

# TUFTS Health Plan

## 834 Companion Document



*For use with the  
ASC X12N 834 Benefit Enrollment and Maintenance  
Transaction Set Implementation Guide & Addenda  
ASC X12N 834 (004010X095) & (004010X095A1)*

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## Introduction

Tufts Health Plan (Tufts HP) accepts X12N 834 Benefit Enrollment and Maintenance transactions, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The X12N 834 version of the 4010 implementation guide and October 2002 addenda for the Benefit Enrollment and Maintenance has been established as the standard for enrollment transaction compliance.

### Audience

This document has been designed to aid both the technical and business areas. It contains Tufts HP specifications for the transaction as well as key points and contact information.

### Document Purpose

This document has been prepared to serve as a Tufts HP specific companion guide to the *834 Transaction Set*. This document supplements but does not contradict any requirements in the *834 Transaction Set Implementation Guide*. The primary focus of the document is to clarify specific segments and data elements that should be submitted to Tufts HP on the 834 Enrollment Transaction.

This document will be subject to revisions as new versions of the *834 Benefit Enrollment and Maintenance Transaction Set Implementation Guides* are released.

### Security Statement

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

## General Transaction Information

### Getting Started

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Implementation Guide & Addenda for the Benefit Enrollment and Maintenance ASC X12N 834 (004010X095) & Addenda (004010X095A1). The transaction guide can be retrieved at the Washington Publishing Company's website at [www.wpc-edi.com](http://www.wpc-edi.com).

Please note Tufts HP is not responsible for any software utilized by the submitter for the ASC X12N 834 transaction.

### Key Points

- Tufts HP will accept 834 Benefit Enrollment and Maintenance Transaction for commercial business only. Enrollment data for Tufts Health Plan Medicare Preferred members must be submitted on paper.
- Submitters must go through the appropriate set-up/testing process in order to transmit electronic enrollment files to Tufts HP. Please refer to the “Process Overview” section of this document before submitting electronic enrollment files.
- Tufts HP will accept update files (both full files with terminations and change files) as well as full files for reconciliation purposes. However, they must be sent in separate files using a different file type indicator in the file name and the correct BGN08 code.
- If sending multiple ST, SE segments in a file; the BGN08 value should be set to the same value within each ST, SE.
- Only one ISA/IEA segment per one file submission should be sent.
- As stated in the Implementation Guide, no more than 10,000 INS segments should be submitted in a single 834 transaction.
- Tufts HP is adhering to structural specifications for required and situational fields as stated in the implementation guide. If the incoming 834 structure does not comply, the file will fail in the validation process. In this situation, Tufts HP EDI Analyst will contact the submitter typically within one business day after receipt of file.
- Tufts HP requires the following situational data in order to effectively process enrollment files: date of birth, gender, group Id, member SSN. For detailed information, please refer to Tufts Health Plan Specifications/Requirements” section of this document.
- Subscriber information must precede dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission.
- Loop 2000 – Member Identification Number, if submitting more than one Q4 and 60 qualifier in the same transaction, Tufts HP will accept the last qualifier only.
- Tufts HP uses member residence address for service area verification when appropriate.

Tufts HP strongly recommends the following:

- Update Files
  - Transaction files for updates are preferred (additions, changes and terminations since the last file submission). If using this method BGN08 = 2, Loop 2000, INS03, Maintenance Type Code use values 001, 021, 024, and 025. In addition, send the appropriate value in Loop 2300, HD01 Health Coverage.
  - Full files with terminations for updates are also accepted. If using this method BGN08 = 2 or 4, Loop 2000, INS03, Maintenance Type Code use value 030. In addition, send the appropriate value in Loop 2300 HD01 Health Coverage.
- Reconciliation Files
  - Periodic full files are used for reconciliation purposes. When using this method BGN08 = 4, Loop 2000, INS03, Maintenance Type Code use value 030 and Loop 2300, HD01, Health Coverage use value 030.
- Always send Loop 2300/Health Coverage with subscriber records.
- The eight (8)-digit employer group ID should be submitted in Loop 2300, REF02, Reference Identification.
- The ten (10)-digit NPI number assigned by the NPPES should be submitted in Loop 2310, NM109, Identification Code, with all new additions.
- Always send Loop 2100A, N3 and N4 for all address changes.
- Date of birth and subscriber ID changes should be sent via paper or fax. They should not be sent as part of the electronic enrollment process.
- When available, Coordination of Benefits (COB) data should be submitted.

## Tufts Health Plan Specifications/Requirements

The following grid documents the required segments and data elements in the 834 Implementation Guide and Tufts HP specific requirements. Please reference the HIPAA Implementation Guide for a full specification (004010X095 & 004010X095A1).

