

**ASC X12**  
**834 – Benefit Enrollment and Maintenance**  
***Specification***

**Interim Version 1.2**



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April 28, 2015

## About this Document

This *X12 834 Interim Specification* document explains the functional specifications for a connection between Healthix and a participating organization for the purpose of receiving from the participant benefit enrollment (834).

### Important notes:

- This document maps to the HIPAA\_5010:834 standard
- The Healthix technical platform is being upgraded to InterSystems HealthShare version 2015.1

➡ **Interim note:** *Healthix is currently building a new platform, whose development and testing may result in updates to this specification through mid-2015. Interim notes throughout this document highlight areas in which the specification is likely to change.*

## Revision History

Version	Date	Author	Description
1.0	April 16, 2015	Nathan Hardesty-Dyck	Interim specification published. Source documents: <ul style="list-style-type: none"> <li>• InterSystems Preliminary X12 834 Member Enrollment Documentation (Rev 2.0)</li> <li>• InterSystems Preliminary X12 837 Member Enrollment Documentation</li> </ul>
1.1	April 28, 2015	Nathan Hardesty-Dyck	Include updates to Healthix consent REF statement. Remove assigning authority REF statement.
1.2	July 14, 2015	Mike Plamowski	Include stub 1000A.N1 segment.  INS segment 2000.INS Required Y/N.  Added note to NM1 element 9 – MRN is required.  Include single member inside of ST/SE segment grouping.

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## 1 Introduction

X12 is a standard for electronic data interchange developed by the Accredited Standards Committee (ASC) of the American National Standards Institute (ANSI). The X12 standard contains hundreds of document types, a subset of which support the Health Insurance Portability and Accountability Act (HIPAA) requirement of widespread use of electronic data interchange in the United States.

HIPAA schemas (e.g. HIPAA\_5010) further define the structure and characteristics of particular X12 document types.

Healthix consolidates patient data in various formats and from many data sources. X12 documents provide important healthcare coverage and clinical data that Healthix adds to the unified patient record.

This specification details the process of transmitting X12 documents to Healthix and the capability of Healthix to digest the documents' data. The Healthix software platform is InterSystems HealthShare 2015.1.

Healthix supports the import of the following document types:

- Benefit Enrollment and Maintenance document: HIPAA\_5010:**834**

Note that Healthix stores but does not display or use any financial information included in the adjudicated claims data it receives.

## 2 Transactions

### 2.1 Sending Data to Healthix: Process Summary

During implementation, Healthix provides credentials to the participant to enable the participant to access Healthix's Secure File Transfer Protocol (SFTP) directory, used to submit X12 documents. Healthix processes new X12 documents on a constant basis.

Healthix processes each incoming X12 document, extracting data according to the details provided later in this specification. After processing, the static X12 document itself may be archived or discarded. In either case, the Healthix system does not reference the static X12 document for the use or display of data.

#### **X12 document upload process:**

1. Using an FTP client (e.g. WinSCP), establish a connection to the Healthix FTP site using the SFTP protocol (`sftp:\\`)
  - a. The Healthix SFTP host name is `sftp.healthix.org`(Port 22)
  - b. Healthix provides each participant with a SFTP account and directory during project implementation
2. When prompted, authenticate using the credentials Healthix assigns during implementation
3. Transfer the X12 document(s) to the SFTP site
4. Healthix processes the X12 documents as they arrive at the SFTP site

## 3X12 Document Structure and Healthix Processing

### 3.1 Benefit Enrollment and Maintenance (834)

Healthix supports the import of the Benefit Enrollment and Maintenance document HIPAA\_5010:834 (referred to as “834” in this specification). The 834 follows a hierarchical looping structure, with each loop indicated by an identifier (e.g. “1000B”).

Healthix implementation of the 834 is designed to loop a single member within one ST/SE grouping. Even though the standard 834 allows for multiple members in its looping structure Healthix needs to link the consent data (outside loop) to a unique individual.

The processing of an 834 by Healthix is not tied to a particular 834 implementation guide. Healthix makes no effort to interpret the REF elements unless they are explicitly noted or referenced in the table below.

The following table covers the 834 segments that Healthix uses to process the patient consent granted or not granted to the sending participant:

834 Initial Segments	834 Data Element	Healthix Data Element
BGN	n/a	n/a
1 <sup>st</sup> REF	HIPAA_5010:REF Field 1 RefIdQualifier Value: CS( <i>Consent</i> )	Key field
1 <sup>st</sup> REF	HIPAA_5010:REF Field 2 RefId Value: Y, N, U, E or null. Caret concatenation (^), followed by the patient’s birthdate (YYYYMMDD)	This element contains the patient’s consent value for granting or denying consent, as well as the patient’s date of birth. If the date of birth is blank, Healthix attempts to find the birthdate in an associated DMG segment.

