



HIPAA Transaction Standard Companion Guide

**Refers to the Technical Reports Type 3 Based on ASC
X12 version 005010X220A1**

834 - Benefit Enrollment and Maintenance

Companion Guide Version Number: 2.5

January 2018

Disclaimer

Florida Health Care Plan, Inc. (FHCP) *Companion Guide for EDI Transactions (Technical Reports, Type 3 (TR3))* provides guidelines in submitting electronic batch transactions. Because the HIPAA ASC X12- TR3s require transmitters and receivers to make certain determinations /elections (e.g., whether, or to what extent, situational data elements apply), this *Companion Guide* documents those determinations, elections, assumptions or data issues that are permitted to be specific to FHCP business processes when implementing the HIPAA ASC X12 5010 TR3s.

This *Companion Guide* does **not** replace or cover all segments specified in the HIPAA ASC X12 TR3s. It does not attempt to amend any of the requirements of the TR3s, or impose any additional obligations on trading partners of FHCP that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This *Companion Guide* provides information on FHCP specific codes relevant to FHCP business processes and rules and situations that are within the parameters of HIPAA. Readers of this *Companion Guide* should be acquainted with the HIPAA ASC X12 TR3s, their structure, and content.

Nothing contained in this *Companion Guide* is intended to amend, revoke, contradict or otherwise alter the terms and conditions of your applicable Trading Partner Agreement. If there is an inconsistency between the terms of this *Companion Guide* and the terms of your applicable Trading Partner Agreement, the terms of the Trading Partner Agreement will govern. If there is an inconsistency between the terms of this *Companion Guide* and any terms of the TR3, the relevant TR3 will govern with respect to HIPAA edits, and this *Companion Guide* will control with respect to business edits.

Table of Contents

Disclaimer.....	2
I. Introduction	5
What is HIPAA 5010?	5
Purpose of the Technical Reports Type 3 Guides	5
How to Obtain Copies of the Technical Reports Type 3 Guides	5
Purpose of this 834 Companion Guide.....	5
II. ASC X12 Transactions Supported.....	5
III. General Information	6
EDI Technical Assistance	6
IV. Control Segments & Envelopes.....	6
Global Information.....	6
Enveloping Information.....	7
Business Requirements	15
<i>Loop 1000A: Sponsor name</i>	15
<i>Loop 1000B: Payer</i>	15
<i>Loop 1000C: TPA/Broker Name</i>	16
<i>Loop 1100C: TPA/Broker Account Information</i>	16
<i>Loop 2000: Member Level Detail</i>	17
<i>Loop 2100A: Member Name</i>	20
<i>Loop 2100B: Incorrect Member Name</i>	26
<i>Loop 2100C: Member Mailing Address</i>	29
<i>Loop 2100D: Member Employer</i>	31
<i>Loop 2100F: Custodial Parent</i>	35
<i>Loop 2100G: Responsible Person</i>	37
<i>Loop 2300: Health Coverage</i>	40
<i>Loop 2310: Provider Information</i>	43
<i>Loop 2320: Coordination of Benefits</i>	47
<i>Loop 2330: Coordination of Benefits</i>	49
<i>Loop 2700: Additional Reporting Categories</i>	51
<i>Loop 2710: Member Reporting Categories</i>	51
<i>Loop 2750: Reporting Category</i>	52
V. Direct Connect with FHCP	52

VI. Revision History 53

I. Introduction

What is HIPAA 5010?

The Health Insurance Portability and Accountability Act (HIPAA) requires that the health care industry in the United States comply with the electronic data interchange (EDI) standards as established by the Secretary of Health and Human Services. The ASC X12 005010X220 is the established standard for Benefit Enrollment and Maintenance.

Purpose of the Technical Reports Type 3 Guides

The Technical Reports Type 3 Guides (TR3s) for the 834 Benefit Enrollment and Maintenance transaction specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within segments, and is written for all health care providers and other submitters.

How to Obtain Copies of the Technical Reports Type 3 Guides

TR3 Guides for ASC X12 005010X220 Benefit Enrollment and Maintenance 834 and all other HIPAA standard transactions are available electronically at <http://www.wpc-edi.com>.

Purpose of this 834 Companion Guide

This 834 *Companion Guide* was created for FHCP trading partners to supplement the 834 TR3. It describes the data content, business rules, and characteristics of the 834 transaction.

II. ASC X12 Transactions Supported

FHCP processes the ASC X12 834 transaction for Benefit Enrollment and Maintenance.

III. General Information

EDI Technical Assistance

To request technical assistance from FHCP, please send an email to edisupport@fhcp.com.

