

**Commonwealth of Virginia (State Programs)  
834 Benefit Enrollment and Maintenance: Audit File**

**Sample for transactions effective 7/1/2015 and later: (line breaks added for readability)**

ISA\*00\* \*00\* \*30\*nnnnnnnnn \*30\*99-9999999 \*120803\*0151\*^\*00501\*100001080\*0\*P\*::~~  
GS\*BE\*COMMW VIRGINIA\*999999999\*20120803\*015113\*80320129\*X\*005010X220A1~  
ST\*834\*0001\*005010X220A1~  
BGN\*00\*2009426\*20120803\*015113\*ET\*\*\*4~  
DTP\*007\*D8\*20120801~  
N1\*P5\*COMMONWEALTH OF VIRGINIA\*FI\*nnnnnnnnn~  
N1\*IN\*CARRIER NAME\*FI\*999999999~  
INS\*Y\*18\*030\*XN\*A\*E\*\*RT~  
REF\*0F\*0000021XU~  
REF\*1L\*1560101111111203000~  
REF\*DX\*005001228~  
DTP\*303\*D8\*20120801~  
NM1\*IL\*1\*TEST RECORD\*PARTICIPANT\*C\*\*\*34\*234567890~  
PER\*IP\*\*WP\*0000000000\*HP\*0000000000~  
N3\*1000016 ELM LN~  
N4\*SILVER BEACH\*VA\*234569999\*\*60\*51141~  
DMG\*D8\*19010101\*F~  
HD\*030\*\*HLT\*156\*EMP~  
DTP\*348\*D8\*20090701~  
AMT\*P3\*545~  
INS\*Y\*18\*030\*XN\*A\*E\*\*FT~  
REF\*0F\*0000006XU~  
REF\*1L\*1560101111111006000~  
REF\*DX\*505001000~  
DTP\*303\*D8\*20120801~  
NM1\*IL\*1\*TEST RECORDB\*PARTICIPANT\*G\*\*\*34\*210987654~  
PER\*IP\*\*WP\*0000000000\*HP\*0000000000~  
N3\*2333457 HOLLOWAY DR~  
N4\*MORVEN\*VA\*234569998\*\*60\*51191~  
DMG\*D8\*19020505\*M~  
HD\*030\*\*HLT\*156\*ESP~  
DTP\*348\*D8\*20090701~  
AMT\*P3\*925~  
INS\*N\*19\*030\*XN\*A\*E~  
REF\*0F\*4567890XU~  
REF\*1L\*1570101111111006000~  
REF\*DX\*601001000~  
DTP\*303\*D8\*20120801~  
NM1\*IL\*1\*TEST RECORD\*DEP ALTERNATE ADDR\*L \*\*\*34\*678901234~  
DMG\*D8\*19991222\*M~  
NM1\*31\*1~  
N3\*PO BOX 2222~  
N4\*ATLANTA\*GA\*303999999~  
HD\*030\*\*HLT\*157~  
DTP\*348\*D8\*20090701~  
SE\*146217\*0001~  
GE\*1\*80320129~  
IEA\*1\*100001080~

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<b>Table 1 – Interchange Control Header</b>			
<b>Pos. #</b>	<b>Seg. ID</b>	<b>Name</b>	<b>Valid Values and Description</b>
	<b>ISA</b>	<b>Interchange Control Header</b>	
	ISA01		Authorization Information Qualifier: 00: No Authorization Information Present
	ISA02		Authorization Data Identification: 10 spaces
	ISA03		Security Information Qualifier: 00: No Security Information Present
	ISA04		Security Information: 10 spaces
	ISA05		Interchange ID Qualifier: 30: U. S. Federal Tax Identification Number ZZ: Mutually Defined
	ISA06		Sender's Code: Commonwealth Tax ID on file Anthem: VA00001E with 7 spaces
	ISA07		Interchange ID Qualifier: 30: U. S. Federal Tax Identification Number ZZ: Mutually Defined
	ISA08		Receiver's Code: VAMOMEMFUL with 5 spaces (Anthem) Tax ID on file (Delta Dental) Tax ID on file (Kaiser) Tax ID on file (SSDC) Tax ID on file (HDMS) Tax ID on file (AON) Tax ID on file (TRICARE) Tax ID on file (Aetna) Tax ID on file (Active Health) Tax ID on file (Optima Health)
	ISA09		Interchange Date formatted YYMMDD
	ISA10		Interchange Time formatted HHMM
	ISA11		Interchange Control Standards Identifier: ^: U.S. EDI Community of ASC X12, TDCC, and UCS
	ISA12		Interchange Control Version Number: 00501: Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997
	ISA13		Interchange control number
	ISA14		Acknowledgement Requested: 0: No acknowledgement requested
	ISA15		Usage Indicator: P: Production Data T: Test Data
	ISA16		Component Element Separator: : used by COV
<b>Table 2 – Functional Group Header</b>			
	<b>GS</b>	<b>Functional Group Header</b>	
	GS01		Functional Identifier Code: BE: Benefit Enrollment and Maintenance (834)
	GS02		Application Sender's Code: COMMW VIRGINIA
	GS03		Application Receiver's Code: Receiver's defined code or Receiver's tax identification number
	GS04		Date header created: expressed CCYYMMDD
	GS05		Time header created: expressed in 24-hour clock time

