

TUFTS  Health Plan

834 Submitter Aide



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1	October 2003	
2	October 2003	Updated contact information
3	September 2005	Updated contact information
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Introduction

The 834 Submitter Aide is a reference document prepared by Tufts Health Plan. Its primary purpose is to assist existing 834 submitters with the translation of certain Health Insurance Portability and Accountability Act of 1996 (HIPAA) values to Tufts Health Plan's proprietary codes. These translation tables may be helpful when interpreting membership reports received by Tufts Health Plan. Please note: This information is also found in the *834 Companion Document* and the *EDI Enrollment 834 Reference Guide*, both prepared by Tufts Health Plan.

Security Statement

Tufts Health Plan has taken reasonable and appropriate steps to be compliant with the HIPAA Security Rule.

Contact Information

The following sections provide contact information for any questions regarding HIPAA's 834 Benefit Enrollment and Maintenance transaction and documentation or testing.

General HIPAA Questions

If you have any general HIPAA questions, please access the Tufts Health Plan HIPAA Web pages for employers and brokers. To access the site:

Go to http://www.tuftshealthplan.com/employers/employers_brokers.php?sec=hipaa&content=emp_hipaa

834 Transaction and General Enrollment Questions

The following table provides specific contact information by department and responsibility.

For Questions Regarding....	Contact	Phone Number	Email Address
<ul style="list-style-type: none"> The 834 Companion Document, 834 Reference Guide or 834 Submitter Aide 834 Transaction and Testing 	Tufts Health Plan's Electronic Enrollment Department	(888) 880-8699, extension 9792 (Liana Connors) or ext 9912 (Josephine Riddick)	Liana_Connors@tufts-health.com or Josephine_Riddick@tufts-health.com
General Enrollment and Premium Billing Questions	Enrollment and Premium Billing Employer Group Phone Queue	(800) 818-4388	

Relationship Code Table

The following table shows the valid HIPAA values used by Tufts Health Plan. The table also crosswalks valid HIPAA values to valid Tufts Health Plan values for Loop 2000, Member Level Detail, INS02.

HIPAA Relationship Codes		Tufts Health Plan Relationship Codes		
Code	Description	Code	Description	Comments
01	Spouse	02	Legal spouse of policy holder	
05	Grandson or granddaughter	14	Grandchild dependent	
09	Adopted child	03	Natural child / adopted child	*Dependent is < 21
		13 /05	Student-unverified / student-verified	*Dep. is > 21 but < 26 & INS09=F
		16 /06	Disabled dependent-unverified / disabled dependent-verified	*Dep. is > 21 & (DSB01 =1,2 or 3 or INS10 =Y)
17	Stepson or stepdaughter	04	Stepchild	*Dependent is < 21.
		13 /05	Student-unverified /student-verified	*Dep. is > 21 but < 26 & INS09=F
		16 /06	Disabled dependent-unverified / disabled dependent-verified	*Dep. is > 21 & (DSB01 =1,2 or 3 or INS10 = Y)
18	Self	01	Eligible policy holder	HD05 = CHD, DEP or SPC and INS12 = "not blank"
		DD	Dependent only coverage -subscriber deceased	HD05 = CHD, DEP or SPC and
		DO	Dependent only coverage-subscriber is not a member	INS12 = "blank"
19	Child	03	Natural child / adopted child	*Dependent is < 21
		13 /05	Student unverified / student-verified	*Dep. is > 21 but < 26 & INS09=F
		16 /06	Disabled dependent-unverified / disabled dependent-verified	*Dep. is > 21 & (DSB01 =1,2 or 3 or INS10 = Y)
25	Ex-spouse	07	Former spouse	
53	Life Partner (This is a partner that acts like a spouse without a legal marriage commitment)	17	Spousal equivalent-domestic partner	

* In most cases, the certified dependent age-in is 21 and age-out is 26. However, exact ages may vary by employer group contract.

Note: Tufts Health Plan may assign other relationship codes not listed. If you have questions about the usage of these codes or others not listed, consult your EDI Analyst.

Maintenance Reason Codes

The following table shows the valid HIPAA values used by Tufts Health Plan. These codes are used in Loop 2000, INS04.

HIPAA Maintenance Reason Code		Comments
Code	Description	
01	Divorce	
02	Birth	
03	Death	
04	Retirement	
05	Adoption	
06	Strike	
07	Termination of benefits	
08	Termination of employment	
09	Consolidated omnibus budget reconciliation act (Cobra)	
10	Consolidated omnibus budget reconciliation act (Cobra) premium paid	
11	Surviving spouse	
14	Voluntary withdrawal	
15	Primary care physician (PCP) change	
16	Quit	
17	Fired	
18	Suspended	
20	Active	
21	Disability	
22	Plan change Used when a member changes from one plan to a different plan. This is not intended to identify changes to a plan.	Send as two transactions (termination from former plan (group ID) and an addition into the new plan (group ID))
25	Change in identifying elements Use when a change has been made to primary elements that identify an individual. Such primary elements include first name, last name, SSN, DOB and employee identification number.	Tufts Health Plan recommends that subscriber ID changes and date of birth changes be handled outside of the electronic enrollment process.
26	Declined coverage The subscriber declined a previously active coverage.	
27	Pre-enrollment (this code can be used to enroll newborns prior to receiving the newborn's application).	Not used by Tufts Health Plan. Newborns cannot be enrolled prior to their date of birth.

Maintenance Reason Codes Continued

The following table shows the valid HIPAA values used by Tufts Health Plan. These codes are used in Loop 2000, INS04.

HIPAA Maintenance Reason Code		Comments
Code	Description	
28	Initial enrollment	
29	Benefits selection This is used when a member changes benefits within a Plan.	Used for plan upgrades and plan downgrades.
31	Legal separation	
32	Marriage	
33	Personal data. General information about the participant. Use this code for any data change that is not included in any of the other allowed codes. Example, change in COB information.	
37	Leave of absence with benefits	
38	Leave of absence without benefits	
39	Layoff with benefits	
40	Layoff without benefits	
41	Re-enrollment	
43	Change of location Use to indicate change of address	
AI	No reason given	
XN	Notification only To be used in complete enrollment transmissions. This is used when INS03 = 030 Audit/Compare	
XT	Transfer Used when an employee has an organizational change. Example - location change within the organization with no change in benefits or plan	Usually used when moving to a different sub-group. Send as a 'change' transaction with new group ID

Member Language Codes

For a complete list of the NISO Z39.53 Member Language Codes used in Loop 2100A LUI02, please go to National Information Standards Organization Press (NISO), NISO Z39.53 Language Code List. You can find this information at the NISO's Web site, www.niso.org.

Coverage Level Code Table

The following table shows the valid HIPAA values that Tufts Health Plan uses. The table also crosswalks valid HIPAA values to Tufts Health Plan's most commonly used plan codes for Loop 2300, Health Coverage, HD05.

HIPAA Coverage Level Codes		Tufts Health Plan Product Codes			
Code	Description	HMO	POS & PPO	TMC	MSP
EMP	Employee only	IND	P1IN	PC1	P1MS
IND	Individual	IND	P1IN	PC1	P1MS
ESP	Employee and spouse	2SSP	P12S		
ECH	Employee and children	FAM1	P1F1		
E1D	Employee and 1 dependent (non-spouse)	2SCH	P12C		
FAM	Family	FAM	P1FA		

Note: Tufts Health Plan may assign other coverage codes not listed. If you have questions about the usage of these codes or others not listed, consult your EDI Analyst.