IV. Control Segments & Envelopes

Global Information

Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
All Segments		Only loops, segments, and data elements valid for the 834 HIPAA-AS TR3 Guides ASC X12 005010X220 & ASC X12 005010X220A1 will be used for processing.
Negative Values		Submission of any negative values in the 834 transaction will not be processed or forwarded.
Date fields		All dates submitted on an incoming 834 5010 Enrollment transaction must be a valid calendar date and use the appropriate date format based on the respective HIPAA- AS TR3 qualifier. Failure to do so may cause processing delays or rejection.
Batch Transaction Processing		Generally, FHCP accepts transmissions 24 hours a day, 7 days a week.
Multiple Transmissions	All Segments	Any errors detected in a transaction set will result in the entire transaction set being rejected.
Interchange Control Header Functional Group Header/ Functional Group Trailer	GS-GE ISA-IEA	FHCP will only process one transaction type per GS-GE (functional group). However, we will process multiple ST's within one (1) GS segment as long as they are all the same transaction type.

Enveloping Information

Segment: **ISA Interchange Control Header**

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
ISA01	R	Authorization Information Qualifier	00 – No Authorization Information Present 03 – Additional Data Identification
ISA02	R	Authorization Information	FHCP requires 10 spaces in this field.
ISA03	R	Security Information Qualifier	00 : No Security Information Present (No Meaningful Information in I04) 01 : Password
ISA04	R	Security Information Qualifier	FHCP requires submission of the ZZ qualifier with your individually assigned FHCP sender mailbox number in these fields.
ISA05	R	Interchange ID Qualifier	FHCP requires submission of the ZZ qualifier with your individually assigned FHCP sender mailbox number in these fields.
ISA06	R	Interchange Sender ID	
ISA07	R	Interchange ID Qualifier	FHCP will only accept the submission of 30 representing U.S. Federal Tax Identification Number in this field.
ISA08	R	Interchange Receiver ID	FHCP will only accept the submission of FHCP tax ID number 593222484 in this field.
ISA09	R	Interchange Date	YYMMDD Requires submission of the relevant date of the interchange.

Segment:**ISA Interchange Control Header**

Usage:

Required

Element Summary

Ref Des	Usage	Element Name	Element Note
ISA10	R	Interchange Time	HHMM Requires submission of relevant time of the interchange.
ISA11	R	Repetition Separator	> Delimiters : ^ FHCP requires the use of the above delimiters to separate component data elements within a composite data structure.
ISA12	R	Interchange Control Version Number	00501 – Draft Standards for Trial Use Approved by ASC X12, etc. FHCP requires submission of the above value in this field.
ISA13	R	Interchange Control Number	This is a unique control number that is assigned by the sender and the number in this field must be identical to the associated interchange trailer in the IEA02 segment.
ISA14	R	Acknowledgment Requested	0 – No Interchange Acknowledgement Requested (TA1) 1 – Interchange Acknowledgement Requested (TA1) The TA1 will not be provided without a code value of 1 in the field.
ISA15	R	Usage Indicator	P – Production Data T – Test Data The above values designate if the transaction is destined for production processing or testing only. Use a P in this field to indicate the data enclosed in this transaction is a production file. A T would indicate the interchange is for testing purposes only.

Segment:**GS Functional Group Header**

Usage:

Required – By Implementation Guide

Element Summary

Ref Des	Usage	Element Name	Element Note
GS03	R	Application Receiver's Code	FHCP requires 593222484 in this field.
GS04	R	Date	CCYYMMDD FHCP requires submission of relevant date for the functional group creation date.
GS05	R	Time	HHMM FHCP requires the time associated with the creation of the functional group (reference GS04) expressed in the above format.
GS06	R	Group Control Number	This is a unique number that is assigned by the sender and the number in this field must be identical to the data element in the associated functional group trailer GE02.
GS07	R	Responsible Agency Code	X – Accredited Standards Committee X12 FHCP requires submission of the above value in this field.
GS08	R	Version/Release/Industry Identifier Code	005010X220A1 FHCP requires submission of the above HIPAA-AS ANSI X12 834 Benefit Enrollment version number (#)

Segment: ST Transaction Set Header

Usage: Required – By Implementation Guide

Element Summary

Ref Des	Usage	Element Name	Element Note
ST01	R	Transaction Set Identifier Code	834 – Benefit Enrollment and Maintenance FHCP requires submission of the above value in this field.
ST02	R	Transaction Set Control Number	An identifying control number assigned by the sender that must be unique within the transaction set functional group. The transaction set control number in the SE02 segment must be identical to the number in this field.
ST03	R	Implementation Convention Reference	Must contain 005010X220A1

Segment: BGN Beginning Segment

Usage: Required – By Implementation Guide

Element Summary

Ref Des	Usage	Element Name	Element Note
BGN01	R	Transaction Set Purpose Code	00 Original 15 Re-Submission 22 Information Copy
BGN02	R	Reference Identification	Transaction Set Reference Number
BGN03	R	Date	CCYYMMDD Transaction Set Creation Date

Segment: BGN Beginning Segment

Usage: Required – By Implementation Guide

Element Summary

Ref Des	Usage	Element Name	Element Note
BGN04	R	Time	Transaction Set Creation Time Time expressed in 24-hour clock time as follows: HHMM , or HHMMSS , or HHMMSSD , or HHMMSSDD
BGN05	S	Time Code	01 – 24, AD – UT Available codes
BGN06	S	Reference Identification	Original Transaction Set Reference Number
BGN08	R	Action Code	Code indicating type of action. 4 – Verify – used by commercial groups to identify audit compare transaction 2 - Change (Update)

