



UnitedHealth GroupSM

**Companion Guide to the
X12N 834 (004010X095A1)
Benefit Enrollment
& Maintenance Transaction**

April 1, 2005

Overview

The UnitedHealth Group X12N 834 (004010X095A1) companion guide has been written to assist you in designing and implementing 834 transaction sets to meet UnitedHealth Group's processing standards. The companion guide must be used in conjunction with the Benefit Enrollment & Maintenance (834) instructions as set forth by the National Electronic Data Interchange Transaction Set Implementation Guide (2000) & Addenda, October 2002.

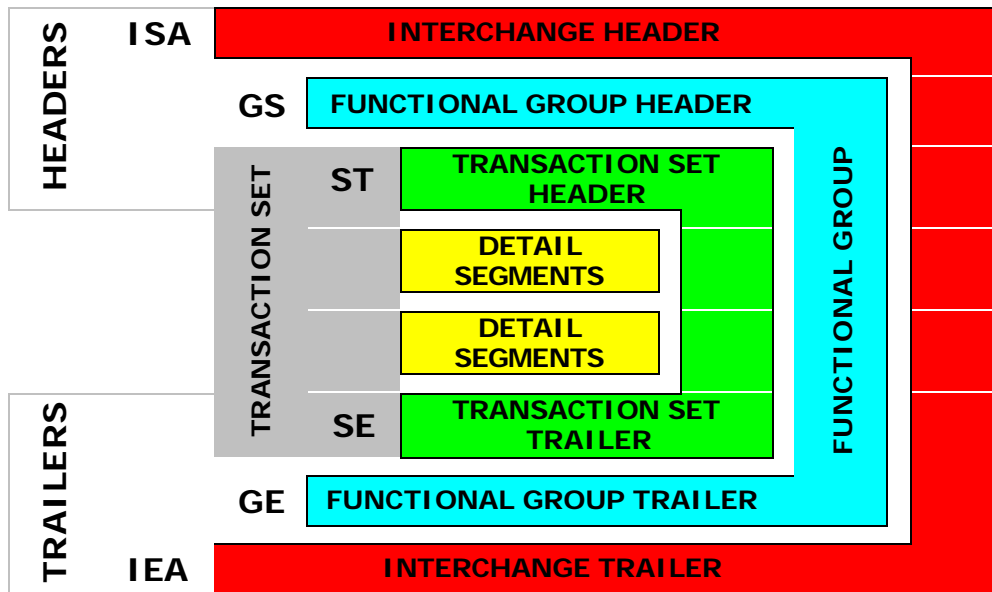
The UnitedHealth Group companion guide identifies key data elements from each of the transaction sets that we request you provide to us. Wherever possible, specific reference to page number, loop ID, and segment are identified. File layout examples are also included. The recommendations made are to enable you to more effectively complete EDI transactions with UnitedHealth Group.

For more information regarding the National Electronic Data Interchange Transaction Set Implementation Guide & Addenda--Benefit Enrollment & Maintenance (834), consult the Washington Publishing Company web site at <http://www.wpc-edi.com>.

General Information

Appendix A (ASC X12 Nomenclature) of the Implementation Guide explains the transaction set structure of the 834 file, including descriptions of segments, data elements, levels and loops. 834 files are built using transaction sets containing segments of data related to that transaction. Each segment contains detailed data elements. In traditional file layouts, the segments would be equivalent to records and the elements are equivalent to fields within that record. Similar transaction sets are bound together as a "functional group" and then submitted together as a file transmission.

Below is an overview of the construction of the 834 file layout, with headers, trailers, transactions sets, and segment detail.



Also attached is a sample of the transaction set included in a 834 file. Carriage returns (inserted after each tilde (~) have been included for ease of viewing the file. The 834 file is normally sent as a wrapped file. The sample file below also contains an example of the header and trailer records. This sample is best viewed using TextPad or UltraEdit.



"Sample X12N
834.txt"

File Delimiters

UnitedHealth Group requests that you use the following delimiters on your 834 file. If used as delimiters, these characters (* ~ :) must not be submitted within the data content of the transaction sets.

Data Element: The first element separator following the ISA will define what Data Element Delimiter is used throughout the entire transaction. **The recommended Data Element Delimiter is an asterisk (*).**

Segment: The last position in the ISA will define what Segment Element Delimiter is used throughout the entire transaction. **The recommended Segment Delimiter is a tilde (~).**

Component-Element: Element ISA16 will define what Component-Element Delimiter is used throughout the entire transaction. **The recommended Component-Element Delimiter is a colon (:).**

UnitedHealth Group prefers that only the following displayable characters be used as delimiters when submitting data to us:

~	tilde	>	greater than sign]	right bracket
*	asterisk	<	less than sign	[left bracket
!	exclamation	.	period	}	right brace
"	quotation	,	comma	{	left brace
&	ampersand	:	colon	\	backslash
'	apostrophe	;	semi-colon	/	forward slash
()	parentheses	?	question mark		pipe
+	plus sign	=	equals sign	_	underscore
-	minus sign	%	percent sign	@	at sign

UnitedHealth Group strongly discourages the use of non-printable characters such as a carriage return or a line feed because they can cause problems during the transmission or conversion process.

