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

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

ISA*00*   *00*   *30*nnnnnnnnn   *30*99-9999999   *130108*0130*^*00501*100002643*0*P*:~
GS*BE*COMMW VIRGINIA*999999999*20130108*013050*10820139*X*005010X220A1~
ST*834*0001*005010X220A1~
BGN*00*2247066*20130104*162748*ET***2~
N1*P5*COMMONWEALTH OF VA*FI*nnnnnnnnn~
N1*IN*CARRIER NAME*FI*999999999~
INS*Y*18*024*AI*A*E**FT~
REF*0F*9988776XU~
REF*1L*042010111111006100~
REF*DX*209001000~
DTP*303*D8*20130131~
NM1*IL*1*TEST RECORD*PARTICIPANT****34*012345678~
PER*IP**WP*0000000000*HP*0000000000~
N3*419 ELM ST~
N4*SALEM*VA*241539999**60*51131~
DMG*D8*19760229*F~
HD*024**HLT*042*FAM~
DTP*348*D8*20120601~
DTP*349*D8*20130131~
AMT*P3*345~
SE*19*0001~
ST*834*0002*005010X220A1~
BGN*00*2247067*20130104*162748*ET***2~
N1*P5*COMMONWEALTH OF VA*FI*nnnnnnnnn~
N1*IN*CARRIER NAME*FI*999999999~
INS*Y*18*021*AI*A*E**FT~
REF*0F*9988776XU~
REF*1L*042010111111006000~
REF*DX*209001000~
DTP*303*D8*20130201~
NM1*IL*1*TEST RECORD*PARTICIPANT****34*012345678~
PER*IP**WP*0000000000*HP*0000000000~
N3*419 ELM ST~
N4*SALEM*VA*241539999**60*51131~
DMG*D8*19760229*F~
HD*021**HLT*042*FAM~
DTP*348*D8*20130201~
AMT*P3*360~
SE*18*0002~
ST*834*0003*005010X220A1~
BGN*00*2247068*20130104*162748*ET***2~
N1*P5*COMMONWEALTH OF VA*FI*nnnnnnnnn~
N1*IN* CARRIER NAME*FI*999999999~
INS*N*19*021*AI*A*E~
REF*0F*9988776XU ~
REF*1L*042010111111006000~
REF*DX*209001000~
DTP*303*D8*20130201~
NM1*IL*1*TEST DEPENDENT*SON*D***34*012345679~
DMG*D8*19990228*M~
NM1*31*1~
N3*8425 SAMPLE ALTERNATE ADDR*UNIT 128~
N4*MOYOCK*NC*278889999~
HD*021**HLT*042~
DTP*348*D8*20130201~
SE*17*0003~
…
GE*740*10820139~
IEA*1*100002643~

Table 1 – Interchange Control Header			
Pos. #	Seg. ID	Name	Valid Values and Description
	ISA	**Interchange Control Header**	
	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
			    VA00001E with 7 spaces: Anthem

	ISA07		Interchange ID Qualifier:
			    30: U. S. Federal Tax Identification Number
			    ZZ: Mutually Defined (Anthem)

	ISA08		Receiver's Code:
			    VAMEMCHG with 7 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 (ASI)
			    Tax ID on file (Aetna)
			    Tax ID on file (Active Health)
			    Tax ID on file (Optima Health)

	ISA09		Interchange Date formatted YYMMDD (file created)
	ISA10		Interchange Time formatted HHMM (file created)

	ISA11		Repetition Separator:
			    ^: 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 June 2010

	ISA13		Interchange control number
	ISA14		Acknowledgement Requested: 0: No acknowledgement requested

	ISA15		Usage Indicator:
			    P: Production Data
			    T: Test Data

	ISA16		Component Element Separator: : (colon) is used by COV
Table 2 – Functional Group Header			
	GS	**Functional Group Header**	
	GS01		Functional Identifier Code: BE: Benefit Enrollment and Maintenance (834)