Segment: QTY Transaction Set Control Totals Segment

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
QTY01	R	Quantity Qualifier	FHCP is requesting Sponsors to send the following totals: ET - Employee Total DT - Dependent Total TO - Member Total (i.e. ET+DT)
QTY02	R	Quantity	Must be the Employee, Dependent, and Member numeric quantity amounts

Segment: SE Transaction Set Trailer

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
SE01	R	Transaction Segment Count	Must include the total number of segments included in a transaction set including ST and SE segments (#).
SE02	R	Transaction set Control Number	An identifying control number assigned by the sender that must be unique within the transaction set functional group. The transaction set control number in the ST02 segment must be identical to the number in this field.

Segment: GE Functional Group Trailer

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
GE01	R	Number of Transaction Sets Included	FHCP requires the submission of the total number of transaction sets included in the functional group or interchange group terminated by the trailer (#).
GE02	R	Group Control Number	This is a unique number that is assigned by the sender and the number in this field must be identical to the same data element in the associated functional group header GS06.

Segment: **REF** Transaction Set Policy Number

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier-Subscriber Number	38
REF02	R	Reference Identification	Master Policy Number

Segment: **DTP** File Effective Date

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	007 – 388: Applicable code(s)
DTP02	R	Date Time Period Format Qualifier	D8: Date Expressed in Format CCYYMMDD
DTP03	R	Date Time Period	

Business Requirements

Loop 1000A: Sponsor name

Segment: **N1 Sponsor Name**

Loop: 1000A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N101	R	Entity Identifier Code	P5: Plan Sponsor
N102	S	Name	Plan Sponsor Name
N103	R	Identification Code Qualifier	24, 94, FI: Applicable Code(s)
N104	R	Identification Code	Sponsor Identifier

Loop 1000B: Payer

Segment: **N1 Payer**

Loop: 1000B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N101	R	Entity Identifier Code	IN: Insurer
N102	S	Name	Insurer Name
N103	R	Identification Code Qualifier	94, FI, XV: Applicable Code(s)
N104	R	Identification Code	Insurer Identification Code

Loop 1000C: TPA/Broker Name

Segment: **N1 TPA/Broker Name**

Loop: 1000C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N101	R	Entity Identifier Code	BO: Broker or Sales Office TV: Third Party Administrator (TPA)
N102	R	Name	TPA or Broker Name
N103	R	Identification Code Qualifier	94, FI, XV: Applicable Code(s)
N104	R	Identification Code	TPA or Broker Identification Code

Loop 1100C: TPA/Broker Account Information

Segment: **ACT TPA/Broker Account Information**

Loop: 1100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
ACT01	R	Account Number	TPA or Broker Account Number
ACT06	S	Account Number	Account associated with the account in ACT01

Loop 2000: Member Level Detail

Segment: INS Member Level Detail

Loop: 2000

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
INS01	R	Member Indicator	FHCP Requires Y or N : Subscriber/Dependent
INS02	R	Relationship Code	01: Spouse 05: Grandson or Granddaughter 09: Adopted Child 10: Foster Child 15: Ward 17: Stepson or Stepdaughter 18: Self 19: Child 26: Guardian 53: Life Partner
INS03	R	Maintenance Type Code	001 = Change 021 = Addition 024 = Termination 025 = Reinstate 030 = Audit or compare
INS04	S	Maintenance Reason Code	04: Retirement 07: Termination of Benefits 08: Termination of Employment 14: Voluntary Withdrawal 16: Quit 17: Fired 18: Suspended

Segment: **INS Member Level Detail**

Loop: 2000

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
			22: Plan Change 26: Declined Coverage 31: Legal Separation 41: Re-enrollment 43: Change of Location 59: Non Payment AB: Dissatisfaction with Medical Care/Services Rendered AH: Patient Moved to a New Location AI: No Reason Given XN: Notification Only
INS05	R	Benefit Status Code	Code: A-T
INS06	S	Medicare Status Code	0,1
INS06-1	R	Medicare Plan Code (If applicable)	A-E
INS06-2	R	Eligibility Reason Code (If applicable)	0-2
INS07	S	Consolidated Omnibus Budget Reconciliation Act (COBRA)	1-10, ZZ
INS08	S	Employment Status Code NOTE: If the member is in a Subgroup use code FT. If the member is NOT in a Subgroup use code AC. Subgroup information is located on pg. 52 Loop 2750	AC: Active FT: Full-time PT: Part-time RT: Retired TE: Terminated

Segment: INS Member Level Detail

Loop: 2000

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
		REF Segment	

Segment: REF Subscriber Identifier

Loop: 2000

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier-Subscriber Number	0F
REF02	R	Reference Identification	Subscriber Identifier / SSN