Usage Key: R = Required, S = Situational

### Requirements specific to the 834 Benefit Enrollment and Maintenance Transaction

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
N/A	R	ST	Transaction Set Header	ST01	Transaction Set Identifier Code	R	“834”
N/A	R	ST	Transaction Set Header	ST02	Transaction Set Control Number	R	
N/A	R	BGN	Beginning Segment	BGN01	Transaction Set Purpose Code	R	Tufts HP will treat all codes as “00” for all submissions.
N/A	R	BGN	Beginning Segment	BGN02	Reference Identification	R	
N/A	R	BGN	Beginning Segment	BGN03	Date	R	Format CCYYMMDD
N/A	R	BGN	Beginning Segment	BGN04	Time	R	Format HHMMSS
N/A	R	BGN	Beginning Segment	BGN08	Action Code	R	“2” Change files (for updates) “4” Full files (for updates) “4” Reconciliation files (comparison only)
N/A	S	REF	Transaction Set Policy Number	REF01	Reference Identification Qualifier	R	“38”
N/A	S	REF	Transaction Set Policy Number	REF02	Master Policy Number	R	The 8-digit employer group ID assigned by Tufts HP. A separate file must be sent for each assigned 8-

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
							digit group ID. Note: Tufts HP recommends sending group ID in Loop 2000 or 2300.
1000A	R	N1	Sponsor Name	N101	Entity Identifier Code	R	“P5”
1000A	R	N1	Sponsor Name	N102	Name	S	In order to process the file Tufts HP requires that this data element be sent.
1000A	R	N1	Sponsor Name	N103	Identification Code Qualifier	R	
1000A	R	N1	Sponsor Name	N104	Sponsor Identifier Code	R	
1000B	R	N1	Payer	N101	Entity Identifier Code	R	“IN”
1000B	R	N1	Payer	N103	Identification Code Qualifier	R	
1000B	R	N1	Payer	N104	Identification Code	R	
2000	R	INS	Member Level Detail	INS01	Yes/No Condition or Response Code	R	“Y” Subscriber/ Employee “N” Dependent
2000	R	INS	Member Level Detail	INS02	Individual Relationship Code	R	See Appendix 1 for Tufts HP recommended values and descriptions.
2000	R	INS	Member Level Detail	INS03	Maintenance Type Code	R	When sending a transaction file for updates, use values 001, 021, 024, and 025. When sending full file updates, use value 030.
2000	R	INS	Member Level Detail	INS04	Maintenance Reason Code	S	Provides reason for transaction.
2000	R	INS	Member Level	INS05	Benefit Status	R	

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
			Detail		Code		
2000	R	INS	Member Level Detail	INS06	Medicare Plan Code	S	
2000	R	INS	Member Level Detail	INS07	COBRA Qualifying Event Code	S	
2000	R	INS	Member Level Detail	INS08	Employment Status Code	S	
2000	R	INS	Member Level Detail	INS09	Student Status Code	S	Send "F" if over age dependent is certified to remain on plan. Tufts HP may certify dependent status.
2000	R	INS	Member Level Detail	INS10	Yes/No Condition or Response Code	S	Send "Y" if over age dependent is disabled. Tufts HP will independently verify disability and approve/deny coverage.
2000	R	INS	Member Level Detail	INS12	Date Time Period	S	Date of death of subscriber or dependent. Format CCYYMMDD.
2000	R	INS	Member Level Detail	INS17	Number	S	
2000	R	REF	Subscriber Number	REF01	Reference Identification Qualifier	R	"0F"
2000	R	REF	Subscriber Number	REF02	Reference Identification	R	Subscriber's ID- (usually employee's SSN). This value can also be a unique Tufts HP assigned number.
2000	S	REF	Member Policy Number	REF01	Reference Identification Qualifier	R	"1L"

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
2000	S	REF	Member Policy Number	REF02	Reference Identification	R	The 8-digit employer group ID assigned by Tufts HP. This value is required for processing. It can also be sent in Loop 2300.
2000	S	REF	Member Identification Number	REF01	Reference Identification Qualifier	R	Tufts HP will use values "Q4" or "6O" to identify another member ID and qualifier "ZZ" to identify an internal employer ID.
2000	S	REF	Member Identification Number	REF02	Reference Identification	R	
2000	S	DTP	Member Level Dates	DTP01	Date/Time Qualifier	R	Tufts HP will use value "357" for termination of health coverage.
2000	S	DTP	Member Level Dates	DTP02	Date Time Period Format Qualifier	R	"D8"
2000	S	DTP	Member Level Dates	DTP03	Date Time Period	R	Termination effective date. Format: CCYYMMDD
2100A	R	NM1	Member Name	NM101	Entity Identifier Code	R	Tufts HP will use value "IL"
2100A	R	NM1	Member Name	NM102	Entity Type Qualifier	R	"1"
2100A	R	NM1	Member Name	NM103	Name Last or Organization Name	R	Member's last name
2100A	R	NM1	Member Name	NM104	Name First	R	Member's first name
2100A	R	NM1	Member Name	NM105	Name Middle	S	Member's middle initial
2100A	R	NM1	Member Name	NM107	Name Suffix	S	Member's suffix

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
2100A	R	NM1	Member Name	NM108	Identification Code Qualifier	S	Tufts HP will use value “34”
2100A	R	NM1	Member Name	NM109	Identification Code	S	Tufts HP requires member’s SSN
2100A	S	PER	Member Communications Number	PER01	Contact Function Code	R	“IP”
2100A	S	PER	Member Communications Number	PER03	Communication Number Qualifier	R	Tufts HP will use values “HP, TE, WP”
2100A	S	PER	Member Communications Number	PER04	Communication Number Qualifier	R	
2100A	S	PER	Member Communications Number	PER05	Communication Number Qualifier	S	Tufts HP will use values “HP, TE, WP”
2100A	S	PER	Member Communications Number	PER06	Communication Number Qualifier	S	
2100A	S	PER	Member Communications Number	PER07	Communication Number Qualifier	S	Tufts HP will use values “HP, TE, WP”
2100A	S	PER	Member Communications Number	PER08	Communication Number Qualifier	S	
2100A	S	N3	Member Residence Street Address	N301	Address Information	R	Address line 1 of subscriber – limit input to 24 characters
2100A	S	N3	Member Residence Street Address	N302	Address Information	S	Address line 2 of subscriber – limit input to 24 characters
2100A	S	N4	Member Residence City, State, Zip Code	N401	City Name	R	
2100A	S	N4	Member Residence City, State, Zip Code	N402	State or Province Code	R	
2100A	S	N4	Member Residence City,	N403	Postal Code	R	Tufts HP recommends the