File Specifications

UnitedHealth Group has put together the following grid to assist you in designing and programming the information we need in order to apply your 834 file into our Electronic Eligibility Management System. Please note the element minimum and maximum lengths on the far right hand column. Some elements are required (R) on your file. Any elements that are situational (S) are noted as such.

R = Required
S = Situational

Some of the examples used within this table are bolded for clarity and emphasis only. No text should be bolded in your file submission.

SEG ID	ELEMENT ID	ELEMENT VALUES	ELEMENT DESCRIPTION	R/S	ELEMENT MIN/MAX LENGTH
HEADER LOOP - ISA SEGMENT - INTERCHANGE CONTROL HEADER - PAGE B.3					
ISA	01 – Interchange Control Header	00	Authorization Information Qualifier	R	2/2
ISA	02 – Authorization Information	(assigned by the Customer and/or TPA) Recommendation: 10 blank spaces.	Authorization Information	R	10/10

SEG ID	ELEMENT ID	ELEMENT VALUES	ELEMENT DESCRIPTION	R/S	ELEMENT MIN/MAX LENGTH
ISA	03 – Security Information Qualifier	00	Authorization Information Qualifier	R	2/2
ISA	04 – Security Information	(assigned by the Customer and/or TPA) Recommendation: 10 blank spaces.	Authorization information	R	10/10
ISA	05 – Interchange ID Qualifier	(assigned by the Customer and/or TPA) Recommendation: 30, which means US Federal Tax ID.	Interchange ID Qualifier	R	2/2
ISA	06 - Interchange Sender ID	(assigned by the Customer and/or TPA) Recommendation: If ISA05 = 30, this should be the customer or TPA's Federal Tax ID.	Interchange Sender ID This element must be padded with blanks.	R	15/15
ISA	07 – Interchange ID Qualifier	30 (US Federal tax ID)	Interchange ID Qualifier	R	2/2
ISA	08 – Interchange receiver ID	411289245 (UHG's Federal Tax ID)	Interchange Receiver ID This element must be padded with blanks.	R	15/15
ISA	09 – Interchange Date	YYMMDD	Interchange Date	R	6/6
ISA	10 – Interchange Time	HHMM	Interchange Time	R	4/4
ISA	11 – Interchange Control Standards Identifier	U	Interchange Control Standards Identifier	R	1/1
ISA	12 – Interchange Control version Number	00401	Interchange Control version Number	R	5/5
ISA	13 – Interchange Control Number	(assigned by the Customer and/or TPA) *This must match IEA02.	Interchange Control Number	R	9/9
ISA	14 – Acknowledgement Requested	0 = No Acknowledgement requested 1 = Interchange Acknowledgement Requested.	Acknowledgment Requested *This element is required, but not read by UHG. An e-mail notice of the file application is automatic. If a 997 report is requested, it requires special programming to be submitted by your analyst.	R	1/1
ISA	15 – Usage Indicator	P = Production Data T = Test Data	Usage Indicator *This element is required, but not read by UHG. You must notify your analyst if you are switching between test files and production files.	R	1/1
ISA	16 – Component Element Separator	(assigned by the Customer and/or TPA) Recommendation: UHG requests that you use a colon (:) in this element.	Component Element Separator	R	1/1
HEADER LOOP - GS SEGMENT - FUNCTIONAL GROUP HEADER - PAGE B.8					
GS	01 –Functional Group Header	BE Benefit Enrollment and Maintenance (834)	Functional identifier Code	R	2/2

SEG ID	ELEMENT ID	ELEMENT VALUES	ELEMENT DESCRIPTION	R/S	ELEMENT MIN/MAX LENGTH
GS	02 – Application Sender's code	(assigned by the Customer and/or TPA) Recommendation: The TPA name or customer name, up to 15 digits.	Application Sender's code	R	2/15
GS	03 – Application Receiver's Code	CES	Application Receiver's Code This code is assigned by UHG.	R	2/15
GS	04 – Date	YYYYMMDD	Today's date	R	8/8
GS	05 – Time	HHMM	Today's time	R	4/8
GS	06 – Group Control Number	(assigned by the Customer and/or TPA) *This element must match GE02.	Group Control Number	R	1/9
GS	07 – Responsible Agency Code	X = Accredited Standards Committee	Responsible Agency Code	R	1/2
GS	08 – Version / Release/ Industry Identifier Code	004010X095A1	Version / Release/ Industry Identifier Code	R	1/12
HEADER LOOP - ST SEGMENT - TRANSACTION SET HEADER - PAGE 27					
ST	01 - Transaction Set Identifier Code	834	Benefit Enrollment and Maintenance	R	3/3
ST	02 - Transaction Set Control number	(Assigned by the Customer and/or TPA) *This element must match SE02.	Ex: 0001	R	4/9
HEADER LOOP - BGN SEGMENT - BEGINNING SEGMENT - PAGE 28					
BGN	01 - Transaction Set Purpose Code	00 The "00" indicates the first time the transaction is sent.	00 = Original	R	2/2
BGN	02 - Reference Number	(assigned by the Customer and/or TPA) Recommendation: The TPA name or customer name, up to 30 digits.	Sender Organization Name	R	1/30
BGN	03 - Date	YYYYMMDD	Date file was created	R	8/8
BGN	04 - Time	HHMM	Time file was created	R	4/8
BGN	08 - Action Code	2 = Change (Update) 4 = Verify	Designates a changes only file, or a full file reconciliation. This element is required, but not read by UHG. You must use a separate submission ID for full and changes files in the Header, REF*38. If you will be sending both a full and changes file, please discuss this with your analyst.	R	1/2
HEADER LOOP - REF SEGMENT - TRANSACTION SET POLICY NUMBER - PAGE 32					
REF	01 - Reference Identification Qualifier	38	Master Policy number	R	2/3