The following example illustrates the use of the first REF segments for sending Healthix the patient's consent value ("Y" in this example) and date of birth:

Line	Segments
1	BGN*00*UP-00001*20120507*11111111****2 [Not used by Healthix]
2	REF*CS*Y^20031219

Healthix makes the following assumptions when processing an 834:

834 Loop.Segment	834 Data Element	Healthix Data Element
1000A.N1	Not used	Not used
1000B.N1	Entity identifier code	Payer ID
2000.REF	Subscriber reference identification	Subscriber ID
2000.REF	Member policy reference identification	Member Group or Policy Number
2000.REF	Reference identification	Member ID
2100A.LUI	Member language identification code	Primary Language
2300.DTP	Health coverage dates	Benefit Begin Date and Benefit End Date
2310.NM1	Provider name	Primary Care Provider
2300.REF	Health coverage policy number	National Plan ID

The following table outlines the data that Healthix consumes from the 834. Any data elements not listed in this table or in the table of assumptions above are not currently stored within Healthix.

834 Loop.Segment	834 Data Element	Healthix Data Elements	Notes
1000A.N1	Not used	<ul style="list-style-type: none"> <li>(used only to satisfy schema validation)</li> </ul>	This null segment <b>is required</b> to satisfy the Healthix schema parsing rules.
1000B.N1	Identification code for payer	<ul style="list-style-type: none"> <li>Patient Number</li> <li>Organization Code</li> </ul>	
2100A.NM1	Identification code	<ul style="list-style-type: none"> <li>Patient Number (MRN)</li> </ul>	Required.



834 Loop.Segment	834 Data Element	Healthix Data Elements	Notes
2100A.NM1	Name last or organization name	<ul style="list-style-type: none"> <li>• Patient Family Name</li> </ul>	
2100A.NM1	Name First	<ul style="list-style-type: none"> <li>• Patient Given Name</li> </ul>	
2100A.NM1	Name Middle	<ul style="list-style-type: none"> <li>• Patient Middle Name</li> </ul>	
2100A.NM1	Name Prefix	<ul style="list-style-type: none"> <li>• Patient Name Prefix</li> </ul>	
2100A.NM1	Name Suffix	<ul style="list-style-type: none"> <li>• Patient Name Suffix</li> </ul>	
2100A.PER	Communication number	<ul style="list-style-type: none"> <li>• Patient Contact Info Email Address</li> </ul>	If communication number qualifier is "EM," then Healthix captures the email address.
2100A.PER	Communication number	<ul style="list-style-type: none"> <li>• Patient Contact Info Mobile Phone Number</li> </ul>	If communication number qualifier is "CP," then Healthix captures the mobile phone number.
2100A.PER	Communication number	<ul style="list-style-type: none"> <li>• Patient Contact Info Home Phone Number</li> </ul>	If communication number qualifier is "HP," then Healthix captures the home phone number.
2100A.PER	Communication number	<ul style="list-style-type: none"> <li>• Patient Contact Info Work Phone Number</li> </ul>	If communication number qualifier is "WP," then Healthix captures the work phone number.
2100A.N3	Address information	<ul style="list-style-type: none"> <li>• Residence Address (Street)</li> </ul>	
2100A.N4	City name	<ul style="list-style-type: none"> <li>• Residence Address (City)</li> </ul>	
2100A.N4	State or province code	<ul style="list-style-type: none"> <li>• Residence Address (State)</li> </ul>	
2100A.N4	Postal code	<ul style="list-style-type: none"> <li>• Residence Address (Zip)</li> </ul>	
2100A.N4	Country code	<ul style="list-style-type: none"> <li>• Residence Address (Country)</li> </ul>	
2100A.DMG	Date time period	<ul style="list-style-type: none"> <li>• Patient Birth Date</li> </ul>	
2100A.DMG	Gender code	<ul style="list-style-type: none"> <li>• Patient Gender Code</li> </ul>	
2100A.DMG	Marital status	<ul style="list-style-type: none"> <li>• Patient Marital Status Code</li> </ul>	
2100A.DMG	Race or ethnicity code	<ul style="list-style-type: none"> <li>• Patient Race Code</li> </ul>	
2100A.DMG	Citizen status code	<ul style="list-style-type: none"> <li>• Patient Citizenship Code</li> </ul>	
2100A.LUI	Identification code	<ul style="list-style-type: none"> <li>• Patient Primary Language Code</li> </ul>	

