



834 Benefit Enrollment and Maintenance Incoming Companion Document

This companion document is not intended to replace the HIPAA guidelines. It is intended to clarify which segments, elements, and codes are meaningful to our internal enrollment processing. All fields “required” by the HIPAA guide should be sent even if this companion document does not reference them specifically. Situational segments and elements not identified in the companion document may be sent but Unity will not use this information in the enrollment process.

A transaction loop should be sent for each member. For example if a subscriber is changing or terminating coverage, a transaction loop should be sent for each insured family member to change or terminate their coverage also.

National Provider Identifier has been mandated. If the provider number is sent the hierarchy NPI must be used in the NM109 of the HLT loop found in loop 2310. If the individual provider number is sent the individual NPI must be used in the NM109 of the VIS loop found in loop 2310.

Required File Layout - 834

Element separator must equal “*”

Sub-Element separator must equal “:”

Segment terminator must equal “~”

| Loop | Segment | Element | Comments | Mandatory/Optional |
|------|---------|---------|--|--------------------|
| | ISA | ISA01 | “00” | Mandatory |
| | | ISA02 | Must contain 10 spaces | Mandatory |
| | | ISA03 | “00” | Mandatory |
| | | ISA04 | Must contain 10 spaces | Mandatory |
| | | ISA05 | “ZZ” | Mandatory |
| | | ISA06 | Sender ID. This is the ID agreed upon in the trade partner agreement. | Mandatory |
| | | ISA07 | “ZZ” | Mandatory |
| | | ISA08 | Receiver ID. Unity's ID = “391450766” | Mandatory |
| | | ISA09 | Date of the interchange (YYMMDD) | Mandatory |
| | | ISA10 | Time of the interchange (HHMM) | Mandatory |
| | | ISA11 | “U” | Mandatory |
| | | ISA12 | “00401” | Mandatory |
| | | ISA13 | Interchange Control Number. The ISA13 must be identical to the associated Interchange Trailer IEA02. | Mandatory |
| | | ISA14 | “0” = No Acknowledgement Requested. “1” = Interchange Acknowledgment Requested. | Mandatory |
| | | ISA15 | “P” = Production Data “T” = Test Data | Mandatory |
| | | ISA16 | “.” | Mandatory |
| | GS | GS01 | “HC” | Mandatory |
| | | GS02 | Application Sender's Code. Use code agreed upon in the trade partner agreement. | Mandatory |
| | | GS03 | Application Receiver's Code. * Send “UNI” for the Unity network. | Mandatory |
| | | GS04 | Functional Group Creation Date. (CCYYMMDD) | Mandatory |
| | | GS05 | Creation Time (HHMM) | Mandatory |

| Loop | Segment | Element | Comments | Mandatory/Optional |
|--------|---------|---------|---|--------------------|
| | | GS06 | Group Control Number. The control number in the GS06 must be identical to the control number in the group trailer GE02. | Mandatory |
| | | GS07 | "X" | Mandatory |
| | | GS08 | "004010X095A1" | Mandatory |
| Header | ST | ST01 | "834" | Mandatory |
| | | ST02 | Transaction Set Control Number. The ST02 and SE02 must be identical. | Mandatory |
| | BGN | BNG01 | "00" | Mandatory |
| | | BGN02 | Reference ID | Mandatory |
| | | BGN03 | Transaction creation date - CCYYMMDD | Mandatory |
| | | BGN04 | Transaction creation Time - HHMM | Mandatory |
| | | BGN05 | Time Code | Mandatory |
| | | BGN08 | Valid codes are "2" or "4" | Mandatory |
| 1000A | N1 | N101 | "P5" | Mandatory |
| | | N103 | "FI" | Mandatory |
| | | N104 | Identification Code | Mandatory |
| 1000B | N1 | N101 | "IN" | Mandatory |
| | | N103 | "FI" or "XV" | Mandatory |
| | | N104 | 391450766 | Mandatory |
| 2000 | INS | INS01 | "Y" For Subscriber "N" for dependent | Mandatory |
| | | INS02 | Valid Codes are "01", "18", "19", "38" | Mandatory |
| | | INS03 | Valid Codes are "001", "021", "024", "025", "030" | Mandatory |
| | | INS05 | Valid Codes are "A", "C", "S" | Mandatory |
| | | INS06 | Required if Medicare. | Situational |
| | | INS07 | Required if COBRA. | Situational |
| | | INS08 | Required for Subscriber | Situational |
| | | INS09 | Required if a non spouse and over the dependent age limit | Situational |
| | | INS10 | Required if a non spouse and over the dependent age limit | Situational |
| | REF | REF01 | "OF" | Optional |
| | | REF02 | Subscriber's 11 digit member ID # assigned by Unity | Optional |