Segment: REF Member Policy Number

Loop: 2000

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	1L
REF02	R	Reference Identification	Member Group or Policy Number

Segment: REF Member Supplemental Identifier

Loop: 2000

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	17,23,3H,4A,60,ABB,D#,DX,F6,P5,Q4,Q Q,ZZ Applicable Code (s)
REF02	R	Reference Identification	Member Supplemental Identifier

Segment: DTP Member Level Dates

Loop: 2000

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date Time Qualifier	050-474 , Applicable code
DTP02	R	Date Time Period Format Qualifier	D8
DTP03	R	Status Information Effective Date	Begin Date and End Date of the recipient. The End Date will be the actual Termination date or the last day of the last coverage month. Eligible Begin Date is required and eligible end date is situation, it is required if it is available

Loop 2100A: Member Name

Segment: NM1 Member Name

Loop: 2100A
 Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	IL: Insured or Subscriber 74: Corrected Insured
NM102	R	Entity Type Qualifier	1 Person
NM103	R	Name Last	Name Last or Organization Name
NM104	R	Name First	First Name
NM105	S	Name Middle	Middle Name
NM106	S	Name Prefix	Prefix
NM107	S	Name Suffix	Suffix
NM108	S	Identification Code Qualifier	34 = Social Security Number ZZ-Other
NM109	S	Identification Code	Social Security Number or Other

Segment: PER Member Communications Numbers

Loop: 2100A
 Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER01	R	Contact Function Code	IP = Insured Party-Name
PER03	R	Communication Number Qualifier	AP-WP Applicable Code (s)

Segment: PER Member Communications Numbers

Loop: 2100A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER04	R	Communication Number	Communication Number
PER05	S	Communication Number Qualifier	AP-WP Applicable Code (s)
PER06	S	Communication Number	Communication Number
PER07	S	Communications Number Qualifier	AP-WP Applicable Code (s)
PER08	S	Communications Number	Communication Number

Segment: N3 Member Residence Street Address

Loop: 2100A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Maximum of 24 alphanumeric characters for Street Address information (use abbreviations like Blvd.= Boulevard; Ct. = Court; Ln. = Lane; St. = Street; Rd. = Road; Terr. = Terrace; Cir. = Circle; Hwy. = Highway; Pkwy. = Parkway; Ave. = Avenue; etc.)
N302	S	Second Address Information	Maximum of 24 alphanumeric characters for any additional Street Address information, (Apt#, Suite#, Unit#, etc.)

Segment: N4 Member City, State, Zip Code

Loop: 2100A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Subscriber City Name. Maximum 15 characters
N402	R	State or Province Code	Subscriber State Code
N403	R	Postal Code	Subscriber Postal Code. Maximum 9 characters
N405	S	Location Qualifier-Area County	60 Area CY County/Parish
N406	S	Location Identifier	Code which identifies a specific location

Segment: DMG Member Demographics

Loop: 2100A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
DMG01	R	Date Time Period Format Qualifier	D8: Date Expressed in Format CCYYMMDD

Segment: DMG Member Demographics

Loop: 2100A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
DMG02	R	Date time period- Member	Member Birth Date
DMG03	R	Gender Code	F: Female M: Male
DMG04	S	Marital Status Code	B: Registered Domestic Partner D: Divorced I: Single M: Married S: Separated U: Unmarried (Single or Divorced or Widowed). This code should be used if the previous status is unknown. W: Widowed X: Legally Separated
DMG05	S	Composite Race or Ethnicity Information	
DMG05-1	S	Race or Ethnicity Code- We need both	7: Not Provided A: Asian or Pacific Islander B: Black C: Caucasian E: Other Race or Ethnicity G: Native American H: Hispanic
DMG05-2	S	Code List Qualifier Code	RET Race or ethnicity code

Segment: DMG Member Demographics

Loop: 2100A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
DMG05-3	S	Industry Code-Classification of Race or Ethnicity	859
DMG06	S	Citizenship Status	1: U.S. Citizen 2: Non-Resident Alien 3: Resident Alien 4: Illegal Alien 5: Alien 6: U.S. Citizen - Non-Resident 7: U.S. Citizen - Resident
DMG10	S	Code List Qualifier Code	REC Race or Ethnicity Collection Code
DMG11	S	Industry Code	Race or Ethnicity Collection Code

Segment: HLH Member Health Information

Loop: 2100A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HLH01	R	Health Related Code including tobacco use	N, S, T, U,X Applicable Code (s)

Segment: HLH Member Health Information

Loop: 2100A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HLH02	S	Height	Member Height in inches.
HLH03	S	Weight	Current weight in pounds

Segment: LUI Member Language

Loop: 2100A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
LUI01	S	Identification Code Qualifier	LD,LE
LUI02	S	Identification Code	Language Code
LUI03	S	Description	Language Name
LUI04	S	Use of Language Indicator	5-8 Applicable Code (s)