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	GS06		Group Control Number: Assigned by the Sender
	GS07		Responsible Agency Code: X: Accredited Standards Committee X12
	GS08		Version/Release/Industry Identifier Code: 005010X220A1: Draft Standards Approved for Publication by ASCX12 Procedures Review Board through June 2010, as published in the implementation guide.
<b>Table 2 – Transaction Set Header</b>			
010	<b>ST</b>	<b>Transaction Set Header</b>	
	ST01		Transaction Set Identifier Code: 834: Benefit Enrollment and Maintenance
	ST02		Transaction set control number: Assigned by the Sender
	ST03		005010X220A1: Version code
020	<b>BGN</b>	<b>Beginning Segment</b>	
	BGN01		Transaction Set Purpose Code: 00: Original
	BGN02		Reference Identification: Assigned by the Sender
	BGN03		Date file created: expressed CCYYMMDD
	BGN04		Time file created: expressed in 24-hour clock time
	BGN05		Time code: ET: Eastern Time
	BGN08		Action Code: 4: Verify
040	<b>DTP</b>	<b>File Effective Date</b>	
	DTP01		Date/Time Qualifier: 007: Effective
	DTP02		Date Time Period Format Qualifier: D8: Date format expressed CCYYMMDD
	DTP03		Date Time Period: CCYYMMDD (Snapshot date)
<b>Loop ID – 1000A Sponsor Name</b>			
070	<b>N1</b>	<b>Sponsor Name</b>	
	N101		Entity Identifier Code: P5: Plan Sponsor
	N102		Name: Commonwealth of VA
	N103		Identification Code Qualifier: FI: Federal Taxpayer's Identification number
	N104		Identification Code: Commonwealth Tax ID on file
<b>Loop ID – 1000B Payer</b>			
070	<b>N1</b>	<b>Payer</b>	
	N101		Entity Identifier Code: IN: Insurer
	N102		Name of administrator (one of ten): Anthem Delta Dental Kaiser SSDC HDMS AON TRICARE Aetna Active Health Optima Health
	N103		Identification Code Qualifier: FI: Federal tax ID number
	N104		Identification Code: Denotes the federal tax identification number for the administrator identified in N102: Tax IDs on file for administrators identified in N102

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<b>Table 3 – Member Level Detail</b>			
	<b>Loop ID – 2000 Member Level Detail</b>	There will be no limits on the number of INS segments within the ST/SE group	
010	<b>INS</b>	<b>Member Level Detail</b>	
	INS01		Yes/No Condition or Response Code: Y: Participant record N: Dependent record
	INS02		Individual Relationship Code: 01: Spouse 18: Self 19: Child
	INS03		Maintenance Type Code: 030: Audit or compare
	INS04		Maintenance Reason Code: XN: Notification only
	INS05		Benefit Status Code: A: Active C: COBRA
	INS06		Medicare Plan Code: D: Medicare - Part Unknown E: No Medicare
	INS07		Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying: 1: Termination of Employment 2: Reduction of work hours 3: Medicare 4: Death 5: Divorce 6: Separation 7: Ineligible Child 8: Bankruptcy of a Retired Employee 9: Layoff 10: Leave of Absence ZZ: Mutually Defined
	INS08		Participant's Employment Status Code: AC: Active Medicare coverage FT: Full-time active employee L1: Eligible employee on leave of absence RT: Retired TE: COBRA participant
	INS09		Dependent's Student Status Code: (Not Used)
	INS10		Yes/No Condition or Response Code: Denotes the dependent's disabled status (Not sent if No): Y: Disabled Status
020	<b>REF</b>	<b>Subscriber Number</b>	
	REF01		Reference Identification Qualifier: 0F: Subscriber number
	REF02		Reference Identification: This is a nine-character alphanumeric identification number assigned by the Commonwealth. The identification code for State members is nnnnnnXU where n is a digit 0 – 9. The Local Choice (TLC) members have an identification code nnnnnnLC instead. This code is shared by all members on the participant's account.
020	<b>REF</b>	<b>Member Policy Number</b>	Used by COV to send data as one numeric string of 18 digits where the following field positions have specific meaning.
	REF01		Reference Identification Qualifier: 1L: Group or policy number

