Version 13

04/30/99

External Interface Specification
834 Transaction Sets
(Working Draft)

Prepared for

The Office of the Under Secretary of Defense

Personnel and Readiness

And

The Defense Manpower Data Center

3 May, 1999

Developer's Representative Signature	Date
Acquirer's Signature	Date

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1. HCDP Enrollment/Fee Collection

The 834 transaction set has been selected to communicate enrollment fee collection information as it relates to premium payments where applicable. Only mandatory segments and elements should be passed along with the DTP, ATM, and REF segments within the HD Loop. The following section further explains the 834 Enrollment transaction.

1.1. DoD Personnel Enrollment into HCDP (HCDP)

This section identifies the 834 transaction set required to submit enrollment information concerning the DoD personnel and family members entitled to health care benefits, from the enrolling organization into the DEERS database.

The subscriber is interpreted as the person entitled to benefits, dependent is interpreted as a person who is eligible to receive benefits because of their relationship to the subscriber. The payer and/or sponsor is the party that pays claims and/or administers the insurance coverage, benefits, or product.

The act of Enrollment occurs only after an Eligibility Inquiry has been completed. Once eligibility has been verified, the enrolling organization provide subscriber's enrollment information first and any subsequent dependent enrollment information. Thereafter enrollment updates can be performed in any order on the subscriber and/or their dependents.

1.2. Event/Response Functionality

The enrolling organization will transmit inbound to DEERS the 834 transaction consisting of enrollment information concerning the Subscriber and/or their Dependents. In return, DEERS will transmit outbound the 997 transaction acknowledging receipt of inbound transmission.