	GS02		Application Sender's Code:
			    COMMW VIRGINIA
			    VA00001E (Anthem)

	GS03		Application Receiver's Code:
			    VAMEMCHG (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 (ASI)
			Tax ID on file (Aetna)
			Tax ID on file (Active Health)
			Tax ID on file (Optima Health)
	GS04		Date header created: expressed CCYYMMDD
	GS05		Time header created: expressed HHMMSS
	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.
Table 2 – Transaction Set Header			
010	**ST**	**Transaction Set Header**	COV sends one INS segment per ST loop on the change file, in order to send a date-time stamp.
	ST01		Transaction Set Identifier Code: 834: Benefit Enrollment and Maintenance
	ST02		Transaction set control number: Assigned by the Sender
	ST03		005010X220A1: Version code
020	**BGN**	**Beginning Segment**	
	BGN01		Transaction Set Purpose Code: 00: Original
	BGN02		Reference Identification: Assigned by the Sender
	BGN03		Date transaction created: expressed CCYYMMDD (BES Key Date)
	BGN04		Time transaction created: expressed HHMMSS (BES Key Time)
	BGN05		Time code: ET: Eastern Time
	BGN08		Action Code: 2: Change
	Loop ID – 1000A Sponsor Name		
070	**N1**	**Sponsor Name**	
	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: Tax ID on file
	Loop ID – 1000B Payer		
070	**N1**	**Payer**	
	N101		Entity Identifier Code: IN: Insurer
	N102		Name of administrator (one of ten): Anthem, Delta Dental, Kaiser, SSDC, HDMS, AON, ASI, Aetna, Active Health, Optima Health
	N103		Identification Code Qualifier: FI: Federal tax identification number
	N104		Identification Code: Denotes the federal tax identification number for the administrator identified in N102: Tax ID on file for administrators identified in N102

Table 3 – Member Level Detail			
	Loop ID – 2000 Member Level Detail		
010	**INS**	**Member Level Detail**	
	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: 021: Addition 024: Cancellation or Termination Changes are sent by sending two transactions, a termination followed by an addition. Terminations will only be sent on participant transactions, and will imply a termination of all members on an account.
	INS04		Maintenance Reason Code: AI: No Reason Given
	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 reason: 1: Termination of Employment 2: Reduction of work hours 3: Medicare 4: Death 5: Divorce 6: Separation 7: Ineligible Child 8: Bankruptcy of Retiree's Former Employer 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 handicap status, only sent if Yes: Y: Disabled Dependent
020	**REF**	**Subscriber Number**	
	REF01		Reference Identification Qualifier: 0F: Subscriber number
	REF02		Reference Identification: This is a nine-character alphanumeric identification number assigned by the Commonwealth. State identification codes are nnnnnnnXU where n is a digit 0 – 9. The Local Choice (TLC) members have an identification code nnnnnnnLC instead. This code is shared by all members on the participant's account.

022	**REF**	**Member Policy Number**	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
	REF02 Pos. 1-3		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 2 129: LODa Plan 3, Line Of Duty Act Plan 3 130: Optima Health
	REF02 Pos. 4-5		Denotes the member's program: 01: State Program (for those not eligible for Medicare) 02: State Program (for those eligible for Medicare) 03: The Local Choice Program 04: Line of Duty Program

	REF02 **Pos: 6-12**		For future use, 7 numeric characters.

	REF02
	Pos. 13
			Denotes the member's classification or status:
			    0: Employee
			    2: Retiree
			    4: Extended Coverage (COBRA)
			    5: Line of Duty Act participant

	REF02
	Pos.
	14-15:
			Denotes the member's premium status:
			    02: Billing Agent collects premium
			    03: VRS collects premium
			    04: No Premium collected (Medicare plus 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

023	**REF**	**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.
	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: The Local Choice Government Agency
			    048: The Local Choice School Agency
			    090-999: 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 for each entry)