| Loop | Segment | Element | Comments | Mandatory/Optional |
|-------------|----------------|-------------------------|------------------------------|---------------------------|
| | REF | REF01 | "1L" Unity's Group Number | Mandatory |
| | | REF02 | Unity's Group Number | Mandatory |
| | DTP | DTP01 | "303" Maintenance Effective | Mandatory |
| | | DTP02 | "D8" | Mandatory |
| | | DTP03 | Date - CCYYMMDD | Mandatory |
| | DTP | DTP01 | "336" Employment Begin | Mandatory |
| | | DTP02 | "D8" | Mandatory |
| | | DTP03 | Date - CCYYMMDD | Mandatory |
| 2100A | NM1 | NM101 | "1L" | Mandatory |
| | | NM102 | "1" | Mandatory |
| | | NM103 | Member Last Name | Mandatory |
| | | NM104 | Member First Name | Mandatory |
| | | NM105 | Member Middle Initial | Optional |
| | | NM108 | "34 " | Mandatory |
| | | NM109 | Social Security Number | Mandatory |
| | PER | PER01 | IP | Optional |
| | | PER03 PER05 PER07 | "EM,"EX","FX',"HP","TE","WP" | Optional |
| | | PER04 PER06 PER08 | Communication Number | Optional |
| | N3 | N301 | Member Address 1 | Mandatory |
| | | N302 | Member Address 2 | Optional |
| | N4 | N401 | Member City | Mandatory |
| | | N402 | Member State | Mandatory |
| | | N403 | Member Zip | Mandatory |
| | | N405 | "CY" | Mandatory |
| | | N406 | Three digit county code | Mandatory |
| | DMG | DMG01 | "D8" | Mandatory |
| | | DMG02 | Member Birth Date – CCYYMMDD | Mandatory |

| Loop | Segment | Element | Comments | Mandatory/Optional |
|-------|---------|-------------------------|------------------------------|--------------------|
| | | DMG03 | "F" or "M" | Mandatory |
| | | DMG04 | "S", "M", "D" or "W" | Optional |
| | HLH | HLH01 | "N", "S", "T" or "U" | Optional |
| 2100F | NM1 | NM101 | S3 | Optional |
| | | NM102 | 1 | Optional |
| | | NM103 | Custodial Parent Last Name | Optional |
| | | NM104 | Custodial Parent First name | Optional |
| | PER | PER01 | PQ | Optional |
| | | PER03 PER05 PER07 | "EM,"EX","FX',"HP","TE","WP" | Optional |
| | | PER04 PER06 PER08 | Communication Number | Optional |
| | N3 | N301 N302 | Address Information | Optional |
| | N4 | N401 | City Name | Optional |
| | | N402 | State Abbreviation | Optional |
| | | N403 | Zip Code | Optional |
| 2100G | NM1 | NM101 | E1 | Optional |
| | | NM102 | 1 | Optional |
| | | NM103 | Responsible Party Last Name | Optional |
| | | NM104 | Responsible Party First name | Optional |
| | PER | PER01 | RP | Optional |
| | | PER03 PER05 PER07 | "EM,"EX","FX',"HP","TE","WP" | Optional |
| | | PER04 PER06 PER08 | Communication Number | Optional |
| | N3 | N301 | Address Information | Optional |

| Loop | Segment | Element | Comments | Mandatory/Optional |
|------|---------|---------|---|--------------------------------|
| | | N302 | | |
| | N4 | N401 | City Name | Optional |
| | | N402 | State Abbreviation | Optional |
| | | N403 | Zip Code | Optional |
| 2300 | HD | HD01 | "001", "021", "024", "025", "030" | Situational |
| | | HD03 | "HLT" & "VIS" - should include a loop for each | Situational |
| | | HD05 | "E1D", "E2D", "E3D", "E5D", "E6D", "E7D", "E8D", "E9D", "ECH" or "IND" | Mandatory |
| | DTP | DTP01 | "303", "348", "349" | Mandatory |
| | | DTP02 | "D8" | Mandatory |
| | | DTP03 | Date - CCYYMMDD | Mandatory |
| | REF | REF01 | "1L" | Optional |
| | | REF02 | Unity assigned Plan Number | Optional |
| | IDC | IDC01 | "HMO MEDICAL" | Situational |
| | | IDC02 | "H" | Situational |
| 2310 | LX | LX01 | Sequential Number | Situational |
| | NM1 | NM101 | "P3" | Mandatory For New Members Only |
| | | NM102 | "1" for VIS Loop or "2" for HLT loop | Mandatory For New Members Only |
| | | NM103 | Individual PCP Name in VIS loop. Primary Care Clinic Name in HLT loop. | Mandatory For New Members Only |
| | | NM108 | "XX" | *Optional |
| | | NM109 | Provider hierarchy NPI for HLT loop. Individual NPI for VIS loop | *Optional |
| | | NM110 | "25", "26", "72" | Mandatory For New Members Only |
| | PLA | PLA01 | "2" | Situational |
| | | PLA02 | "1P" | Situational |
| | | PLA03 | Date – CCYYMMDD | Situational |
| | | PLA05 | Reason for change in PCP | Situational |
| 2320 | COB | COB01 | "S", "T", "U" | Situational |

| Loop | Segment | Element | Comments | Mandatory/Optional |
|-------------|----------------|----------------|--|---------------------------|
| | | COB03 | "1" | Situational |
| | REF | REF01 | Reference ID | Optional |
| | | REF02 | Other Insurance Group or Policy number | Optional |
| Trailer | SE | SE01 | Indicate the total number of segments included in the transaction including the ST and SE. | Mandatory |
| | | SE02 | Must match the number sent in the ST02. | Mandatory |
| | GE | GE01 | Total number of transaction sets included in the functional group. | Mandatory |
| | | GE02 | Must match the number sent in the GS06. | Mandatory |
| | IEA | IEA01 | Total number of functional groups included in the interchange. | Mandatory |
| | | IEA02 | Must match the ISA13 | Mandatory |