



HIPAA 834 Benefit Enrollment 4010X095 and 4010X095A1 Companion Document - Outbound

Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
CONTROL	ISA	INTERCHANGE CONTROL HEADER			R	1		
	ISA01	AUTHORIZATION INFORMATION	ID	2/2	R		"00"-No authorization information is present	
	ISA02	AUTHORIZATION INFORMATION	AN	10/10	R		10 Spaces	
	ISA03	SECURITY INFORMATION QUALIFIER	ID	2/2	R		"00"-No security information is present	
	ISA04	SECURITY INFORMATION	AN	10/10	R		10 Spaces	
	ISA05	INTERCHANGE ID QUALIFIER	ID	2/2	R		"ZZ"	
	ISA06	SUBMITTER ID	AN	15/15	R		"PHC100680301406"	
	ISA07	INTERCHANGE ID QUALIFIER	ID	2/2	R		"ZZ"	
	ISA08	RECEIVER ID	AN	15/15	R		TP's receiver ID(Provider ID# assigned by PHC)	
	ISA09	INTERCHANGE DATE	DT	6/6	R		Interchange date in YYMMDD	
	ISA10	INTERCHANGE TIME	TM	4/4	R		Interchange time in HHMM	
	ISA11	INTERCHANGE CONTROL STANDARD IDENTIFIER	ID	1/1	R		"U"-US EDI Community of X12	
	ISA12	INTERCHANGE CONTROL VERSION NUMBER	ID	5/5	R		"00401" Draft Standard	
	ISA13	INTERCHANGE CONTROL NUMBER	N0	9/9	R		Sender assigned interchange control number which must be equivalent of control number of IEA segment.	
	ISA14	ACKNOWLEDGEMENT	ID	1/1	R		"0" - No acknowledgement requested	
	ISA15	USAGE INDICATOR	ID	1/1	R		"P"-Production data or "T"-Test data	
	ISA16	COMPONENT SUB ELEMENT SEPARATOR		1/1	R		":."	
	GS	FUNCTIONAL GROUP HEADER			R	1		
	GS01	FUNCTIONAL IDENTIFIER CODE	ID	2/2	R		"BE"- Benefit Enrollment	
	GS02	SUBMITTER ID	AN	2/15	R		"PHC100680301406"	
	GS03	RECEIVER ID	AN	2/15	R		TP's receiver ID(Provider ID# assigned by PHC)	
	GS04	CREATION DATE	DT	8/8	R		Creation date in CCYYMMDD	
	GS05	CREATION TIME	TM	4/8	R		Creation time in HHMM	
	GS06	GROUP CONTROL NUMBER	N0	1/9	R		Group control number must be equivalent to GE02.	
	GS07	RESPONSIBLE AGENCY CODE	ID	1/2	R		"X" - ASC X12 Code	
	GS08	VERSION / RELEASE INDUSTRY ID CODE	AN	1/12	R		"004010X095A1"	
HEADER						>1		
	ST	TRANSACTION SET HEADER			R	1		27



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	ST01	TRANSACTION SET IDENTIFIER CODE	ID	3	R		"834"	
	ST02	TRANSACTION SET CONTROL NUMBER	AN	4/9	R		Sequential number assigned by the originator and must be equal to SE02	
	BGN	BEGINNING OF HIERARCHICAL TRANSACTION			R	1		28
	BGN01	TRANSACTION SET PURPOSE CODE	ID	2/2	R		"00"-Original	
	BGN02	TRANSACTION SET IDENTIFIER CODE	AN	1/30	R		Transaction set reference number	
	BGN03	TRANSACTION SET CREATION DATE	DT	8/8	R		Transaction set creation date in CCYYMMDD	
	BGN04	TRANSACTION SET CREATION TIME	TM	4/8	R		Transaction set creation time in HHMM	
	BGN08	ACTION CODE	ID	1/2	R		"4"-Verify	
1000A						1		
	N1	SPONSOR NAME			R	1		35
	N101	ENTITY IDENTIFIER CODE	ID	2/3	R		"P5" - Plan Sponsor	
	N102	PLAN SPONSOR NAME	AN	1/60	S		CA-DHS	
	N103	IDENTIFICATION CODE QUALIFIER	ID	1	R		"FI"-Federal Taxpayer's ID	
	N104	IDENTIFICATION CODE	AN	2/80	R		68-0317191	
1000B						1		
	N1	PAYER NAME			R	1		37
	N101	ENTITY IDENTIFIER CODE	ID	2/3	R		"IN" -Insurer	
	N102	PLAN SPONSOR NAME	AN	1/60	S		PARTNERSHIP HEALTHPLAN OF CA	
	N103	IDENTIFICATION CODE QUALIFIER	ID	1	R		"FI"-Federal Taxpayer's ID	
	N104	IDENTIFICATION CODE	AN	2/80	R		68-0301406	
						9999	Maximum repeat	
2000		MEMBER LEVEL DETAIL				1		43
	INS01	INSURED/SUBSCRIBER INDICATOR	ID	1/1	R		"Y"-The insured is the subscriber	
	INS02	INDIVIDUAL RELATIONSHIP CODE	ID	2/2	R		"18"-Self(Subscriber)	
	INS03	MAINTENANCE TYPE CODE	ID	3/3	R		"030"-Audit/Compare or "024"-Termination	
	INS04	MAINTENANCE REASON CODE	ID	2/3	S		"XN"-Notification Only	
	INS05	BENEFIT STATUS CODE	ID	1/1	R		"A"-Active	