Loop 2100B: Incorrect Member Name

Segment: NM1 Incorrect Member Name

Loop: 2100B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code-Prior Incorrect Insured	70
NM102	R	Entity Type Qualifier-Person	1
NM103	R	Name Last or Organization Name	Prior Incorrect Member Last Name
NM104	S	Name First	Prior Incorrect Member First Name
NM105	S	Name Middle	Prior Incorrect Member Middle Name
NM106	S	Name Prefix	Prior Incorrect Member Name Prefix
NM107	S	Name Suffix	Prior Incorrect Member Name Suffix
NM108	S	Identification Code Qualifier-SSN or Mutually Defined	34 SS# ,ZZ-Other
NM109	S	Identification Code	Prior Incorrect Insured Identifier

Segment: DMG Incorrect Member Demographics

Loop: 2100B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DMG01	S	Date Time Period Format Qualifier	D8: Date Expressed in Format CCYYMMDD
DMG02	S	Date time period- Member	Prior Incorrect Insured Birth Date
DMG03	S	Gender Code	F: Female M: Male

Segment: **DMG Incorrect Member Demographics**

Loop: 2100B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DMG04	S	Marital Status Code	B: Registered Domestic Partner D: Divorced I: Single M: Married S: Separated U: Unmarried (Single or Divorced or Widowed). This code should be used if the previous status is unknown. W: Widowed X: Legally Separated
DMG05	S	Composite Race or Ethnicity Information	
DMG05-1	S	Race or Ethnicity Code- We need both	7: Not Provided A: Asian or Pacific Islander B: Black C: Caucasian E: Other Race or Ethnicity G: Native American H: Hispanic
DMG05-2	S	Code List Qualifier Code	RET Race or ethnicity code
DMG05-3	S	Industry Code-Classification of Race or Ethnicity	859
DMG06	S	Citizenship Status	1: U.S. Citizen 2: Non-Resident Alien

Segment: DMG Incorrect Member Demographics

Loop: 2100B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
			3: Resident Alien 4: Illegal Alien 5: Alien 6: U.S. Citizen - Non-Resident 7: U.S. Citizen - Resident
DMG10	S	Code List Qualifier Code	REC Race or Ethnicity Collection Code
DMG11	S	Industry Code	Race or Ethnicity Collection Code

Loop 2100C: Member Mailing Address

If this data is not provided, Member residence information will be populated as mailing address.

Segment: NM1 Member Mailing Address

Loop: 2100C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	31 Postal mailing address
NM102	R	Entity Type Qualifier	1 Person

Segment: N3 Member Mail Street Address

Loop: 2100C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Maximum of 24 alphanumeric characters for Street Address information (use abbreviations like Blvd.= Boulevard; Ct. = Court; Ln. = Lane; St. = Street; Rd. = Road; Terr. = Terrace; Cir. = Circle; Hwy. = Highway; Pkwy. = Parkway; Ave. = Avenue; etc.)
N302	S	Second Address Information	Maximum of 24 alphanumeric characters for any additional Street Address information, (Apt#, Suite#, Unit#, etc.)

Segment: N4 Member Mail City, State, Zip Code

Loop: 2100C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Member Mail City Name. Maximum 15 characters

Segment: **N4 Member Mail City, State, Zip Code**

Loop: 2100C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N402	S	State or Province Code	Member Mail State Code
N403	S	Postal Code	Member Mail Postal Zone or ZIP Code. Maximum 9 characters
N404	S	Country Code	Member Country Code
N407	S	Country Subdivision Code	Code identifying the country subdivision

Loop 2100D: Member Employer

Segment: **NM1 Member Employer**

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	36 Employer
NM102	R	Entity Type Qualifier	1 Person, 2 Non-Person
NM103	S	Name Last	Name Last or Organization Name
NM104	S	Name First	First Name
NM105	S	Name Middle	Middle Name
NM106	S	Name Prefix	Prefix
NM107	S	Name Suffix	Suffix

Segment: NM1 Member Employer

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM108	S	Identification Code Qualifier	34: Social Security Number; 24: Employer's Identification Number
NM109	S	Identification Code	Social Security Number or Other

Segment: PER Member Employer Communications Numbers

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER01	R	Contact Function Code	EP: Employer Contact
PER02	S	Name of Contact	Member Employer Communications Contact Name
PER03	R	Communication Number Qualifier- Phone types	AP-WP Applicable Code (s)

Segment: **PER Member Employer Communications Numbers**

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER04	R	Communication Number	Communication Number
PER05	S	Communication Number Qualifier	AP-WP Applicable Code (s)
PER06	S	Communication Number	Communication Number
PER07	S	Communications Number Qualifier	AP-WP Applicable Code (s)
PER08	S	Communications Number	Communication Number

Segment: **N3 Member Employer Street Address**

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
---------	-------	--------------	--------------

Segment: N3 Member Employer Street Address

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Maximum of 24 alphanumeric characters for Street Address information (use abbreviations like Blvd.= Boulevard; Ct. = Court; Ln. = Lane; St. = Street; Rd. = Road; Terr. = Terrace; Cir. = Circle; Hwy. = Highway; Pkwy. = Parkway; Ave. = Avenue; etc.)
N302	S	Second Address Information	Maximum of 24 alphanumeric characters for any additional Street Address information, (Apt#, Suite#, Unit#, etc.)