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
			State, Zip Code				9 digit postal code if available. Tufts HP uses this information to validate service area as appropriate.
2100A	S	N4	Member Residence City, State, Zip Code	N405	Location Qualifier	S	
2100A	S	N4	Member Residence City, State, Zip Code	N406	Location Identifier	S	
2100A	S	DMG	Member Demographics	DMG01	Date Time Period Format Qualifier	R	“D8”
2100A	S	DMG	Member Demographics	DMG02	Date Time Period	R	Tufts HP requires member date of birth in order to process the record. Format CCYYMMDD
2100A	S	DMG	Member Demographics	DMG03	Gender Code	R	Tufts HP requires “F or M” in order to process the record.
2100A	S	DMG	Member Demographics	DMG04	Marital Status	S	
2100A	S	DMG	Member Demographics	DMG05	Race or Ethnicity Code	S	
2100A	S	DMG	Member Demographics	DMG06	Citizenship Status Code	S	
2100A	S	ICM	Member Income	ICM01	Frequency Code	R	
2100A	S	ICM	Member Income	ICM02	Monetary Amount	R	
2100A	S	ICM	Member Income	ICM03	Quantity	S	
2100A	S	ICM	Member Income	ICM05	Salary Grade	S	
2100A	S	AMT	Member Policy Amounts	AMT01	Amount Qualifier Code	R	
2100A	S	AMT	Member Policy Amounts	AMT02	Monetary Amount	R	

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
2100A	S	HLH	Member Health Information	HLH01	Health Related Code	S	
2100A	S	HLH	Member Health Information	HLH02	Height	S	
2100A	S	HLH	Member Health Information	HLH03	Weight	S	
2100A	S	LUI	Member Language	LUI01	Identification Code Qualifier	S	“LD”
2100A	S	LUI	Member Language	LUI02	Identification Code	S	Tufts HP validates the code sent is a valid HIPAA value.
2100A	S	LUI	Member Language	LU103	Description	S	
2100A	S	LUI	Member Language	LUI04	Use of Language Indicator	S	Tufts HP uses “7” as 1 <sup>st</sup> choice, “5” as 2 <sup>nd</sup> choice, and “8” as 3 <sup>rd</sup> choice.
2100B	S	NM1	Incorrect Member Name	NM101	Entity Identifier Code	S	
2100B	S	NM1	Incorrect Member Name	NM102	Entity Type Qualifier	S	
2100B	S	NM1	Incorrect Member Name	NM103	Name Last or Organization Name	S	
2100B	S	NM1	Incorrect Member Name	NM104	Name First	S	
2100B	S	NM1	Incorrect Member Name	NM108	Identification Code Qualifier	S	
2100B	S	NM1	Incorrect Member Name	NM109	Identification Code	S	
2100C	S	NM1	Member Mailing Address	NM101	Entity Identifier Code	R	“31”
2100C	S	NM1	Member Mailing Address	NM102	Entity Type Qualifier	R	“1”
2100C	S	N3	Member Mail Street Address	N301	Address Information	R	Address line 1 of subscriber – limit input to 24 characters.

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
2100C	S	N3	Member Mail Street Address	N302	Address Information	S	Address line 2 of subscriber – limit input to 24 characters.
2100C	S	N4	Member Mail City, State, Zip	N401	City Name	R	
2100C	S	N4	Member Mail City, State, Zip	N402	State or Province Code	R	
2100C	S	N4	Member Mail City, State, Zip	N403	Postal Code	R	Tufts HP recommends the 9 digit postal code if available.
2100D	S	NM1	Member Employer	NM101	Entity Identifier Code	R	“ES”
2100D	S	NM1	Member Employer	NM102	Entity Type Qualifier	R	
2100D	S	NM1	Member Employer	NM103	Name Last or Organization Name	S	
2100D	S	NM1	Member Employer	NM104	Name First	S	
2100D	S	NM1	Member Employer	NM105	Name Middle	S	
2100D	S	NM1	Member Employer	NM107	Name Suffix	S	
2100D	S	NM1	Member Employer	NM109	Identification Code	S	
2100D	S	PER	Member Employer Communications Numbers	PER01	Contact Function Code	R	“EP”
2100D	S	PER	Member Employer Communications Numbers	PER03	Communication Number Qualifier	R	
2100D	S	PER	Member Employer Communications Numbers	PER04	Communication Number	R	
2100D	S	PER	Member Employer Communications	PER05	Communication Number Qualifier	S	