1.3. Transaction Set Process Flow

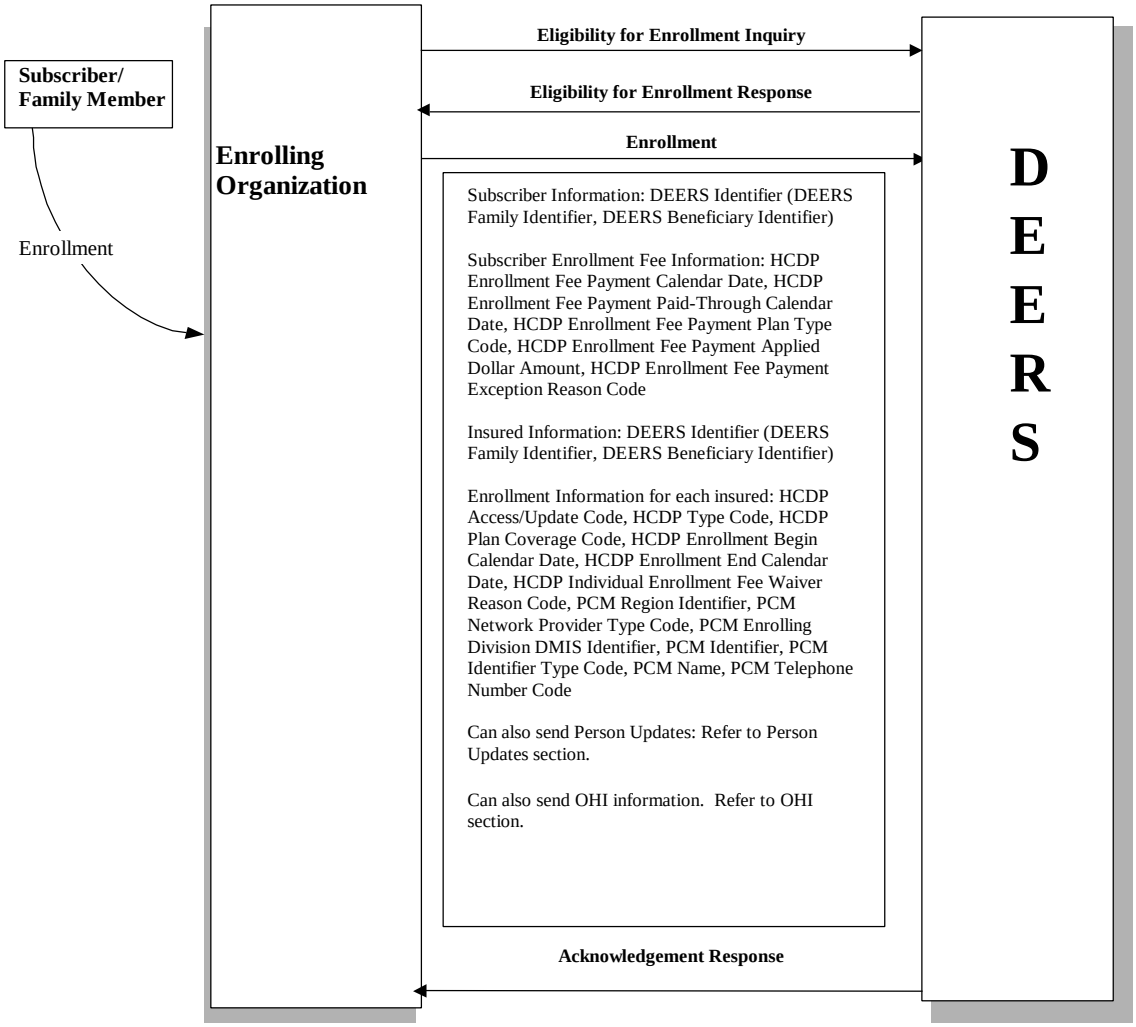

Figure 1: Enrollment for Health Benefit Program for an Individual or Family

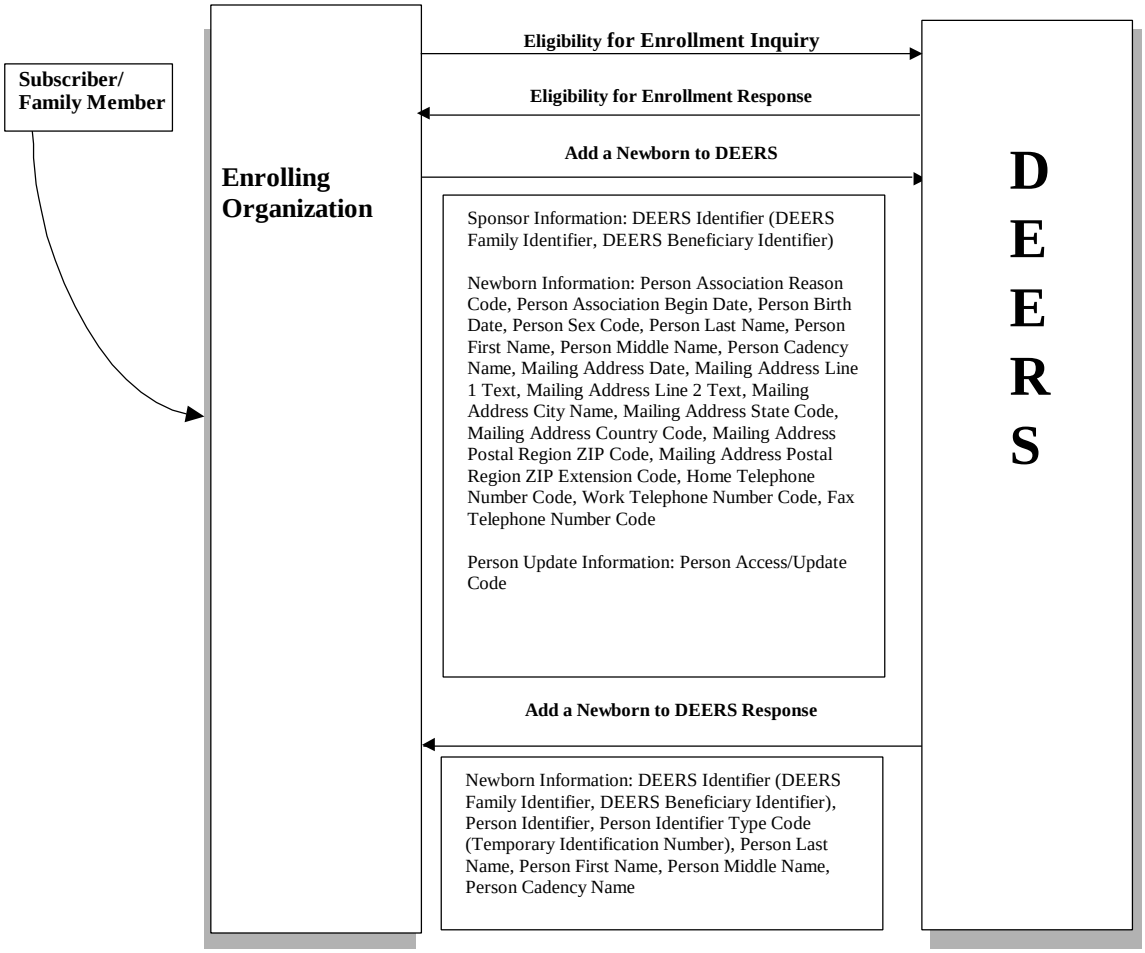