SEG ID	ELEMENT ID	ELEMENT VALUES	ELEMENT DESCRIPTION	R/S	ELEMENT MIN/MAX LENGTH
REF	02 - Reference Identification	Assigned by UHG. It is the group submission ID, alpha only, minimum of 4, maximum length of 8 characters, all capital letters.	Your analyst will communicate this value to you.	R	1/30
1000A LOOP - N1 SEGMENT – SPONSOR NAME - PAGE 35					
N1	01 – Entity Identifier Code	P5 = Plan Sponsor		R	2/3
N1	02 - Name	(assigned by the Customer and/or TPA)	Recommendation: The full TPA name (if a TPA is used) or the full customer name of the Federal Tax ID sent in 1000A Loop N104. May be up to 60 digits.	R	1/60
N1	03 - Identification Code Qualifier	FI = Federal Tax ID		R	1/2
N1	04 - Identification Code	(assigned by the Customer and/or TPA)	The Federal Tax ID of the TPA or Customer Named above in N102.	R	2/80
1000B LOOP - N1 SEGMENT – PAYER – PAGE 37					
N1	01 - Entity Identifier Code	IN = Insurer		R	2/3
N1	02 - Name	UnitedHealth Group	Insurer Name	R	1/60
N1	03 - Identification Code Qualifier	FI = Federal Tax ID		R	1/2
N1	04 - Identification Code	411289245	UHG Federal Tax ID	R	2/80
2000 LOOP – INS SEGMENT – MEMBER LEVEL DETAIL – PAGE 43					
INS	01 - Yes/No Condition	Y = Yes N = No	Y = Subscriber N = Dependent	R	1/1
INS	02 - Individual Relationship Code	01 = Spouse 18 = Self 19 = Child/Dependent 23 = Sponsored Dependent 38 = Collateral Dependent 53 = Life Partner	Relationship	R	2/2
INS	03 - Maintenance Type Code	001 = Change 021 = Addition 024 = Cancellation or Term 025 = Reinstatement 030 = Audit or Compare	001 = Change to existing coverage 021 = Add a Subscriber or Dependent 024 = Cancel or Termination of Subscriber or Dependent 025 = Reinstatement 030 = Full Population Audit May be hardcoded to 030 for all members. UHG will compare your file with our system, and will add, term, reinstate, or change a member's eligibility regardless of which code is in this element.	R	3/3
INS	04 – Maintenance Reason Code	This element is situational and is not read by UHG.		S	2/3
INS	05 – Benefit Status Code	A = Active C = Consolidated Omnibus Budget Reconciliation Act (COBRA) S = Surviving Insured	Status Code	R	1/1

SEG ID	ELEMENT ID	ELEMENT VALUES	ELEMENT DESCRIPTION	R/S	ELEMENT MIN/MAX LENGTH
INS	06 – Medicare Plan Code	A = Medicare Part A B = Medicare Part B C = Medicare Part A and B D = Medicare – part Unknown E = No Medicare	Medicare Indicator Medicare eligibility is handled by UHG Claims dept, not Electronic Eligibility. This element is currently not read by UHG.	S	1/1
INS	07 - COBRA Qualifying Event	1 = Termination 2 = Reduction in Hours 3 = Medicare 4 = Death 5 = Divorce 7 = Ineligible Child 8 = Bankruptcy of a Retired Employee	COBRA Qualifying Event Code This element is not used by UHG, but is required if member is being enrolled in or is enrolled with Cobra coverage.	S	1/2
INS	08 – Employment Status Code	FT = Full Time RT = Retired PT = Part Time	Status Code Required for subscriber.	S	2/2
INS	09 – Student Status	F = Full Time P = Part Time N = Not a student	Student Status indicator NOTE: A student verification letter is automatically generated if a 'child' dependent changes to a 'student' relationship in our system. To avoid this verification letter do not send the Student Status element. If a dependent is already in UHG's system with a 'student' status it will not be overlaid by a different status being sent on the file.	S	1/1
INS	10 – Handicap Indicator	Y = Yes N = No	Y = Yes the member is handicapped N = No the member is not Handicapped	S	1/1
INS	11 – Date Indicator	D8	This is required if a Death Date will be sent in the next element. The Death Date is used in Survivor situations.	S	2/3
INS	12 – Death Date	CCYYMMDD	Death date of Subscriber	S	1/35
2000 LOOP – REF SEGMENT - SUBSCRIBER NUMBER – PAGE 51					
REF	01 - Subscriber Number	0F = Subscriber Number	Subscriber Number Qualifier	R	2/3
REF	02 - Reference Number	Primary Subscriber's SSN (ID) NOTE: This element must be numeric only, and a maximum of 9 digits. This same subscriber ID must be used for all covered family members of this subscriber.	Reference identification	R	1/30
2000 LOOP – REF SEGMENT – MEMBER POLICY NUMBER – PAGE 53					
REF	01 - Member Policy Number	1L = Customer Number	Reference Identification Qualifier	R	2/3
REF	02 – Reference Identification	(assigned by UHG)	Numeric 7-Digit UHG Customer Number for your group. Example: 0123456	R	1/30
2000 LOOP – REF SEGMENT – MEMBER IDENTIFICATION NUMBER – PAGE 55					