834 Loop.Segment	834 Data Element	Healthix Data Elements	Notes
2100C.N3	Address information	<ul style="list-style-type: none"> <li>Mailing Address (Street)</li> </ul>	
2100C.N3	City name	<ul style="list-style-type: none"> <li>Mailing Address (City)</li> </ul>	
2100C.N3	State or province code	<ul style="list-style-type: none"> <li>Mailing Address (State)</li> </ul>	
2100C.N3	Postal code	<ul style="list-style-type: none"> <li>Mailing Address (Zip)</li> </ul>	
2100C.N3	Country code	<ul style="list-style-type: none"> <li>Mailing Address (Country)</li> </ul>	
2300.HD	Maintenance type code	<ul style="list-style-type: none"> <li>Member Enrollment Action Code</li> </ul>	If maintenance type code is "002" (Delete), then Healthix sets Member Enrollment Action Code to "D."
2300.HD	Insurance line code	<ul style="list-style-type: none"> <li>Insurance Line Code</li> </ul>	
2300.DTP	Date time period	<ul style="list-style-type: none"> <li>Benefit Begin</li> <li>Benefit End</li> </ul>	If date/time qualifier is "348," then Healthix sets Benefit Begin. If date/time qualifier is "349," then Healthix sets Benefit End.
2300.DTP	<i>Various</i>	<ul style="list-style-type: none"> <li>Coverage Period</li> </ul>	Healthix stores Coverage Period as a concatenated string: Benefit Begin_Benefit End
<i>Various</i>	<i>Various</i>	<ul style="list-style-type: none"> <li>Member Enrollment Number</li> </ul>	Healthix stores Member Enrollment Number as a concatenated string: Payer ID_SubscriberID_MemberID_Insurance Line Code_Coverage Period. Review this table and the assumptions table above for more details about each element.
2000.INS	Individual relationship code	<ul style="list-style-type: none"> <li>Member Enrollment Individual Relationship Code</li> </ul>	Element 1: YesNoConditionorResponseCode is required. Y/N
2310.NM1	Entity identifier code	<ul style="list-style-type: none"> <li>Member Enrollment Primary Care Provider Code</li> </ul>	
2310.NM1	Identification code qualifier	<ul style="list-style-type: none"> <li>Member Enrollment Primary Care Provider Identifier Type Code</li> </ul>	
2310.NM1	Name last or organization	<ul style="list-style-type: none"> <li>Member Enrollment</li> </ul>	

834 Loop.Segment	834 Data Element	Healthix Data Elements	Notes
	name	Primary Care Provider Family Name	
2310.NM1	Name first	<ul style="list-style-type: none"> <li>Member Enrollment Primary Care Provider Given Name</li> </ul>	
2310.NM1	Name middle	<ul style="list-style-type: none"> <li>Member Enrollment Primary Care Provider Middle Name</li> </ul>	
2310.NM1	Name prefix	<ul style="list-style-type: none"> <li>Member Enrollment Primary Care Provider Name Prefix</li> </ul>	
2310.NM1	Name suffix	<ul style="list-style-type: none"> <li>Member Enrollment Primary Care Provider Name Suffix</li> </ul>	
2310.N3	Address information	<ul style="list-style-type: none"> <li>Member Enrollment Primary Care Provider Address (Street)</li> </ul>	
2310.N4	City name	<ul style="list-style-type: none"> <li>Member Enrollment Primary Care Provider Address (City)</li> </ul>	
2310.N4	State or province code	<ul style="list-style-type: none"> <li>Member Enrollment Primary Care Provider Address (State)</li> </ul>	
2310.N4	Postal code	<ul style="list-style-type: none"> <li>Member Enrollment Primary Care Provider Address (Zip)</li> </ul>	
2310.N4	Country code	<ul style="list-style-type: none"> <li>Member Enrollment</li> </ul>	

834 Loop.Segment	834 Data Element	Healthix Data Elements	Notes
		Primary Care Provider Address (Country)	
2310.PER	Communication number	<ul style="list-style-type: none"> <li>Member Enrollment Primary Care Provider Contact Info Email Address</li> </ul>	If communication number qualifier is "EM," then Healthix captures the email address.
2310.PER	Communication number	<ul style="list-style-type: none"> <li>Member Enrollment Primary Care Provider Contact Info Mobile Phone Number</li> </ul>	If communication number qualifier is "CP," then Healthix captures the mobile phone number.
2310.PER	Communication number	<ul style="list-style-type: none"> <li>Member Enrollment Primary Care Provider Contact Info Home Phone Number</li> </ul>	If communication number qualifier is "HP," then Healthix captures the home phone number.
2310.PER	Communication number	<ul style="list-style-type: none"> <li>Member Enrollment Primary Care Provider Contact Info Work Phone Number</li> </ul>	If communication number qualifier is "WP," then Healthix captures the work phone number.