Segment: N4 Member Employer City, State, Zip Code

Loop: 2100D

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Employer City Name. Maximum 15 characters
N402	S	State or Province Code	Employer State or Province Code
N403	S	Postal Code	Employer Postal Code. Maximum 9 characters
N404	S	Country Code	Employer Country Code
N407	S	Country Subdivision Code	Code identifying the country subdivision

Loop 2100F: Custodial Parent

Segment: **NM1 Custodial Parent**

Loop: 2100F

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	S3 Custodial Parent
NM102	R	Entity Type Qualifier	1 Person
NM103	R	Name Last	Custodial Parent Last Name
NM104	R	Name First	Custodial Parent First Name
NM105	S	Name Middle	Custodial Parent Middle Name
NM106	S	Name Prefix	Custodial Parent Name Prefix
NM107	S	Name Suffix	Custodial Parent Name Suffix
NM108	S	Identification Code Qualifier	34: Social Security Number; ZZ- Other
NM109	S	Identification Code	Social Security Number or Other

Segment: **PER Custodial Parent Communications Numbers**

Loop: 2100F

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER01	R	Contact Function Code	PQ Parent or Guardian
PER03	R	Communication Number	AP-WP Applicable Code (s)

Segment: **PER Custodial Parent Communications Numbers**

Loop: 2100F

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
		Qualifier- Phone types	
PER04	R	Communication Number	Communication Number
PER05	S	Communication Number Qualifier	AP-WP Applicable Code (s)
PER06	S	Communication Number	Communication Number
PER07	S	Communications Number Qualifier	AP-WP Applicable Code (s)
PER08	S	Communications Number	Communication Number

Segment: **N3 Custodial Parent Street Address**

Loop: 2100F

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Maximum of 24 alphanumeric characters for Street Address information (use abbreviations like Blvd.= Boulevard; Ct. = Court; Ln. = Lane; St. = Street; Rd. = Road; Terr. = Terrace; Cir. = Circle; Hwy. = Highway; Pkwy. = Parkway; Ave. = Avenue; etc.)
N302	S	Second Address Information	Maximum of 24 alphanumeric characters for any additional Street Address information, (Apt#, Suite#, Unit#, etc.)

Segment: N4 Custodial Parent City, State, Zip Code

Loop: 2100F

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Custodial Parent City Name. Maximum 15 characters
N402	S	State or Province Code	Custodial Parent State Code
N403	S	Postal Code	Custodial Parent Postal Zone or ZIP Code. Maximum 9 characters
N404	S	Country Code	Country Code
N407	S	Country Subdivision Code	Code identifying the country subdivision

Loop 2100G: Responsible Person

Segment: NM1 Responsible Person

Loop: 2100G

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	6Y – X4: Applicable Code (s)
NM102	R	Entity Type Qualifier	1 Person
NM103	R	Name Last	Responsible Person Last Name

Segment: NM1 Responsible Person

Loop: 2100G

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM104	S	Name First	Responsible Party First Name
NM105	S	Name Middle	Responsible Party Middle Name
NM106	S	Name Prefix	Responsible Party Name Prefix
NM107	S	Name Suffix	Responsible Party Suffix Name
NM108	S	Identification Code Qualifier	34: Social Security Number; ZZ: Other
NM109	S	Identification Code	Social Security Number or Other

Segment: PER Responsible Person Communications Numbers

Loop: 2100G

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER01	R	Contact Function Code	RP- Responsible Person
PER03	R	Communication Number Qualifier- Phone types	AP-WP Applicable Code (s)
PER04	R	Communication Number	Communication Number
PER05	S	Communication Number	AP-WP Applicable Code (s)

Segment: **PER Responsible Person Communications Numbers**

Loop: 2100G
Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
		Qualifier	
PER06	S	Communication Number	Communication Number
PER07	S	Communications Number Qualifier	AP-WP Applicable Code (s)
PER08	S	Communications Number	Communication Number

Segment: **N3 Responsible Person Street Address**

Loop: 2100G
Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Maximum of 24 alphanumeric characters for Street Address information (use abbreviations like Blvd.= Boulevard; Ct. = Court; Ln. = Lane; St. = Street; Rd. = Road; Terr. = Terrace; Cir. = Circle; Hwy. = Highway; Pkwy. = Parkway; Ave. = Avenue; etc.)
N302	S	Second Address Information	Maximum of 24 alphanumeric characters for any additional Street Address information, (Apt#, Suite#, Unit#, etc.)