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
			Numbers				
2100D	S	PER	Member Employer Communications Numbers	PER06	Communication Number	S	
2100D	S	PER	Member Employer Communications Numbers	PER07	Communication Number Qualifier	S	
2100D	S	PER	Member Employer Communications Numbers	PER08	Communication Number	S	
2100D	S	N3	Member Employer Street Address	N301	Address Information	R	
2100D	S	N3	Member Employer Street Address	N302	Address Information	S	
2100D	S	N4	Member Employer City, State, Zip	N401	City Name	R	
2100D	S	N4	Member Employer City, State, Zip	N402	State or Province Code	R	
2100D	S	N4	Member Employer City, State, Zip	N403	Postal Code	R	Tufts HP recommends the 9 digit postal code if available.
2100D	S	N4	Member Employer City, State, Zip	N404	Country Code	S	
2100E	S	NM1	Member School	NM101	Entity Identifier Code	R	“M8”
2100E	S	NM1	Member School	NM102	Entity Type Qualifier	R	“2”
2100E	S	NM1	Member School	NM103	Name last or Organization Name	R	
2100E	S	PER	Member School Communications Numbers	PER01	Contact Function Code	R	“SK”

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
2100E	S	PER	Member School Communications Numbers	PER03	Communication Number Qualifier	R	
2100E	S	PER	Member School Communications Numbers	PER04	Communication Number	R	
2100E	S	PER	Member School Communications Numbers	PER05	Communication Number Qualifier	S	
2100E	S	PER	Member School Communications Numbers	PER06	Communication Number	S	
2100E	S	PER	Member School Communications Numbers	PER07	Communication Number Qualifier	S	
2100E	S	PER	Member School Communications Numbers	PER08	Communication Number	S	
2100E	S	N3	Member School Street Address	N301	Address Information	R	
2100E	S	N3	Member School Street Address	N302	Address Information	S	
2100E	S	N4	Member School City, State, Zip	N401	City Name	R	
2100E	S	N4	Member School City, State, Zip	N402	State or Province Code	R	
2100E	S	N4	Member School City, State, Zip	N403	Postal Code	R	Tufts HP recommends the 9 digit postal code.
2100E	S	N4	Member School City, State, Zip	N404	Country Code	S	
2100F	S	NM1	Custodial Parent	NM101	Entity Identifier Code	R	“S3”
2100F	S	NM1	Custodial Parent	NM102	Entity Type Qualifier	R	“1”
2100F	S	NM1	Custodial Parent	NM103	Name Last or Organization Name	R	
2100F	S	NM1	Custodial Parent	NM104	Name First	R	

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
2100F	S	NM1	Custodial Parent	NM105	Name Middle	S	
2100F	S	NM1	Custodial Parent	NM106	Name Prefix	S	
2100F	S	NM1	Custodial Parent	NM107	Name Suffix	S	
2100F	S	NM1	Custodial Parent	NM108	Identification Code Qualifier	S	Tufts HP uses "34"
2100F	S	NM1	Custodial Parent	NM109	Identification Code	S	Custodial parent SSN
2100F	S	PER	Custodial Parent Communications Numbers	PER01	Contact Function Code	R	"PQ"
2100F	S	PER	Custodial Parent Communications Numbers	PER03	Communication Name Qualifier	R	
2100F	S	PER	Custodial Parent Communications Numbers	PER04	Communication Number	R	
2100F	S	PER	Custodial Parent Communications Numbers	PER05	Communication Number Qualifier	S	
2100F	S	PER	Custodial Parent Communications Numbers	PER06	Communication Number	S	
2100F	S	PER	Custodial Parent Communications Numbers	PER07	Communication Number Qualifier	S	
2100F	S	PER	Custodial Parent Communications Numbers	PER08	Communication Number	S	
2100F	S	N3	Custodial Parent Street Address	N301	Address Information	R	
2100F	S	N3	Custodial Parent Street Address	N302	Address Information	S	
2100F	S	N4	Custodial Parent City, State, Zip	N401	City Name	R	
2100F	S	N4	Custodial Parent City, State, Zip	N402	State or Province Code	R	
2100F	S	N4	Custodial Parent City, State, Zip	N403	Postal Code	R	Tufts HP recommends the 9 digit postal

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
							code.
2100F	S	N4	Custodial Parent City, State, Zip	N404	Country code	S	
2100G	S	NM1	Responsible Person	NM101	Entity Identifier Code	R	
2100G	S	NM1	Responsible Person	NM102	Entity Type Qualifier	R	“1”
2100G	S	NM1	Responsible Person	NM103	Name Last or Organization Name	R	
2100G	S	NM1	Responsible Person	NM104	Name First	R	
2100G	S	NM1	Responsible Person	NM105	Name Middle	S	
2100G	S	NM1	Responsible Person	NM106	Name Prefix	S	
2100G	S	NM1	Responsible Person	NM107	Name Suffix	S	
2100G	S	NM1	Responsible Person	NM108	Identification Code Qualifier	S	Tufts HP uses “34”
2100G	S	NM1	Responsible Person	NM109	Identification Code	S	Responsible person SSN.
2100G	S	NM1	Responsible Person Communications Numbers	PER01	Contact Function Code	R	“RP”
2100G	S	NM1	Responsible Person Communications Numbers	PER03	Communication Number Qualifier	R	
2100G	S	NM1	Responsible Person Communications Numbers	PER04	Communication Number	R	
2100G	S	NM1	Responsible Person Communications Numbers	PER05	Communication Number Qualifier	S	
2100G	S	NM1	Responsible Person Communications	PER06	Communication Number	S	