SEG ID	ELEMENT ID	ELEMENT VALUES	ELEMENT DESCRIPTION	R/S	ELEMENT MIN/MAX LENGTH
REF	01 – Member Identification Number	17- Client Reporting Category 23- Client Number DX- Department Number ZZ- Mutually Defined 6O = Cross Reference Number	Reference Identification Qualifier This element is used by UHG for Survivor or dependent only coverage situations (REF01=6O) and for sending member data to be housed in utility fields within CES.	S	2/3
REF	02 – Reference Identification	For REF01= 17, DX or ZZ, the information in REF02 will feed to CES Special utility fields 1, 2 or 3 at the member level. For REF01 = 23, the information in REF02 will feed to CES Personnel ID field. For REF01=6O your analyst will communicate what data should appear in this element, depending on how Surviving Spouses appear on your file. It is generally the XREF payee SSN.	If REF01 = ZZ, the information in REF 02 will be loaded to Special Utility field 2 within CES. 20 bytes maximum. If REF01 = 17, the information will be loaded to Special Utility field 3 within CES. 8 bytes maximum. If REF01 = DX, the information will be loaded to Special Utility field 4 within CES. 8 bytes maximum. If REF01=6O, then REF02 is used for Survivor processing or dependent only coverage. Your analyst will discuss this with you. 11 byte maximum. If REF01= 23, then REF02 will be fed to the personnel ID field in CES. 11 bytes maximum.	S	1/30
2000 LOOP – DTP SEGMENT – MEMBER LEVEL DATES– PAGE 59					
DTP	01 – Date/Time Qualifier	286 – Retirement 336 – Employment Begin 338 – Medicare Begin 339 – Medicare End Multiple DTP segments are allowed. For example: a Retiree needs DTP01=336 and DTP01=286.	286 – Retirement date for retirees This date is required for retired employees sent on the file. 336 – Employment Begin Date This date is required for all employees. 338 – Medicare Begin Date for anyone on LTD or over the age of 65. 339 – Medicare End Date for anyone who terms coverage with Medicare.	R	3/3
DTP	02 – Date/Time Format	D8	Date/Time qualifier	S	2/3
DTP	03 – Date/Time Period	CCYYMMDD	Date of Event referred to in DTP01	S	1/35
2100A LOOP – NM1 SEGMENT – MEMBER NAME – PAGE 61					
NM1	01 - Entity Identifier Code	IL = Insured or Subscriber	Use code IL for all members on the file	R	2/3
NM1	02 - Entity Type Qualifier	1 = Person	Person	R	1/1
NM1	03 - Name Last		Last Name NOTE: A suffix such as 'JR' or 'SR' should be included after the member's last name within this element, as the NM107 is not read by UHG. Due to our system constraints, any name greater than 20 bytes in length will be truncated. No punctuation should be included.	R	1/35

SEG ID	ELEMENT ID	ELEMENT VALUES	ELEMENT DESCRIPTION	R/S	ELEMENT MIN/MAX LENGTH
NM1	04 - Name First		First Name NOTE: Due to system constraints, any name greater than 12 bytes in length will be truncated. Do not include a middle name or middle initial in this element. Also, no punctuation should be included.	R	1/25
NM1	05 - Name Middle		Middle Name or Initial NOTE: Due to system constraints, only the first initial of the middle name will be read. No punctuation should be included.	S	1/25
NM1	06 - Name Prefix		Currently not read by UHG.	S	1/10
NM1	07 - Name Suffix		Currently not read by UHG.	S	1/10
NM1	08 - Identification Code	34 = SSN	Only send if you have the member's SSN to send in NM109.	S	1/2
NM1	09 - Identification Code Qualifier		Member's SSN – dependent or subscriber NOTE: This element is limited for UHG purposes to 9 numeric digits. The Member's SSN must be unique to each specific member. SSN's must not be duplicated between the Dependent and Subscriber or between Dependents. Sending a "dummy" SSN in this element is not recommended. If a '34' is sent in NM108, then NM109 becomes a required element.	S	2/80
2100A LOOP – PER SEGMENT – MEMBER COMMUNICATIONS NUMBERS – PAGE 64					
PER	01 - Contact Function Code	IP = Insured Party	IP = Insured Home Address	S	2/2
PER	02 - Name	Not used.		NOT USED	1/60
PER	03 - Communication Number Qualifier	HP = Home Phone Number TE = Telephone WP = Work Phone Number	Recommendation: 'HP' Home Telephone Number .	R	2/2
PER	04 - Communication Number		Home Telephone Number Must be 10 digits in length, no spaces or punctuation.	R	1/80
PER	05 - Communication Number Qualifier		This element is not read by UHG.		2/2
PER	06 - Communication Number		This element is not read by UHG.		1/80
PER	07 - Communication Number Qualifier		This element is not read by UHG.		2/2
PER	08 - Communication Number		This element is not read by UHG.		1/80

