP\*300\*D8\*20090320~  
DTP\*356\*D8\*20090401~  
NM1\*IL\*1\*SMITH\*VERONICA\*T~  
DMG\*D8\*19710404\*F\*M~  
HD\*024\*\*HLT\*\*ESP~  
DTP\*348\*D8\*20090401~  
DTP\*349\*D8\*20090630~  
REF\*1L\*888888~  
HD\*001\*\*DEN\*\*ESP~  
DTP\*348\*D8\*20090701~  
REF\*1L\*888888~

**Subscriber downgrades their Coverage (i.e. Terminates the dependent and goes from ESP to EMP)**

INS\*Y\*18\*001\*AI\*A\*\*\*FT~  
REF\*0F\*111223333~  
REF\*1L\*888888~  
DTP\*300\*D8\*20090720~  
DTP\*336\*D8\*20010101~  
DTP\*356\*D8\*20090101~  
NM1\*IL\*1\*SITH\*JON\*W\*\*\*34\*111223333~  
PER\*IP\*\*HP\*2643332343~  
N3\*111 NORTH MAIN\*APT B~  
N4\*GREENVILLE\*SC\*29601~  
DMG\*D8\*19681129\*M\*M~  
HD\*001\*\*HLT\*\*EMP~  
DTP\*348\*D8\*20090701~  
REF\*1L\*888888~  
HD\*001\*\*DEN\*\*EMP~  
DTP\*348\*D8\*20090701~  
REF\*1L\*888888~  
INS\*N\*01\*024\*AI\*A~  
REF\*0F\*111223333~  
REF\*1L\*888888~  
DTP\*300\*D8\*20090720~  
DTP\*356\*D8\*20090401~  
DTP\*357\*D8\*20090630~  
NM1\*IL\*1\*SMITH\*VERONICA\*T~  
DMG\*D8\*19710404\*F\*M~  
HD\*024\*\*HLT\*\*ESP~  
DTP\*348\*D8\*20090401~  
DTP\*349\*D8\*20090630~  
REF\*1L\*888888~  
HD\*024\*\*DEN\*\*ESP~  
DTP\*348\*D8\*20090701~  
DTP\*349\*D8\*20090630~  
REF\*1L\*888888~

Subscriber moves from one Group (888888) to another (777777). No need to send a cancel for the old group (888888).

INS\*Y\*18\*001\*AI\*A\*\*\*FT~  
REF\*0F\*111223333~  
REF\*1L\*777777~  
DTP\*300\*D8\*20090810~  
DTP\*336\*D8\*20010101~  
DTP\*356\*D8\*20090901~  
NM1\*IL\*1\*SITH\*JON\*W\*\*\*34\*111223333~  
PER\*IP\*\*HP\*2643332343~  
N3\*111 NORTH MAIN\*APT B~  
N4\*GREENVILLE\*SC\*29601~  
DMG\*D8\*19681129\*M\*M~  
HD\*001\*\*HLT\*\*EMP~  
DTP\*348\*D8\*20090901~  
REF\*1L\*777777~  
HD\*001\*\*DEN\*\*EMP~  
DTP\*348\*D8\*20090901~  
REF\*1L\*777777~

### Subscriber Terminates Contract

INS\*Y\*18\*024\*AI\*A\*\*\*FT~  
REF\*0F\*111223333~  
REF\*1L\*777777~  
DTP\*300\*D8\*20090912~  
DTP\*336\*D8\*20010101~  
DTP\*356\*D8\*20090901~  
DTP\*357\*D8\*20091031~  
NM1\*IL\*1\*SITH\*JON\*W\*\*\*34\*111223333~  
PER\*IP\*\*HP\*2643332343~  
N3\*111 NORTH MAIN\*APT B~  
N4\*GREENVILLE\*SC\*29601~  
DMG\*D8\*19681129\*M\*M~  
HD\*024\*\*HLT\*\*EMP~  
DTP\*348\*D8\*20090901~  
DTP\*349\*D8\*20091031~  
REF\*1L\*777777~  
HD\*024\*\*DEN\*\*EMP~  
DTP\*348\*D8\*20090901~  
DTP\*349\*D8\*20091031~  
REF\*1L\*777777~

Add Dependent to the Current Contract (upgraded to FAM coverage from Employee + Spouse)

INS\*Y\*18\*001\*AI\*A\*\*\*FT~  
REF\*0F\*111223333~  
REF\*1L\*888888~  
DTP\*300\*D8\*20090920~  
DTP\*336\*D8\*20010101~  
DTP\*356\*D8\*20090101~  
NM1\*IL\*1\*SITH\*JON\*W\*\*\*34\*111223333~  
PER\*IP\*\*HP\*2643332343~  
N3\*111 NORTH MAIN\*APT B~  
N4\*GREENVILLE\*SC\*29601~  
DMG\*D8\*19681129\*M\*M~  
HD\*001\*\*HLT\*\*FAM~  
DTP\*348\*D8\*20091001~  
REF\*1L\*888888~  
HD\*001\*\*DEN\*\*FAM~  
DTP\*348\*D8\*20091001~  
REF\*1L\*888888~  
INS\*N\*01\*001\*32\*A~  
REF\*0F\*111223333~  
REF\*1L\*888888~  
DTP\*300\*D8\*20090920~  
DTP\*356\*D8\*20090401~  
NM1\*IL\*1\*SMITH\*VERONICA\*T~  
DMG\*D8\*19710404\*F\*M~  
HD\*001\*\*HLT\*\*FAM~  
DTP\*348\*D8\*20091001~  
REF\*1L\*888888~  
HD\*001\*\*DEN\*\*FAM~  
DTP\*348\*D8\*20091001~  
REF\*1L\*888888~  
INS\*N\*19\*021\*02\*A~  
REF\*0F\*111223333~  
REF\*1L\*888888~  
DTP\*300\*D8\*20090920~  
DTP\*356\*D8\*20091001~  
NM1\*IL\*1\*SMITH\*GABRIELLE\*E~  
DMG\*D8\*20060316\*F~  
HD\*001\*\*HLT\*\*FAM~  
DTP\*348\*D8\*20091001~  
REF\*1L\*888888~  
HD\*001\*\*DEN\*\*FAM~  
DTP\*348\*D8\*20091001~  
REF\*1L\*888888~

**Subscriber enrolls in Medical and has Medicare Coverage**

**NOTE: Subscriber is enrolled in Medicare Part A.**

INS\*Y\*18\*021\*AI\*A\*A\*\*FT~  
REF\*0F\*111223333~  
REF\*1L\*888888~  
REF\*F6\*38-111223333A~  
DTP\*300\*D8\*20081230~  
DTP\*336\*D8\*20010101~  
DTP\*338\*D8\*20090201~  
DTP\*356\*D8\*20090101~  
NM1\*IL\*1\*SITH\*JON\*W\*\*\*34\*111223333~  
PER\*IP\*\*HP\*2643332343~  
N3\*111 NORTH MAIN\*APT B~  
N4\*GREENVILLE\*SC\*29601~  
DMG\*D8\*19681129\*M\*I~  
HD\*021\*\*HLT\*\*EMP~  
DTP\*348\*D8\*20090101~  
REF\*1L\*888888~  
HD\*021\*\*DEN\*\*EMP~  
DTP\*348\*D8\*20090101~  
REF\*1L\*888888~