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
			Numbers				
2100G	S	NM1	Responsible Person Communications Numbers	PER07	Communication Number Qualifier	S	
2100G	S	NM1	Responsible Person Communications Numbers	PER08	Communication Number	S	
2100G	S	N3	Responsible Person Street Address	N301	Address Information	R	
2100G	S	N3	Responsible Person Street Address	N302	Address Information	S	
2100G	S	N4	Responsible Person City, State, Zip	N401	City Name	R	
2100G	S	N4	Responsible Person City, State, Zip	N402	State or Province Code	R	
2100G	S	N4	Responsible Person City, State, Zip	N403	Postal Code	R	Tufts HP recommends the 9 digit postal code.
2100G	S	N4	Responsible Person City, State, Zip	N404	Country Code	S	
2200	S	DSB	Disability Information	DSB01	Disability Type Code	R	Tufts HP uses values “1, 2 and 3”. Tufts HP will independently verify disability and approve/deny coverage.
2200	S	DSB	Disability Information	DSB08	Medical Code Value	S	
2200	S	DTP	Disability Eligibility Dates	DTP01	Date/Time Qualifier	R	“360 or 361”
2200	S	DTP	Disability Eligibility Dates	DTP02	Date Time Period Format Qualifier	R	“D8”

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
2200	S	DTP	Disability Eligibility Dates	DTP03	Date Time Period	R	Disability effective date or end date. Format: CCYYMMDD
2300	S	HD	Health Coverage	HD01	Maintenance Type Code	R	Tufts HP uses values "001, 021, 024, 025, and 030".
2300	S	HD	Health Coverage	HD03	Insurance Line Code	R	
2300	S	HD	Health Coverage	HD04	Plan Coverage Description	S	
2300	S	HD	Health Coverage	HD05	Coverage Level Code	S	See Appendix 2 for Tufts HP recommended values and descriptions. Note: Tufts HP requires this data element on all subscriber transactions in order to process the record.
2300	R	DTP	Health Coverage Dates	DTP01	Date/Time Qualifier	R	Tufts HP uses values "303, 348, and 349"
2300	R	DTP	Health Coverage Dates	DTP02	Date Time Period Format Qualifier	R	"D8"
2300	R	DTP	Health Coverage Dates	DTP03	Date Time Period	R	Coverage effective date or coverage end date. Format: CCYYMMDD
2300	S	AMT	Health Coverage Policy	AMT01	Amount Qualifier Code	R	
2300	S	AMT	Health Coverage Policy	AMT02	Monetary Amount	R	
2300	S	REF	Health Coverage Policy Number	REF01	Reference Identification Qualifier	R	Tufts HP uses "1L"
2300	S	REF	Health Coverage	REF02	Reference	R	The 8-digit

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
			Policy Number		Identification		employer group ID assigned by Tufts HP. This value is required for processing. The group ID can also be sent in Loop 2000.
2300	S	IDC	Identification Card	IDC01	Plan Coverage Description	R	
2300	S	IDC	Identification Card	IDC03	Identification Card Type Code	R	
2300	S	IDC	Identification Card	IDC04	Action Code	S	
2310	R	LX	Provider Information	LX01	Assigned Number	R	Tufts HP uses "1"
2310	R	NM1	Provider Name	NM101	Entity Identifier Code	R	Tufts HP uses "P3"
2310	R	NM1	Provider Name	NM102	Entity Type Qualifier	R	Tufts HP uses "1"
2310	R	NM1	Provider Name	NM103	Name Last or Organization Name	S	
2310	R	NM1	Provider Name	NM104	Name First	S	
2310	R	NM1	Provider Name	NM105	Name Middle	S	
2310	R	NM1	Provider Name	NM107	Name Suffix	S	
2310	R	NM1	Provider Name	NM108	Identification Code Qualifier	S	Tufts HP uses "XX"
2310	R	NM1	Provider Name	NM109	Identification Code	S	The 10 digit National Provider ID number assigned by NPPES. Tufts HP strongly recommends this be sent with all new additions.
2310	R	NM1	Provider Name	NM110	Entity Relationship Code	R	"25, 26, 72"
2310	S	N4	Provider City, State, Zip Code	N401	City Name	R	

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
2310	S	N4	Provider City, State, Zip Code	N402	State or Province Code	R	
2310	S	N4	Provider City, State, Zip Code	N403	Postal Code	R	Tufts HP recommends the 9 digit postal code.
2310	S	N4	Provider City, State, Zip Code	N406	Location Identifier	S	
2310	S	PLA	PCP Change Reason	PLA01	Action Code	R	“2”
2310	S	PLA	PCP Change Reason	PLA02	Entity Identifier Code	R	“1P”
2310	S	PLA	PCP Change Reason	PLA03	Date	R	Effective date of the provider ID change. Format: CCYYMMDD
2310	S	PLA	PCP Change Reason	PLA05	Maintenance Reason Code	R	
2320	S	COB	Coordination of Benefits	COB01	Payer Responsibility Sequence Number Code	R	“P, S, T, U”
2320	S	COB	Coordination of Benefits	COB02	Reference identification	S	
2320	S	COB	Coordination of Benefits	COB03	Coordination of Benefits Code	R	“1, 5, 6”
2320	S	REF	Additional Coordination of Benefits Identifiers	REF01	Reference Identification Qualifier	R	
2320	S	REF	Additional Coordination of Benefits Identifiers	REF02	Reference Identification	R	
2320	S	N1	Other Insurance Company Name	N101	Entity Identifier Code	R	“IN”
2320	S	N1	Other Insurance Company Name	N102	Name	S	
2320	S	N1	Other Insurance Company Name	N103	Identification Code Qualifier	S	

