



**FIRSTCARE Companion Document
ANSI X12N 834 Benefit Enrollment**

The Health Insurance Portability and Accountability Act of 1996 is the acronym for HIPAA. HIPAA legislation requires that Health Plans, Providers and Clearinghouses follow set transaction standards. The implementation guide for the ANSI ASC X12N 834 benefit enrollment transactions can be found at www.wpc-edi.com.

This document provides specific data requirements for ANSI 834 benefit enrollment processing for FIRSTCARE.

*****In order for FIRSTCARE to properly process maintenance files, which includes Changes, Adds, or Terminations for enrollment data, we will need to receive a Change (Update) file. This type of file is indicated by a “2” code value sent in the BGN08.**

Full file audits or annual enrollment files should be indicated with a “4” code value in the BGN08 and should be sent no more frequently than monthly as recommended in the 834 Implementation Guide.

HEADER INFORMATION:

ANSI FIELD	DATA REQUIRED
ISA01	00
ISA02	All spaces
ISA03	00
ISA04	All spaces
ISA05	ZZ
ISA06	Submitter ID (Employer Group Number)
ISA07	ZZ
ISA08	FIR001
ISA09	Interchange Date in the format of ‘YYMMDD’
ISA10	Interchange Time in the format of ‘HHMM’
ISA11	U
ISA12	00401
ISA13	Interchange control number, must be identical to the IEA02
ISA14	1
ISA15	‘T’ for Test or ‘P’ for production
ISA16	*

ANSI FIELD	DATA REQUIRED
GS01	BE
GS02	Submitter ID
GS03	FIR001
GS04	Group Creation Date in the format of ‘CCYYMMDD’
GS05	Creation Time in the format of ‘HHMM’
GS06	Group Control Number assigned by the Sender
GS07	X
GS08	004010X095A1

Transmission Type:

ANSI FIELD	DATA REQUIRED
REF02	Group Number assigned by FIRSTCARE

Sponsor Information:

ANSI FIELD	DATA REQUIRED
Loop 1000A N101	P5
N102	Sponsor Name (i.e. Joe's Trucking, A& B Bakery)
N103	FI
N104	Sponsor Tax ID

Payer Information:

ANSI FIELD	DATA REQUIRED
Loop 1000B N101	IN
N102	FIRSTCARE
N103	FI
N104	752569094

Member Information: *The subscriber information must precede dependent information in a transmission, or the subscriber information must have been submitted in a previous transmission.*

ANSI FIELD	DATA REQUIRED
Loop 2000 INS01	"Y" for Member information or "N" for dependent information.

Subscriber Number: *This segment should always contain the Social Security Number for the subscriber/employee in order to link dependents to the subscriber.*

ANSI FIELD	DATA REQUIRED
Loop 2000 REF01	0F
REF02	Subscriber SSN

Member Policy Number: *This segment is used to send the Division number.*

ANSI FIELD	DATA REQUIRED
Loop 2000 REF01	1L
REF02	Division Number assigned by FIRSTCARE

Member Identification Number: *This segment is used to send the Employee ID number (if applicable).*

ANSI FIELD	DATA REQUIRED
Loop 2000 REF01	23
REF02	Employee ID

Member Identification Number: *This segment is used to send the Dept/Agency Number (if applicable).*

ANSI FIELD	DATA REQUIRED
Loop 2000 REF01	DX
REF02	Department/Agency Number

Member Level Detail:

ANSI FIELD	DATA REQUIRED
Loop 2000 INS02	31 (Court Appointed Guardian): Please use this code when indicating the DEPENDENT is a Court Ordered Dependent. FIRSTCARE will NOT use this code to indicate a Court Appointed Guardian.

Member Name:

ANSI FIELD	DATA REQUIRED
Loop 2100A NM108	34
NM109	Member's SSN

Provider Information: *If using this segment to send the PCP or OB/Gyn Information.*

ANSI FIELD	DATA REQUIRED
Loop 2310 NM108	XX
NM109	NPI