SEG ID	ELEMENT ID	ELEMENT VALUES	ELEMENT DESCRIPTION	R/S	ELEMENT MIN/MAX LENGTH
2100A LOOP – N3 SEGMENT – MEMBER RESIDENCE STREET ADDRESS – PAGE 67					
N3	01 - Address Line 1		Address Line 1 Note: This element is required for all members. No punctuation should be included. Subscribers and dependents must all appear with a 'permanent' address on your file. The dependent address cannot be different than the subscriber address. Due to system constraints, any address greater than 32 bytes in length will be truncated.	R	1/55
N3	02 - Address Line 2		Address Line 2 Note: The member's second line of street address (apt number, PO box, care of address, etc.) No punctuation should be included.	S	1/55
2100A LOOP – N4 SEGMENT – MEMBER RESIDENCE CITY, STATE, ZIP CODE – PAGE 68					
N4	01 - City		City Note: This element is required for all members. No punctuation should be included. Both subscribers and their dependents must appear with a permanent city on your file. Due to system constraints, any city names greater than 20 bytes in length will be truncated.	R	2/30
N4	02 - State		State Note: A valid 2-digit state code is required for all domestic addresses. Must be sent in upper case letters.	R	2/2
N4	03 - Postal Code		Zip Code (+ 4) Note: The 5-digit zip code is a required element for domestic addresses; the zip code extension is optional. The zip code and zip extension (if extension is sent) must appear as one continuous 9-digit number, no dashes or spaces.	R	3/15

SEG ID	ELEMENT ID	ELEMENT VALUES	ELEMENT DESCRIPTION	R/S	ELEMENT MIN/MAX LENGTH
N4	04 - Country Code		Code identifying the country Note: This is required if the member's country is anything besides "US". For a complete listing of country codes use the following web address: http://www.iso.ch/iso/en/prods-services/iso3166ma/02iso-3166-code-lists/index.html	S	2/3
2100A LOOP – DMG SEGMENT – MEMBER DEMOGRAPHICS – PAGE 70					
DMG	01 - Date/Time Format Qualifier	D8		R	2/3
DMG	02 - Date/Time Period	YYYYMMDD	Date of Birth	R	1/35
DMG	03 - Gender Code	M = Male F = Female	Gender	R	1/1
DMG	04 - Marital Status Code	M = Married U = Unmarried R = Unreported I = Single	Marital Status	R	1/1
2100C LOOP – NM1 SEGMENT – MEMBER MAILING ADDRESS – PAGE 85					
NM1	01 - Entity Identifier Code	31 = Postal Mailing Address	Postal Mailing Address Note: This is not a required element. The mailing address segments should be sent if the member has a mailing address different from that of the permanent address, or if determined necessary by your analyst.	S	2/3
NM1	02 - Entity Type Qualifier	1 = Person		S	1/1
2100C LOOP – N3 SEGMENT – MEMBER MAIL STREET ADDRESS – PAGE 87					
N3	01 - Mailing Address Line 1		Mailing Address Line 1 Note: The mailing address segments should be sent if the member has a mailing address different from that of the permanent address. No punctuation should be included. Due to system constraints, any address greater than 32 bytes in length will be truncated.	S	1/55
N3	02 - Mailing Address Line 2		Mailing Address Line 2 Note: The member's second line of mailing street address (apt number, PO box, care of address, etc.) No punctuation should be included.	S	1/55

SEG ID	ELEMENT ID	ELEMENT VALUES	ELEMENT DESCRIPTION	R/S	ELEMENT MIN/MAX LENGTH
2100C LOOP – N4 SEGMENT – MEMBER MAIL CITY, STATE, ZIP CODE – PAGE 88					
N4	01 - Mailing Address City		Mailing Address City Note: The mailing address segments should be used if the member has a mailing address different from that of the permanent address. No punctuation should be included. Due to system constraints, any city names greater than 20 bytes in length will be truncated.	S	2/30
N4	02 - Mailing Address State		State Note: A valid 2-digit state code is required for all domestic mailing addresses. Must be sent in upper case letters.	S	2/2
N4	03 - Postal Code		Zip Code (+ 4) Note: The 5-digit zip code is required for domestic mailing addresses; the zip code extension is optional.. Do not include a dash (-) or space between the 5 digit zip code and the 4 digit zip code extension	R	3/15
N4	04 - Country Code		Code identifying the country Note: This is required if the member's mailing address country is anything besides "US". For a complete listing of country codes use the following web address:– http://www.iso.ch/iso/en/prods-services/iso3166ma/02iso-3166-code-lists/index.html	S	2/3
2300 LOOP – HD SEGMENT – HEALTH COVERAGE – PAGE 128					
HD	01 - Maintenance Type Code	001 = Change 021 = Add 024 = Cancel or Term 025 = Reinstatement 030 = Audit or Compare	Maintenance Type Code	R	3/3
HD	02 - Maintenance Reason Code	Not Used.		Not Used.	2/3