Segment: **N4 Responsible Person City, State, Zip Code**

Loop: 2100G
Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Responsible Person City Name. Maximum 15 characters
N402	S	State or Province Code	Responsible Person State Code
N403	S	Postal Code	Responsible Person Postal Zone or ZIP Code. Maximum 9 characters
N404	S	Country Code	Country Code
N407	S	Country Subdivision Code	Code identifying the country subdivision

Loop 2300: Health Coverage

Segment: **HD Health Coverage**

Loop: 2300
Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HD01	R	Maintenance Type Code	001 = Change 021 = Addition 024 = Termination 025 = Reinstate 030 = Audit/Compare
HD03	R	Insurance Code Line	AG – VIS: Applicable Code (s)

Segment: HD Health Coverage

Loop: 2300

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HD04	R	Plan Coverage Description	
HD05	S	Coverage Level Code	CHD – TWO: Applicable Code (s)
HD09	S	Yes/No Condition or Response	Late Enrollment Indicator

Segment: DTP Health Coverage Dates

Loop: 2300

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date Time Qualifier	FHCP supports the following valid values only to distinguish a Member's Disability Start & End date time period duration: 348 = Benefit Begin 349 = Benefit End
DTP02	R	Date Time Period Format Qualifier	D8 Date Expressed in Format CCYMMDD RD8 Range of Dates Expressed in Format CCYMMDD-CCYMMDD
DTP03	R	Status Information Effective Date	Begin Date and End Date of the recipient.

Segment: **REF** Health Coverage Policy Number

Loop: 2300

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	17,1L,9V,CE,E8,M7,PID,RB,X9,XM,XX1,XX2, ZX,ZZ: Applicable Code (s)
REF02	R	Reference Identification	Member Group or Policy Number

Segment: **REF** Prior Coverage Months

Loop: 2300

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	QQ: Unit Number
REF02	R	Reference Identification	Prior Coverage Month Count

Segment: **IDC** Identification Card

Loop: 2300

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
IDC01	R	Plan Coverage Description	Should be the Plan Number, however, if not known, the default is a value zero

Segment: IDC Identification Card

Loop: 2300

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
IDC02	R	Identification Card Type Code	D: Dental Insurance H: Health Insurance P: Prescription Drug Service Drug Insurance
IDC03	S	Quantity	Should be numeric and reflect the number of identification card/s being requested for that FHCP Member
IDC04	S	Action Code (Reason for Request)	FHCP supports the following valid values only: 1 - Add 2 - Change (Update) RX - Replacement (i.e. Lost, Damaged, etc.)

Loop 2310: Provider Information

Segment: LX Provider Information

Loop: 2310

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
LX01	R	Assigned Number	Sequential number representing the number of loops for this insured person.

Segment: NM1 Provider Name

Loop: 2310

Usage: Situational (it is Required if loop 2310 is sent)

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	FHCP supports the following valid values only: P3 - Primary Care Provider
NM102	R	Entity Type Qualifier	1 Person 2 Non-person
NM103	S	Name Last	Last Name/Organization Name of the Primary Care Provider
NM104	S	Name First	First Name of the Primary Care Provider
NM105	S	Name Middle	Middle Name of Primary Care Provider, which is optional
NM106	S	Name Prefix	Provider Name Prefix
NM107	S	Name Suffix	Provider Name Suffix
NM108	S	Identification Code Qualifier	34 : Social Security Number; ZZ -Other FI : Federal Taxpayer's Identification Number SV : Service Provider Number XX Centers for Medicare and Medicaid Services National Provider Identifier
NM109	S	Identification Code	Provider Identifier
NM110	R	Entity Relationship (Existing Patient)	FHCP supports the following valid values only: 25 - Established Patient 26 - Not Established Patient 72 - Unknown

Segment: N3 Provider Address

Loop: 2310

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Maximum of 24 alphanumeric characters for Street Address information (use abbreviations like Blvd.= Boulevard; Ct. = Court; Ln. = Lane; St. = Street; Rd. = Road; Terr. = Terrace; Cir. = Circle; Hwy. = Highway; Pkwy. = Parkway; Ave. = Avenue; etc.)
N302	S	Second Address Information	Maximum of 24 alphanumeric characters for any additional Street Address information, (Apt#, Suite#, Unit#, etc.) of a Primary Care

Segment: N4 Provider City, State, Zip Code

Loop: 2310

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Address City information of a Primary Care Provider's servicing location. Maximum 15 characters
N402	S	State or Province Code	Provider State Code
N403	S	Postal Code	Provider Postal Zone or ZIP Code. Maximum 9 characters
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: **PER** Provider Communications Numbers

Loop: 2310

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER01	R	Contact Function Code	IC - Information Contact
PER03	R	Communication Number Qualifier- Phone types	AP-WP Applicable Code (s)
PER04	R	Communication Number	Communication Number
PER05	S	Communication Number Qualifier	AP-WP Applicable Code (s)
PER06	S	Communication Number	Communication Number
PER07	S	Communications Number Qualifier	AP-WP Applicable Code (s)
PER08	S	Communications Number	Communication Number

Segment: **PLA** Provider Change Reason

Loop: 2310

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PLA01	R	Action Code	2 - Change (Update)
PLA02	R	Entity Identifier Code	1P - Provider
PLA03	R	Provider Effective Date	Provider Effective Date value which should be in