Loop	Segment Usage	Segment ID	Segment	Data Element ID	Data Element	Element Usage	Comments
2320	S	N1	Other Insurance Company Name	N104	Identification Code	S	
2320	S	DTP	Coordination of Benefits Eligibility Dates	DTP01	Date/Time Qualifier	R	“344 or 345”
2320	S	DTP	Coordination of Benefits Eligibility Dates	DTP02	Date Time Period Format Qualifier	R	“D8”
2320	S	DTP	Coordination of Benefits Eligibility Dates	DTP03	Date Time Period	R	COB effective date and end date. Format: CCYYMMDD
N/A	R	SE	Transaction Set Trailer	SE01	Number of Included Segments	R	
N/A	R	SE	Transaction Set Trailer	SE02	Transaction Set Control Number	R	Note: this value must be the same as that sent in ST02.

# Implementing the 834

## Process Overview

The process for initiating the electronic submittals to Tufts HP is as follows:

1. At the request of Tufts HP's Sales/Marketing department, Tufts HP provides the employer group with the *834 Companion Document*, which includes the file layout specifications and file submission instructions.
2. The EDI Analyst and the Sales department contact the employer group to review the file layout, enrollment processing and test procedures.
3. The *Electronic Enrollment/Reconciliation Data Form* (page 30) is completed by the employer group and sent to the EDI Analyst. Once received the EDI Analyst will forward a *File Exchange Request Form* to the technical contact at the group. Both forms can be faxed to (617) 923-5898 or sent via email to the assigned analyst.
4. Tufts HP and the employer group prepare an **Implementation** timeline and test plan. It typically takes 1-3 months to complete the testing cycle and begin implementation. (Note: Employer group responsiveness can impact the timeline.)
5. The employer group prepares the programming necessary to create the 834 transaction in accordance with the Implementation Guide, Addenda, and Tufts HP's specific requirements defined in the 834 Companion Document and notifies the EDI Analyst when the file is ready for testing.
6. Working with the EDI Analyst, the employer group executes its programs with a sample of enrollment data to generate a test file. The employer group should anticipate the necessity of submitting a minimum of 3-5 test files to ensure success.
7. Testing is complete when both the employer group and Tufts HP are satisfied with the results. At that time, the EDI Analyst sends written confirmation to the employer group. Based on the agreed upon mode of submission the appropriate submission information will be sent.
8. Tufts HP requires that a full membership reconciliation be completed along with the Electronic Data Interchange (EDI) implementation. This ensures that Tufts HP and the employer group's data are synchronized. (Note: There may be instances where two reconciliations are recommended.)

**NOTE:** Until production status for electronic submissions is granted, the employer group must submit, via paper, **all** production enrollment information to the Enrollment department.

## The Testing Process

Test data will not be used in a production environment. All test data is discarded upon test completion.

Test files should contain no more than 100 records (unless otherwise requested).

The procedure for testing the process is as follows:

1. The employer group supplies the test files to Tufts HP via secure email or compact disc (CD). The employer group should send the final test via the mutually agreed upon mode of submission. Tufts HP assigns test logon and passwords as appropriate for this process.
2. The EDI Analyst examines the file for data quality and file structure compliance. A summary of findings is generally provided within 5 business days.

**During testing, Tufts HP will provide a hard copy report of the required test case scenarios to assist with the verification process.** *It is critical that this document be filled out and returned with each test file submitted.* The test data report ensures that:

- a. The turnaround time of 5 business days can be met.
  - b. The EDI Analyst will be able to thoroughly examine the test cases submitted for each scenario on the file and determine the need for subsequent tests.
3. The first round of testing focuses on confirming that submitted data is structurally compliant as defined in the *834 Implementation Guide* as well as meeting the file layout requirements (field size, position, etc.).
  4. Once the test file meets the file layout requirements, testing of files will focus on the format and content of the data provided. These test files should include samples of **additions, changes & terminations** (see definitions of these terms below) for each group/subgroup and type. The test data should include the following types of records:
    - Additions (new subscriber, new dependent to an existing plan).
    - Changes (plan type, group number, and demographic changes).
    - Terminations (entire family and a termination of a single dependent) using end date field.

If subsequent test files identify any discrepancies, then Tufts HP will request additional test files.

5. After the file layout requirements have been tested successfully, a full file membership reconciliation is required. Once the reconciliation is completed and all databases are up-to-date, the employer group is given authorization to submit production files. At that time the EDI Analyst will send written confirmation to the employer group. Based on the agreed upon mode of submission, the appropriate submission instructions will be sent.

## Definitions

The following table lists the terms relevant to the *834 Companion Document*.