SEG ID	ELEMENT ID	ELEMENT VALUES	ELEMENT DESCRIPTION	R/S	ELEMENT MIN/MAX LENGTH
HD	03 - Insurance Line Code	DEN = Dental AK = Stand Alone HLT = Health EPO = Exclusive Provider Organization HE = Hearing HMO = Health Maintenance Organization MM = Major Medical VIS = Vision HE = Hearing POS = Point of Service PPO = Preferred Provider Organization PDG = Prescription FAC = Facility	Insurance Line Code Note: A separate complete 2300 loop must be sent for each separate coverage type selected.	R	2/3
HD	04 - Plan Coverage Description	UHG's Customer Specific Structure/Plan and Report Codes Note: The plan variation and report codes can be found in a copy of the account structure for this group. Your assigned Client Services Manager can provide you with a copy of the structure.	UHG-assigned Plan Variation, Report Code, Medical Plan Type (TT or VE), COBRA indicator (TY or TT), and Executive Medical code (if applicable). Examples: 00010001TTY should be sent for a member selecting medical coverage, medical plan type TT, in plan 0001/0001 under COBRA. 00010001 should be sent for a member with Rx coverage in plan 0001/0001 and not enrolled in COBRA. No plan type is used with Rx coverage. Note: The plan type should be set to 'TT' for medical coverage unless otherwise instructed by your analyst. The COBRA indicator should be set to 'TY' for COBRA members unless otherwise instructed by your analyst. Executive Medical Coverage: Use a MM in position HD03 along with the code EXM in position 13-15 in HD04. No plan type (TT/VE) is used. Spaces should be sent between positions 8 and 13. Ex: 00010001 EXM	R	1/50
HD	05 - Coverage Level Code	CHD = Children Only ECH = Employee and Children EMP = Employee Only ESP = Employee and Spouse FAM = Family SPC = Spouse and Children SPO = Spouse Only	The code indicates which members of the family are covered for this particular coverage. Note: This is an optional element because UHG derives the information based on the active family members in our system.	S	3/3

SEG ID	ELEMENT ID	ELEMENT VALUES	ELEMENT DESCRIPTION	R/S	ELEMENT MIN/MAX LENGTH
2300 LOOP – DTP SEGMENT – HEALTH COVERAGE DATES – PAGE 132					
DTP	01 - Date/Time Qualifier	348 = Benefit Begin 349 = Benefit End 543 = Last Premium Paid Date	The Benefits Begin date is the current eligibility line's effective date (start date.) Note: DTP01=348 must be sent for each coverage type. DTP01=349 (benefit end date, or coverage end date) should only be sent if a member is terminating this coverage type with UHG. Coverage end dates may not be sent more than 30 days in advance of the actual termination date, and once a termination date has been sent and all coverage types for that member have been terminated, that member must be dropped from the next file. You may not continue to send terminated members on your file. DTP01=543 is used by the UHG as the paid-through-date for COBRA coverage. Consult with your analyst if you intend to send this.	R	3/3
DTP	02 - Date/Time Format Qualifier	D8	D8 = YYYYMMDD	R	2/3
DTP	03 - Date/Time Period	YYYYMMDD	Date referred to by the DTP01.	R	1/35
2300 LOOP – REF SEGMENT – HEALTH COVERAGE POLICY NUMBER – PAGE 135					
REF	01 - Reference Identification Qualifier	1L = Group or Policy Number If REF01 = 17 or ZZ, the information in REF02 will be passed to CES utility fields. Every member must have a REF01 segment = 1L. A second or third REF segment may be passed with a 17 or ZZ.	REF01 = 1L is used to pass the members policy number. If REF01 = 17, the information will be loaded to Eligibility Util-1 within CES. 8 bytes maximum. If REF01 = ZZ, the information will be loaded to Member Util-1 within CES. 20 bytes maximum.	R	2/3
REF	02 - Reference Identification	Group or Policy Number Utility field information to be housed in CES.	Policy Number of Customer. The policy number must be seven digits long. If shorter than seven digits pre-fill with zeros to make the number seven digits. If REF01 = 17, the information in REF02 will be loaded into Eligibility Utility 1. If REF01 = ZZ, the information in REF02 will be loaded into Member Utility 1.	R	R