	REF02
	Pos. 7-9
			Denotes the member's last employing agency when the member's agency is 007 or the member's TLC subgroup when the agency is 047 or 048:
			    000: Unknown or not applicable
			    090-999: State Agency (refer to the Contacts Database Table)
			    000-999: TLC Subgroup

024	**REF**	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	**DTP**	**Date or Time or Period**	
	DTP01		Date/Time Qualifier: 303: Maintenance effective (Effective date)
	DTP02		Date Time Period Format Qualifier: D8: Date format expressed as CCYYMMDD
	DTP03		CCYYMMDD (Effective date or Term date)
	Loop ID – 2100A Member Name		
030	**NM1**	**Member Name**	
	NM101		Entity Identifier Code: IL: Insured or Subscriber
	NM102		Entity Type Qualifier: 1: Person
	NM103		Name Last: up to 25 characters
	NM104		Name First: up to 25 characters
	NM105		Name Middle: up to 2 characters
	NM106		Name Prefix: not used
	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	**PER**	**Member Communication Numbers**	
	PER01		Contact Function Code: IP: Insured Party
	PER02		Name: not used
	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	**N3**	**Member Residence Street Address**	
	N301		Participant's street address may contain up to 35 characters
	N302		Participant's second address line if applicable: may contain up to 35 characters
060	**N4**	**Member Residence City, State, Zip Code**	
	N401		Participant's City: up to 25 characters
	N402		Participant's State or Canadian Province: 2 standardized characters. Blank if not US or CA
	N403		Participant's Postal Code: up to 9 characters. Blank if not US or Canada
	N404		Participant's Country: 2 standardized characters if not US; see Nations at http://web1.dhrm.state.va.us/itech/pmistables/pmistables.htm
	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	**DMG**	Member Demographics	
	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	**NM1**	Member Alternate Mailing Address	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
251	**N3**		Member Mail Street
	N301		Member Alternate Address Line 1
	N302		Member Alternate Address Line 2
252	**N4**		
	N401		Member Alternate City
	N402		Member Alternate State or Province
	N403		Member Alternate Postal Code
	N404		Member Alternate Country (if not US)
	Loop ID – 2300 Health Coverage		
260	**HD**	Health Coverage	

	HD01		Maintenance Type Code:
			    021: Addition
			    024: Cancellation or Termination

	HD03		Insurance Line Code:
			    AK: Mental Health
			    DEN: Dental
			    HLT: Health
			    PDG: Prescription Drug

	HD04		Plan Coverage Description:
			  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 2 129: 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
			    EMP: Employee Only
			    FAM: Family

270	**DTP**	Health Coverage Dates	Up to two DTP segments within the HD loop

	DTP01		Date/Time Qualifier:
			    348: Benefit Begin
			    349: Benefit Ends

	DTP02		Date Time Period Format Qualifier: D8: Date format expressed as CCYYMMDD
	DTP03		Date Time Period: CCYYMMDD (For the date qualified with the 348 code: 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 transaction started.) For the date qualified with the 349 code: this is the date that coverage ends. **Please note that a 348 date that is exactly one day before the 349 date is a special signal that we are cancelling coverage that never actually started.**
280	**AMT**	Health Coverage Policy	The vendor with billing responsibilities will have to process this segment – other vendors may ignore.
	AMT01		Amount Qualifier Code: P3: Premium Amount
	AMT02		Monetary Amount: The monthly premium for health coverage as of the effective date of this transaction. Dollars only, no cents.
Table 4 – Transaction Set Trailer			
690	**SE**	Transaction Set Trailer	
	SE01		Number of Included Segments
	SE02		Transaction Set Control Number
Table 5 – Functional Group Trailer			
	GE	Functional Group Trailer	
	GE01		Number of Transaction Sets Included (ST/SE sets)
	GE02		Group Control Number
Table 6 – Interchange Control Trailer			
	IEA	Interchange Control Trailer	
	IEA01		Number of Included Functional Groups (GS/GE sets)
	IEA02		Interchange Control Number