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REF02 Pos. 1-3			<p>Reference Identification: Denotes the member's health coverage plan:</p> <ul style="list-style-type: none"> <li>000: Waived Coverage</li> <li>003: Option II</li> <li>006: Kaiser Permanente HMO (COVA)</li> <li>027: Advantage 65</li> <li>036: Option II + Dental, Vision</li> <li>037: Advantage 65 + Dental, Vision</li> <li>040: TLC KA Expanded + Comp Dental</li> <li>042: COVA Care Basic</li> <li>043: COVA Care + OON</li> <li>044: COVA Care + ExpDnt</li> <li>045: COVA Care + OON &amp; ExpDnt</li> <li>046: COVA Care + Vsn, Hrg &amp; ExpDnt</li> <li>047: COVA Care + OON &amp; Vsn ,Hrg, ExpDnt</li> <li>048: Advantage 65 Medical Only</li> <li>049: Advantage 65 Medical Only + Dnt, Vsn</li> <li>050: COVA High Deductible Health Plan</li> <li>051-059: Advantage 65 Low Income Subsidy (LIS)</li> <li>071-079: Opt II LIS</li> <li>081-089: Opt II + Dnt, Vsn LIS</li> <li>091-099: Advantage 65 + Dnt, Vsn LIS</li> <li>101: COVA Health Aware</li> <li>102: COVA Health Aware + Exp Dental + Vision</li> <li>103: COVA Health Aware + Exp Dental</li> <li>105: COVA High Deductible Plan + Exp Dental</li> <li>106: TLC High Ded without HSA + Comp Dental</li> <li>107: TLC Kaiser HMO</li> <li>108: TLC A65 Medical Only</li> <li>109: TLC A65 Medical Only + Dental/Vision</li> <li>110: Tricare</li> <li>111: TLC Opt1 Medical Only</li> <li>117: TLC KA 250 + Comp Dental</li> <li>118: TLC KA 500 + Comp Dental</li> <li>119: TLC KA 1000 + Comp Dental</li> <li>120: TLC KA Expanded + Diag &amp; Preventive Dental</li> <li>121: TLC KA 250 + Diag &amp; Preventive Dental</li> <li>122: TLC KA 500 + Diag &amp; Preventive Dental</li> <li>123: TLC KA 1000 + Diag &amp; Preventive Dental</li> <li>124: TLC High Ded with HSA + Comp Dental</li> <li>125: TLC High Ded with HSA + Diag &amp; Preventive Dental</li> <li>126: TLC High Ded without HSA +Diag &amp; Preventive Dental</li> <li>127: LODa Plan 1, Line Of Duty Act Plan 1</li> <li>128: LODa Plan 2, Line Of Duty Act Plan 2</li> <li>129: LODa Plan 3, Line Of Duty Act Plan 3</li> <li>130: Optima Health</li> </ul>
REF02 Pos. 4-5			<p>Denotes the member's program:</p> <ul style="list-style-type: none"> <li>01: State Program for those not eligible for Medicare</li> <li>02: State Program for those eligible for Medicare</li> <li>03: The Local Choice Program</li> <li>04: Line of Duty Program</li> </ul>
REF02 Pos. 6-12			For future use.
REF02 Pos. 13			<p>Denotes the member's classification or status:</p> <ul style="list-style-type: none"> <li>0: Employee</li> <li>2: Retiree</li> <li>4: Extended Coverage (COBRA)</li> <li>5: Line of Duty Act participant</li> </ul>