Term	Definition
Additions	New employee, newborn, newly acquired dependents, or new group
Changes	Plan type change, (i.e., individual to family, family to individual), group number change, or demographic changes including member name, address, and dependent SSN <b>NOTE:</b> Date of birth changes and subscriber ID changes should be sent via paper or fax. They should not be sent as part of the electronic enrollment process.
Terminations	Subscriber or dependent that terminates health coverage from Tufts HP (when terminating a family policy, all covered dependents should be sent with a termination date).

## Test File Mailing Specifications

Use this procedure to ship test media to Tufts HP:

1. Pack labeled test media (CD) in a standard padded envelope or CD mailer.
2. Label each piece of test media with the following information:
  - Group name
  - File Size/Records Submitted
  - File Name
3. Mail labeled test media, via overnight or next day mail, to the following address:

Tufts Health Plan  
 Enrollment and Premium Billing Department/Mail Stop 30  
 Attn: Tufts HP Testing Contact Name  
 705 Mount Auburn Street  
 Watertown, MA 02472-9170

## Electronic Data Exchange Options

Tufts HP supports the following Electronic Data Exchange solutions:

### Methods of Physical Connectivity

The following are Tufts HP supported methods of physical connectivity:

- Manual Submission
- Automated Submission, i.e. machine to machine transmission
- Web User Interface

### File Transfer Methods

The following are acceptable file transfer methods in order of preference:

- SSH/SFTP
- SSL/FTPS
- HTTPS

### Physical File Media

With prior approval from Tufts HP, physical file media submissions may be sent via secure email or on CD via USPS. Unless exception status is granted, all production files should be received via one of the above agreed upon methods.

- Production media should be labeled with the following information:
  - Group name
  - File name
  - Eligibility time period (date)
  - File size/records submitted
- Production media should be packed in a standard padded envelope or CD mailer and sent either via overnight or next day mail to the following address:

Tufts Health Plan  
EEPB Department / Electronic Enrollment/Mail Stop 30  
705 Mount Auburn Street  
Watertown, MA 02472-9170

### Additional Options

The EDI Analyst can provide details and work with the submitter to determine the best option.

- If you do not see the option you would like to use listed, the EDI Analyst can facilitate a meeting to discuss other solutions.

## Contact Information

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

### For General HIPAA Questions

If you have any general HIPAA questions, please access the Tufts Health Plan HIPAA website. To access the site:

Go to [http://www.tuftshealthplan.com/employers/employers\\_brokers.php?sec=hipaa&content=emp\\_hipaa](http://www.tuftshealthplan.com/employers/employers_brokers.php?sec=hipaa&content=emp_hipaa)

### 834 Transaction Questions

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

For Questions Regarding...	Contact	Phone Number	Email Address
The 834 Companion Document 834 Transaction and Testing	Electronic Enrollment Department	1-888-880-8699 ext. 9792 (Liana Connors) or ext. 9912 (Josephine Riddick)	<a href="mailto:Liana.Connors@tufts-health.com">Liana.Connors@tufts-health.com</a> or <a href="mailto:Josephine.Riddick@tufts-health.com">Josephine.Riddick@tufts-health.com</a>
General Enrollment and Premium Billing Questions	Enrollment and Premium Billing Employer Group Phone Queue	1-800-818-4388	

## Electronic Enrollment/Reconciliation Data Form

Account Executive/Sales Representative	
Account Name	
Group Number	
Plan Type Codes	
Group Primary Contact Name	
Email address	
Phone Number	
Address: Street, State, Zip	
Fax Number	
Group IS Contact Name	
Email	
Phone Number	
Address: Street, State, Zip	
Interchange ID Qualifier (ISA05)	
Interchange Sender ID (ISA06)	
Sponsor Name (1000A N102)	
Update File Frequency <sup>1</sup>	
File Schedule <sup>2</sup>	
Reconciliation File Frequency <sup>3</sup>	
Open Enrollment Period	
Electronic Enrollment expected Start Date	
Performance Agreements (details)	
What Human Resource Information system (HRIS) are you currently using?	

ASC X12N 834 Benefit Enrollment and Maintenance transaction

This information should be sent back to the EDI Analyst assigned either by fax (617) 923-5898 or email prior to the initial conference call.

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1 Frequency: weekly, bi-weekly, monthly

2 Schedule: exact date if possible

3 Frequency: monthly, bi-monthly, quarterly

## Appendix 1 – Individual Relationship Codes

Tufts Health Plan recommends the following relationship codes in Loop 2000 Segment INS02:

<b>Individual Relationship Codes (Loop 2000 Segment INS02)</b>	
<b>Code</b>	<b>Description</b>
01	Spouse
05	Grandson or Granddaughter
09	Adopted child
17	Stepson or Stepdaughter
18	Self
19	Child
25	Ex-spouse
53	Life Partner

Note: Tufts HP 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.

## Appendix 2 – Coverage Level Codes

Tufts Health Plan recommends the following coverage level codes in Loop 2300 Segment HD05:

Coverage Level Codes (Loop 2300 Segment HD05)	
Code	Description
EMP	Employee only
ESP	Employee and spouse
ECH	Employee and children
E1D	Employee and 1 dependent (non-spouse)
FAM	Family

Note: Tufts HP will assign any special plan type (coverage level codes) that are not listed above. If you have questions about the usage of these codes or others not listed, consult your EDI Analyst.

## Appendix 3 – Enveloping Specifications

### ISA (Interchange Control Header Segment)

The ISA is a fixed record length segment and all positions within each of the data elements are required. The first element separator defines the element separator used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange.