Segment: PLA Provider Change Reason

Loop: 2310

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
			"CCYYMMDD" date format
PLA05	R	Maintenance Reason Code	14-46; AA-AJ: Applicable Codes

Loop 2320: Coordination of Benefits

Segment: COB Coordination of Benefits

Loop: 2320

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
COB01	R	Payer Responsibility Sequence Number Code	P;S;T;U: Applicable Code(s)
COB02	S	Reference Identification	Member Group or Policy Number
COB03	R	Coordination of Benefits Code	1 Coordination of Benefits 5 Unknown 6 No Coordination of Benefits
COB04	S	Service Type Code	1,35-90,A4-BB: Applicable codes(s)

Segment: **REF Additional Coordination Of Benefits Identifiers**

Loop: 2320

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	60,6P,SY,ZZ: Applicable code(s)
REF02	R	Reference Identification	Member Group or Policy Number

Segment: **DTP Coordination Of Benefits Eligibility Dates**

Loop: 2320

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date Time Qualifier	344 Coordination of Benefits Begin 345 Coordination of Benefits End
DTP02	R	Date Time Period Format Qualifier	D8 Date Expressed in Format CCYYMMDD
DTP03	R	Date Time Period	Coordination of Benefits Date

Loop 2330: Coordination of Benefits

Segment: NM1 Coordination Of Benefits Related Entity

Loop: 2330
 Usage: Situational
 Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	36, GW, IN: Applicable Code (s)
NM102	R	Entity Type Qualifier	2 Non-Person
NM103	S	Last or Organization Name	Coordination of Benefits Insurer Name
NM108	S	Identification Code Qualifier	FI, NI, XV: Applicable Code(s)
NM109	S	Identification Code	Coordination of Benefits Insurer Identification Code

Segment: N3 Coordination Of Benefits Related Entity Address

Loop: 2330
 Usage: Situational
 Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Maximum of 24 alphanumeric characters for Street Address information (use abbreviations like Blvd.= Boulevard; Ct. = Court; Ln. = Lane; St. = Street; Rd. = Road; Terr. = Terrace; Cir. = Circle; Hwy. = Highway; Pkwy. = Parkway; Ave. = Avenue; etc.)
N302	S	Second Address Information	Maximum of 24 alphanumeric characters for any additional Street Address information, (Apt#, Suite#, Unit#, etc.)

Segment: N4 Coordination Of Benefits Other Insurance Company City, State, Zip Code

Loop: 2330

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Coordination of Benefits Other Insurance Company City Name. Maximum 15 characters
N402	S	State or Province Code	Coordination of Benefits Other Insurance Company State Code
N403	S	Postal Code	Coordination of Benefits Other Insurance Company Postal Zone or ZIP Code. Maximum 9 characters
N404	S	Country Code	Country Code
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: PER Administrative Communications Contact

Loop: 2330

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PER01	R	Contact Function Code	CN: General Contact
PER03	R	Communication Number Qualifier- Phone types	TE: Telephone
PER04	R	Communication Number	Communication Number

Loop 2700: Additional Reporting Categories

Segment: **LS Additional Reporting Categories**

Loop: 2700

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
LS01	R	Loop Identifier Code	FHCP supports the following valid value only: Use the value 2700 .

Segment: **LE Additional Reporting Categories Loop Termination**

Loop: 2700

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
LE01	R	Loop Identifier Code	2700

Loop 2710: Member Reporting Categories

Segment: **LX Member Reporting Categories**

Loop: 2710

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
LX01	R	Assigned Number	Use this sequential non-negative integer for LX loops for this member's additional reporting categories.

Loop 2750: Reporting Category

Segment: N1 Reporting Category

Loop: 2750

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N101	R	Entity Identifier Code	75 – Participant
N102	R	Name	Member Reporting Category Name

Segment: REF Reporting Category Reference

Loop: 2750

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	FHCP supports the following valid value only: 18 – Plan Number LU – Location #
REF02	R	Reference Identification	If REF01 = 18 then enter Plan Code If REF01 = LU then enter Sub Group

V. Direct Connect with FHCP

FHCP offers a Direct Connect alternative compared to traditional Clearinghouse to process the 834 Batch transactions. Each Direct Connect option is unique per organization and transactions are sent and received via a secured FTP.

VI. Revision History

Version	Implemented by	Revision Date	Description of Change
1.2	Unknown		
2.0	Amina Bacar	04/25/2017	Update 834 Companion Guide according to 5010X220_834 standard
2.1	Amina Bacar	05/26/2017	Changes requested by the Development Team
2.2	Amina Bacar	08/04/2017	Change N3 segments to include Address limitations
2.3	Amina Bacar	08/7/2017	Change N4 segments to include City limitations
2.4	Amina Bacar	8/14/2017	Align guide with Excel Template. Changes to INS04; INS02; DMG03; DMG06; and DMG05-1
2.5	Amina Bacar	09/07/2017	Change usage of NM1 and 2100C