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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	INS08	EMPLOYMENT STATUS CODE	ID	2/2	S		"FT"	
	REF	SUBSCRIBER NUMBER			S	1		51
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"0F"	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Subscriber Number(SSN)	
	REF	MEMBER IDENTIFICATION NUMBER			S	1		51
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"DX"	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Division or County Code	
	REF	MEMBER IDENTIFICATION NUMBER			S	1		51
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"23"	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Client Index Number	
2100A						1		
	NM1	MEMBER NAME			R	1		61
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"IL" -Insured or Subscriber	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"-Person	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Subscriber last name	
	NM104	NAME FIRST	AN	1/25	S		Subscriber first name	
	NM105	NAME MIDDLE	AN	2/25	S		Subscriber middle name	
	PER	MEMBER COMMUNICATIONS NUMBERS			S	1		64
	PER01	CONTACT FUNCTION CODE	ID	2/2	R		"IP"-Insured party	
	PER03	COMMUNICATION NUMBER QUALIFIER	ID	2/2	R		"TE"	
	PER04	COMMUNICATION NUMBER	AN	1/80	R		Telephone	
	N3	MEMBER RESIDENT STREET ADDRESS			S	1		67
	N301	ADDRESS INFORMATION	AN	1/55	R		Address Line1	
	N302	ADDRESS INFORMATION	AN	1/55	S		Address Line2	
	N4	MEMBER RESIDENT CITY, STATE, ZIP			S	1		68



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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	N401	CITY NAME	AN	2/30	R		City	
	N402	STATE CODE	ID	2/2	R		State	
	N403	POSTAL CODE	ID	3/15	R		Zip	
	N405	LOCATION QUALIFIER	ID	1/2	S		"CY"-County	
	N406	LOCATION IDENTIFIER	ID	1/30	S		County Code	
	DMG	MEMBER DEMOGRAPHIC INFORMATION			S	1		70
	DMG01	DATE TIME FORMAT QUALIFIER	ID	2	R		"D8"	
	DMG02	DATE TIME PERIOD	AN	8	R		Subscriber's Birth Date in CCYYMMDD	
	DMG03	GENDER CODE	ID	1	R		"M"- Male or "F"- Female	
2300						1		
	HD	HEALTH COVERAGE			R	1		128
	HD01	MAINTENANCE TYPE CODE	AN	3/3	R		"030"-Audit/Compare(Member is active as of this file creation date) or "024"-Termination(Member is terminated during the last month)	
	HD03	INSURANCE LINE CODE	ID	2/3	R		Insurance Line Code	
	DTP	DATE-HEALTH COVERAGE(BENEFIT BEGIN DATE)			S	1	The benefit begin date always be sent in the file.	132
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"348"-Benefit Begin Date	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Date in CCYYMMDD	
	DTP	DATE-HEALTH COVERAGE(BENEFIT END DATE)			S	1	The benefit end date will be sent if the member is terminated during the last month.	132
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"349"-Benefit End Date	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Date in CCYYMMDD	
	REF	HEALTH COVERAGE POLICY NUMBER			S	1		135
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"1L"	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Group/Policy Number(SSN)	



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2310						1		
	LX	PROVIDER INFORMATION			S	1		139
	LX01	ASSIGNED NUMBER	N	1/6	R		"2310"-LX Loop Number	
	NM1	PROVIDER NAME			R	1		140
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"P3" - Primary Care Physician	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"-Person or "2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Provider last name	
	NM104	NAME FIRST	AN	1/25	S		Provider first name	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	S		"SV"	
	NM109	IDENTIFICATION CODE	AN	2/80	S		Service provider number assigned by PHC	
	N4	PROVIDER CITY, STATE, ZIP			S	1		68
	N401	CITY NAME	AN	2/30	R		City	
	N402	STATE CODE	ID	2/2	R		State	
	N403	POSTAL CODE	ID	3/15	R		Zip	
	N405	LOCATION QUALIFIER	ID	1/2	S		"CY"-County	
	N406	LOCATION IDENTIFIER	ID	1/30	S		County Code	
	PER	PROVIDER COMMUNICATIONS NUMBERS			S	1		64
	PER01	CONTACT FUNCTION CODE	ID	2/2	R		"IC"-Information Contact	
	PER03	COMMUNICATION NUMBER QUALIFIER	ID	2/2	R		"TE"	
	PER04	COMMUNICATION NUMBER	AN	1/80	R		Telephone	
TRAILER	SE	TRANSACTION SET TRAILER			R	1		
	SE01	NUMBER OF INCLUDED SEGMENTS	N0	1/10	R		Segment count	
	SE02	TRANSACTION SET CONTROL NUMBER	AN	4/9	R		Sequential number assigned by the originator and must be equal to ST02	
CONTROL	GE	FUNCTIONAL GROUP TRAILER			R	1		
	GE01	NUMBER OF TRANSACTION SETs	ID	2/2	R		Number of ST segments	



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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	GE02	GROUP CONTROL NUMBER	AN	2/15	R		Group control number must be equivalent to GS06.	
	IEA	INTERCHANGE CONTROL TRAILER			R	1		
	IEA01	NUMBER OF FUNCTIONAL GROUPS	N0	1/5	R		Number of GS segments	
	IEA02	INTERCHANGE CONTROL NUMBER	N0	9	R		Interchange control number must be equivalent to ISA13.	