The **Input Data** column below contains text in **bold**, or *[bracketed in italics]*:

- Text entered in **bold** indicates standard input data
- Text entered in *[bracketed italics]* indicates special input data dependent on sender, time, date, etc.

Elements	Size	Name	Input Data	Remarks
ISA01	2	Authorization Information Qualifier	<b>00</b>	No Authorization Information Present.
ISA02	10	Authorization Information	<i>[Submitter-specific ID number, or ten-space placeholder]</i>	If no Authorization Information number is present, simply enter 10 spaces in this field.
ISA03	2	Security Information Qualifier	<b>00</b>	No Security Information Present.
ISA04	10	Security Information/Password	<i>[Submitter-specific ID number, or ten-space placeholder]</i>	If no Authorization Information number is present, simply enter 10 spaces in this field.
ISA05	2	Interchange ID Qualifier/Trading Partner	<i>[Submitter-specific ID number]</i>	Sender qualifier

Elements	Size	Name	Input Data	Remarks
		Qualifier		
ISA06	15	Interchange Sender ID/ Trading Partner ID	<i>[Submitter-specific ID number]</i>	Sender ID
ISA07	2	Interchange ID Qualifier/Tufts Health Plan Qualifier	<b>01</b>	DUNS (Dun & Bradstreet)
ISA08	15	Interchange Receiver ID/Tufts Health Plan ID	<b>170558746</b>	Tufts Health Plan DUNS
ISA09	6	Interchange Date	<i>[Enter the date using the format YYMMDD; for example, January 1, 2003 would be entered as 030101]</i>	Date of the interchange
ISA10	4	Interchange Time	<i>[Enter the time using the format HHMM; for example, 1:30 PM would be entered as 1330]</i>	Time of the interchange
ISA11	1	Interchange Control Standards ID	<b>U</b>	U.S. EDI Community of ASC X12, TDCC, and UCS
ISA12	5	Interchange Control Version Number	<b>00401</b>	Version Number
ISA13	9	Interchange Control Number/Last Control Number	<i>[Sender-specific control number]</i>	Assigned and maintained by the interchange sender, must be identical to the associated Interchange Trailer, IEA02.
ISA14	1	Acknowledgement Request	<b>0</b>	Code sent by the sender to request an interchange acknowledgement (TA1). 0 No Acknowledgement Requested
ISA15	1	Usage Indicator/ Acknowledgment Test Indicator	<i>[Enter either <b>T</b> or <b>P</b>]</i>	T Test Data, P Production Data. Note: this information is not used for routing purposes.
ISA16	1	Component Element (Sub- Element) Separator	<i>[Enter any separator character, for example `]</i>	Used to separate component data elements within a composite data structure; must be unique. ASCII Value – Component element separator.

## IEA (Interchange Control Trailer Segment)

This defines the end of an interchange of zero or more functional groups and interchange-related control segments. The **Input Data** column below containing text entered in *[bracketed italics]* indicates special input data dependent on sender, time, date, etc.

Elements	Size	Name	Input Data	Remarks
IEA01	1/5	Number of Included Functional Groups	<i>[Submitter-specific ID number]</i>	A count of the number of functional groups included in an interchange
IEA02	9	Interchange Control Number	<i>[Submitter-specific ID number]</i>	A control number assigned by the interchange sender

## GS (Functional Group Header Segment)

Indicates the beginning of a functional group and to provide control information.

The **Input Data** column below contains text in **bold**, or *[bracketed in italics]*:

- Text entered in **bold** indicates standard input data
- Text entered in *[bracketed italics]* indicates special input data dependent on sender, time, date, etc.

Elements	Size	Name	Input Data	Remarks
GS01	2	Functional Identifier Code	<b>BE</b>	Benefit Enrollment and Maintenance
GS02	2/15	Application Sender's Code	<i>[Submitter-specific number]</i>	Code identifying party sending transmission.
GS03	2/15	Application Receiver's Code	<b>170558746</b>	Code identifying party receiving transmission.
GS04	8	Date	<i>[Enter the date using the format YYYYMMDD; for example, January 1, 2003 would be entered as <b>20030101</b>]</i>	Functional Group creation date.
GS05	4/8	Time	<i>[Enter the time using the format HHMM; for example, 1:30 PM would be entered as <b>1330</b>]</i>	Functional Group creation time. Time expressed in 24-hour clock.
GS06	1/9	Group Control Number/Last Control Number	<i>[Submitter-specific number]</i>	Assigned and maintained by the sender, must be identical to the associated functional group trailer, GE02.
GS07	1/2	Responsible Agency	<b>X</b>	Accredited Standards

Elements	Size	Name	Input Data	Remarks
		Code		Committee X12
GS08	1/12	ANSI Version Code/Functional Ack. Version	<b>004010X095A1</b>	Benefit Enrollment and Maintenance and Addenda

### GE (Functional Group Trailer Segment)

The **Input Data** column below contains text entered in *[bracketed italics]* indicates special input data dependent on sender, time, date, etc.

Elements	Size	Name	Input Data	Remarks
GE01	1/6	Number of Transaction Sets Included	<i>[Submitter-specific number]</i>	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element
GE02	1/9	Group Control Number	<i>[Submitter-specific number]</i>	Assigned number originated and maintained by the sender