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	REF02 Pos. 14-15:		Denotes the member's premium status: 02: Billing Agent collects premium 03: VRS collects premium 04: No Premium collected (Medicare + Family, paired with another participant with premium status = 02 or 03) 06: Agency collects premium 07: DOA collects Line of Duty premium 08: Last Agency collects premium by Special Arrangement 09: Suspend claims payment until Billing Agent collects premium 10: LODA – VRS pays premium 11: LODA – Non-Participating Employer pays premium
	REF02 Pos. 16-17		Denotes the member's leave of absence: 00: Not on leave of absence, do not send conversion letter 01-98: On leave of absence, do not send conversion letter 99: Did not return from leave of absence, conversion letter may be sent
	REF02 Pos. 18		Denotes the member's eligibility for Medicare: 0: Not Medicare eligible, group pays primary 6: Medicare eligible, group pays as if Medicare is primary 7: Exempt from Medicare, group pays primary
020	<b>REF</b>	Member ID Number	Used by COV to send data as one numeric string of 9 digits where the following field positions have specific meaning. Each agency/group is assigned a single Benefits Administrator contact. The Contacts Database is updated and distributed by email to each vendor monthly and is used to distribute materials. Include this code on mailing labels when applicable.
	REF01		Reference Identification Qualifier: DX: Department/Agency Number
	REF02 Pos. 1-3		Reference Identification: Denotes the member's assigned agency: 005: The Virginia Retirement System 006: DHRM: Office of Health Benefits 007: The member's last employing agency 047-048: The Local Choice agencies 090-999: Active State agency (refer to the Contacts Database Table)
	REF02 Pos. 4-6		Denotes the member's assigned group within an agency: 001-999: (refer to the Contacts Database Table)
	REF02 Pos. 7-9		Denotes the member's last employing agency when the member's agency is 007 or member's TLC subgroup when agency is 047 or 048:  000: Unknown or not applicable 090-999: State Agency (refer to the Contacts Database Table) 000-999: TLC Subgroup
020	<b>REF</b>	Health Insurance Claim (HIC) number	Only for Participants in a Medicare plan
	REF01		Reference Identification Qualifier: F6: Health Insurance Claim number
	REF02		Used to send the Medicare HIC number.
025	<b>DTP</b>	<b>Maintenance Effective Date</b>	
	DTP01		Date/Time Qualifier: 303: Maintenance effective
	DTP02		Date Time Period Format Qualifier: D8: Date format expressed as CCYYMMDD
	DTP03		CCYYMMDD (date of snapshot)

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<b>Loop ID – 2100A Member Name</b>			
030	<b>NM1</b>	Member Name	
	NM101		Entity Identifier Code: IL: Insured or Subscriber
	NM102		Entity Type Qualifier: 1: Person
	NM103		Name Last or Organization Name: up to 25 characters
	NM104		Name First: up to 25 characters
	NM105		Name Middle: up to 2 characters
	NM107		Name Suffix: up to 3 characters
	NM108		Identification Code Qualifier: 34: Social Security Number ZZ: Mutually Defined
	NM109		Identification Code: Social security number: 9 digits
040	<b>PER</b>		Member Communication
	PER01		Contact Function Code: IP: Insured Party
	PER03		Communication Number Qualifier: WP: Work Phone
	PER04		Communication Number: 10 digits beginning with area code
	PER05		Communication Number Qualifier: HP: Home Phone
	PER06		Communication Number: 10 digits beginning with area code
050	<b>N3</b>	<b>Member Residence Street Address</b>	
	N301		Participant's street address: may contain up to 35 characters
	N302		Participant's second street address if applicable: may contain up to 35 characters
060	<b>N4</b>	<b>Member Residence City, State, Zip</b>	
	N401		Participant's City: up to 25 characters
	N402		Participant's State: 2 standardized characters – blank if not in US or Canada
	N403		Participant's Postal Code: up to 9 characters – blank if not in US or Canada
	N404		Participant's Country: 2 characters if not US; see table of Nations at <a href="http://web1.dhrm.state.va.us/itech/pmistables/pmistables.htm">http://web1.dhrm.state.va.us/itech/pmistables/pmistables.htm</a>
	N405		Locality Qualifier: 60: Area; for utilization review vendor only
	N406	Member Locality Identifier	Five digit number that maps to the Virginia city or county of residence. 51000 if outside Virginia.
080	<b>DMG</b>	<b>Member Demographics</b>	
	DMG01		Date Time Period Format Qualifier: D8: Date format expressed as CCYYMMDD
	DMG02		Member's Date Of Birth: CCYYMMDD (birth date)
	DMG03		Gender Code: F: Female M: Male
250	<b>NM1</b>	<b>Member Alternate Mailing Address</b>	Sent when an alternate address is established for a dependent – not sent for participants.
	NM101		Entity Identifier Code 31: Postal Mailing Address (Alternate)
	NM102		Entity Type Qualifier: 1: Person