SEG ID	ELEMENT ID	ELEMENT VALUES	ELEMENT DESCRIPTION	R/S	ELEMENT MIN/MAX LENGTH
2310 LOOP – LX SEGMENT – PROVIDER INFORMATION – PAGE 139					
LX	01 – Provider Information	(assigned by the Customer and/or TPA) Recommendation: Since only one provider can be sent, populate a "1" in this element.	Assigned Number	S	1/6
2310 LOOP – NM1 SEGMENT – PROVIDER NAME – PAGE 140					
NM1	01 – Entity Identifier Code	P3 = Primary Care provider	Primary Care Provider Qualifier	S	2/3
NM1	02 – Entity Type Qualifier	1 = Person	Provider Type	S	1/1
NM1	03- Name Last or Organization name		UHG does not read this element.	S	1/35
NM1	04- Name First		UHG does not read this element.	S	1/25
NM1	05- Name Middle		UHG does not read this element.	S	1/25
NM1	06- Name Prefix		UHG does not read this element.	S	1/10
NM1	07- Name Suffix		UHG does not read this element.	S	1/10
NM1	08 – Identification Code Qualifier	SV = Service Provider Number	Provider Identification Code Qualifier	S	1/2
NM1	09 – Identification Code	UnitedHealth Group's 14 digit MPIN number.	Primary Care Physician Identification Number Format: 0000+7-digit MPIN+0+2-digit location code. For example: 00001234567012 Note: This is a numeric only element. Any format other than the one above would result in the PCP erring. Note: National Provider Identifiers (NPI's) will be issued beginning in May 2005. This Companion Document is applicable during the NPI transition period from May 2005 to May 2007.	S	2/80
NM1	10 – Entity Relationship Code	25 = Established Patient 26 = Not Established Patient 72 = Unknown	Current Patient Indicator	S	2/2
TRAILER LOOP – SE SEGMENT – TRANSACTION SET TRAILER – PAGE 158					
SE	01 – Number of Included Segments	Segment Count	Number of segments included in a transaction set, including the ST and SE segments. (It does not include the ISA, IEA, GS, and GE segments.)	R	1/10
SE	02 – Transaction Set Control number	Must equal ST 02 element.	Ex. 0001 *The transaction set control numbers in ST02 and SE02 must be identical.	R	4/9
TRAILER LOOP – GE SEGMENT – FUNCTIONAL GROUP TRAILER – PAGE B.10					
GE	01 – Functional Group Header	The number in this element must reflect the number of transaction sets (ST/SE sets) on the file.	Number of Transaction Sets Included	R	1/6

SEG ID	ELEMENT ID	ELEMENT VALUES	ELEMENT DESCRIPTION	R/S	ELEMENT MIN/MAX LENGTH
GE	02 – Group Control number	(assigned by the Customer and/or TPA)	Group Control Number *This must be identical to what is sent in GS06.	R	1/9
TRAILER LOOP – IEA SEGMENT – INTERCHANGE CONTROL TRAILER – PAGE B.7					
IEA	01 – Interchange Control trailer	(assigned by the Customer and/or TPA) This number will almost always be "1".	Number of Included Functional groups	R	1/5
IEA	02 – Interchange control number	(assigned by the Customer and/or TPA)	Interchange Control Number *This must be identical to what is sent in ISA13.	R	9/9

Header

The key information included in the header is the sender and receiver's id, the date and time stamp of the file, and the submission group name (also known as the master policy number). Your Electronic Eligibility Analyst will provide you with the Submission Group name/master policy number to be used in REF02 of the header record.

Loop ID - 2000

The key information included in Loop 2000 is the member level detail, such as the relationship code, status, SSN/Employee ID, employment and retirement dates. Please note that each transaction set must begin with an employee record.

Your Electronic Eligibility Analyst will provide you with the customer number to be used in Loop 2000, REF02, where REF01 = 1L. For groups with multiple policy numbers, the policy number should be sent in Loop 2300, REF02, where REF01 = 1L.

An employment date is to be sent for all employees in Loop 2000, DTP03, where DTP01 = 336.

For retirees, a retirement date is to be sent for all retirees in Loop 2000, DTP03, where DTP01 = 286. It is important that a code of RT be sent in Loop 2000, INS08, with an A in Loop 2000, INS05.

When a member (over age 65 or disabled) has Medicare as their primary insurer, the Medicare Part A and Part B start date should be passed in Loop 2000, DTP03 and the corresponding qualifier of 338 in Loop 2000, DTP01. The appropriate Medicare indicator should be sent in Loop 2000, INS06. Multiple DTP segments can be sent for each individual member as described in the Implementation Guide.

Please remember that all qualifiers sent on the file must have the corresponding data elements. A qualifier should not be passed if there is no corresponding data to be sent.

Survivor Coverage

If your file contains coverage for surviving family members of a deceased employee, certain considerations should be taken. UnitedHealth Group will keep the surviving members enrolled under the deceased employee's identification number (usually the employee's Social Security number) since the claims and eligibility history for this family already reside under this number.

There are 2 methods available for sending surviving spouse coverage.

- Sending the surviving spouse/members under the deceased SSN (or EE ID). The deceased employee record is still passed on your file. The deceased employee record would include in Loop 2000, REF01, the value of '60' as per the Addenda, page 10. REF02 would be sent with the SSN (or EE ID) of the survivor. The REF60 segment should only be included in the deceased employee's record. No other members of the family should be sent with the REF60 segment. A status of S sent on all survivors in INS05 See example:



"Survivor under
deceased employee.c

- Sending the surviving spouse/members under the spouse's SSN (or EE ID), along with an XREF (cross-reference ID) equal to the deceased employee's SSN (or EE ID). The deceased employee record is not included on the file. In this situation, the surviving spouse then appears on the file as an employee record, and their SSN is sent in the REF0F segment. The REF6O segment is passed with the SSN of the deceased employee as a cross reference. See example:



"Survivor under own
SSN or EE ID.doc"

Loop ID - 2100A

The key information included in Loop 2100A is the member's name, address, gender and marital status. Please note that our eligibility system has the following field length constraints for the member's name:

- First Name: 12 bytes
- Last Name: 20 bytes

Do not include a middle name or middle initial in the first name field. Also, we are unable to read any name suffix data in Loop 2100A, NM107. All suffix information such as Jr. or Sr. should be included within the last name field, NM103.

UnitedHealth Group requests that the following elements of the Loop 2100A DMG segment are sent with every file transmission: date of birth, gender, and marital status. Failure to include these fields will cause your file to error. If two out of the three values change for name, date of birth and relationship, the record will error.

Address Processing

UnitedHealth Group's Eligibility System has the ability to store up to 2 addresses for each family: one permanent and one mailing address. The dependent address(s) must always match the employee address(s). Every employee and dependent record on your file must have a complete permanent address. Our eligibility system has the following street & city field length constraints:

- Street address fields (2): 32 bytes each
- City field: 21 bytes

Foreign addresses:

The preferred method of handling a foreign address is to use the employer's address as the mailing address for any of your foreign subscribers.

If this is not an option, in order for claims, EOB's, ID cards, and other member correspondence to be mailed correctly, UnitedHealth Group requires that all foreign members--the subscriber and all of their covered family members--be passed with the Subscriber's foreign address in the member residence address segment (Loop 2100A). In addition, a domestic US address must be passed for the members in the member mailing address segment (Loop 2100C). The UnitedHealth Group domestic address to be passed in Loop 2100C is:

Member Mail Street Address (N301): P.O. Box 46701
Member Mail Street Address (N302): Attn UHG
Member Mail City (N401): Greensboro
Member Mail State (N402): NC
Member Mail Zip (N403): 27420

The foreign address must be passed in the Member's Residence Street Address segment (Loop 2100A) in a specific format in order to prevent the member's record from erring during the file application. You can use any combination of the following elements to pass the member's complete foreign address:

Member Residence Street Address (N301)
Member Residence Street Address (N302)
Member Residence City (N401)
Member Residence State (N402) – unless US or Canadian, leave blank
Member Residence Zip (N403) – unless US or Canadian, leave blank
Member Residence Country Code (N404) – 2 or 3 digit Country code.

Note: The 2 or 3 character foreign country code must also appear somewhere in N301, N302 or N401.

2 character country codes (UnitedHealth Group preferred) can be obtained from the following website:
<http://www.iso.ch/iso/en/prods-services/iso3166ma/02iso-3166-code-lists/list-en1.html>.

3 character country codes are available from the following website:
<http://unstats.un.org/unsd/methods/m49/m49alpha.htm>

Puerto Rico and the Virgin Islands are U.S. Territories, therefore those addresses are considered domestic. However, Canadian addresses are considered to be foreign addresses.

Loop Id – 2300

The key information included in Loop 2300 is the health coverage information. This loop provides UnitedHealth Group with the benefit information specific to each member. Your UnitedHealth Group Account Management Team will supply the account structure--Policy Number, Plan Variation/Report Code to you, along with the plan code and COBRA indicator. The policy number should be sent as a 7-digit number, with a preceding zero if necessary. The plan variation and report codes are 4 digits each. The plan code is used to signify medical coverage (TT) or medical with embedded vision coverage (VE). The COBRA indicator is a 2-digit code, usually TY.

All coverage types pertinent to each member's eligibility record must be passed on the file. For example, if a member is electing both medical and RX coverage, the record passed on the file for this member must contain complete medical coverage information and complete RX coverage information. Loop 2300 should be replicated for each coverage or product type, with changes made to HD03, HD04 or HD05 as necessary.

Please note that the values sent in HD04 should be left justified with no separation and should appear in the positions listed below. If any values are not required, spaces should be sent.

Plan Variation: position 1-4
Report Code: position 5-8
Plan Code: position 9-10
COBRA indicator: position 11-12

Executive Medical Code: position 13-15

Example: Plan Variation Code (0001) Reporting Code (0001), Plan type (TT), and COBRA indicator (TY) should be sent as 00010001TTTTY.

Example: Plan Variation Code (0001) Reporting Code (0001), and Executive Medical (EXM) should be sent as 00010001 EXM.

Also, please note that the policy number must be passed in Loop 2300, REF02, REF01 = 1L.

COBRA Coverage

If your file includes COBRA coverage, you must include the COBRA indicator, as noted above, in Loop 2300, HD04. INS05 can still be passed with an A, if the member was active when they went on COBRA. We can accept a C in INS05, as long as INS08 = FT or RT. Paid thru dates may be sent in Loop 2300 in the DTP segment, with a qualifier of "543".

Loop ID – 2310

The key information in Loop 2310 is the Primary Physician provider information.

Should you wish to include primary physician information on your 834 file for new enrollees, the provider information segment LX*1~ must be sent on your file (see page 139). A code of P3 must be sent in Loop 2310, NM101, and a code of SV in Loop 2310, NM108 (see page 16 of the Addenda). The UnitedHealth Group provider number is sent in Loop 2310, NM109. This provider number must be in our standard 14-byte format. The 14 byte provider number consists of 4 preceding zeroes, a 7 digit provider id, another zero, and a 2 digit location code. For example: 00001234567001.

UnitedHealth Group recommends that members requesting to change their primary physician, contact member services or update their provider information directly via www.myuhc.com.