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251	<b>N3</b>	<b>Member Mail Street</b>	
	N301		Member Alternate Address Line 1
	N302		Member Alternate Address Line 2
252	<b>N4</b>		
	N401		Member Alternate City
	N402		Member Alternate State or Province
	N403		Member Alternate Postal Code
	N404		Member Alternate Country (if not US)
<b>Loop ID – 2300 Health Coverage</b>			
260	<b>HD</b>	<b>Health Coverage</b>	
	HD01		Maintenance Type Code: 030: Audit or compare
	HD03		Insurance Line Code: AK: Mental Health DEN: Dental HLT: Health PDG: Prescription Drug
	HD04		Plan Coverage Description: Reference Identification: Denotes the member's health coverage plan: 000: Waived Coverage 003: Option II 006: Kaiser Permanente HMO (COVA) 027: Advantage 65 036: Option II + Dental, Vision 037: Advantage 65 + Dental, Vision 040: TLC KA Expanded + Comp Dental 042: COVA Care Basic 043: COVA Care + OON 044: COVA Care + ExpDnt 045: COVA Care + OON & ExpDnt 046: COVA Care + Vsn, Hrg & ExpDnt 047: COVA Care + OON & Vsn ,Hrg, ExpDnt 048: Advantage 65 Medical Only 049: Advantage 65 Medical Only + Dnt, Vsn 050: COVA High Deductible Health Plan 051-059: Advantage 65 Low Income Subsidy (LIS) 071-079: Opt II LIS 081-089: Opt II + Dnt, Vsn LIS 091-099: Advantage 65 + Dnt, Vsn LIS 101: COVA Health Aware 102: COVA Health Aware + Exp Dental + Vision 103: COVA Health Aware + Exp Dental 105: COVA High Deductible Plan + Exp Dental 106: TLC High Ded without HSA + Comp Dental 107: TLC Kaiser HMO 108: TLC A65 Medical Only 109: TLC A65 Medical Only + Dental/Vision 110: Tricare 111: TLC Opt1 Medical Only 117: TLC KA 250 + Comp Dental 118: TLC KA 500 + Comp Dental 119: TLC KA 1000 + Comp Dental 120: TLC KA Expanded + Diag & Preventive Dental 121: TLC KA 250 + Diag & Preventive Dental 122: TLC KA 500 + Diag & Preventive Dental 123: TLC KA 1000 + Diag & Preventive Dental 124: TLC High Ded with HSA + Comp Dental 125: TLC High Ded with HSA + Diag & Preventive Dental 126: TLC High Ded without HSA +Diag & Preventive Dental 127: LODa Plan 1, Line Of Duty Act Plan 1 128: LODa Plan 2, Line Of Duty Act Plan 2



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			129: LODa Plan 3, Line Of Duty Act Plan 3 130: Optima Health
	HD05		Coverage Level Code (Sent on participants only): E1D: Self Plus Child ESP: Self Plus Spouse IND: Self Only FAM: Family
270	<b>DTP</b>	<b>Health Coverage Dates</b>	
	DTP01		Date/Time Qualifier: 348: Benefit Begin
	DTP02		Date Time Period Format Qualifier: D8: Date format expressed as CCYYMMDD
	DTP03		Date Time Period: CCYYMMDD (The latter of the plan begin date, coverage level begin date, and the bill premium begin date; the date the current coverage described on this snapshot started.)
280	<b>AMT</b>	Health Coverage Policy	Sends the monthly premium effective on the date of this audit file. Only for use by the direct billing agent.
	AMT01		Amount Qualifier Code: <b>P3</b> : Premium Amount
	AMT02	Monetary Amount	Current monthly premium in dollars (no cents).
<b>Table 4 – Transaction Set Trailer</b>			
690	<b>SE</b>	<b>Transaction Set Trailer</b>	
	SE01		Number of Included Segments
	SE02		Transaction Set Control Number
<b>Table 5 – Functional Group Trailer</b>			
	<b>GE</b>	<b>Functional Group Trailer</b>	
	GE01		Number of Transaction Sets Included
	GE02		Group Control Number
<b>Table 6 – Interchange Control Trailer</b>			
	<b>IEA</b>	<b>Interchange Control Trailer</b>	
	IEA01		Number of Included Functional Groups
	IEA02		Interchange Control Number