Figure 2: Addition of a Newborn to DEERS

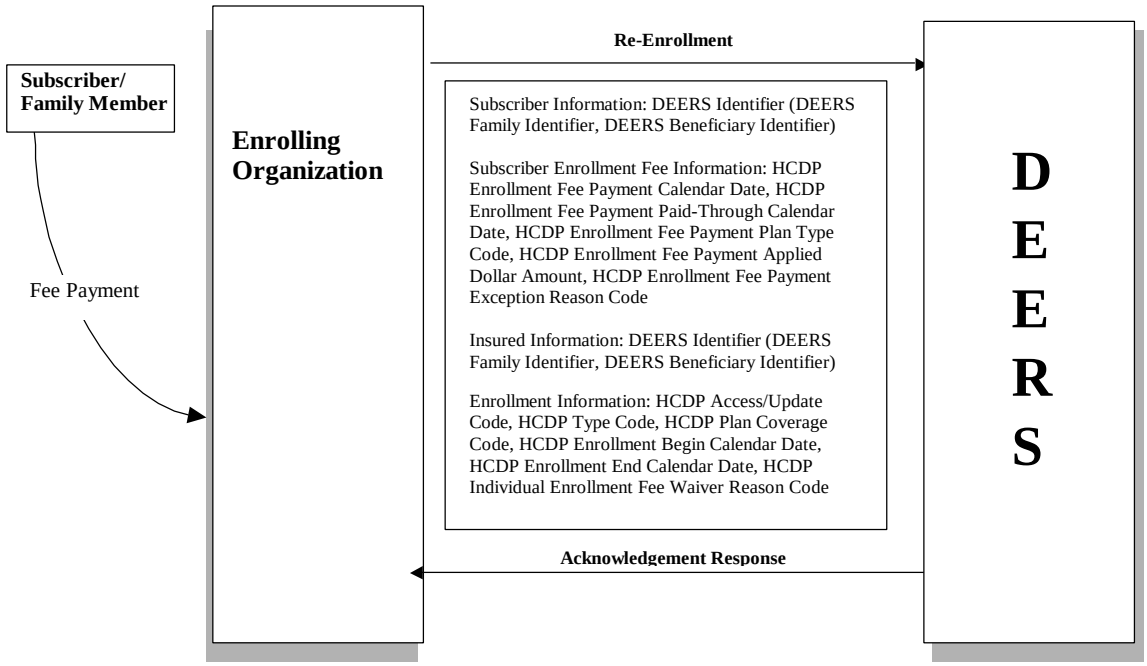

Figure 3: Enrollment for Health Benefit Program for an Individual or Family

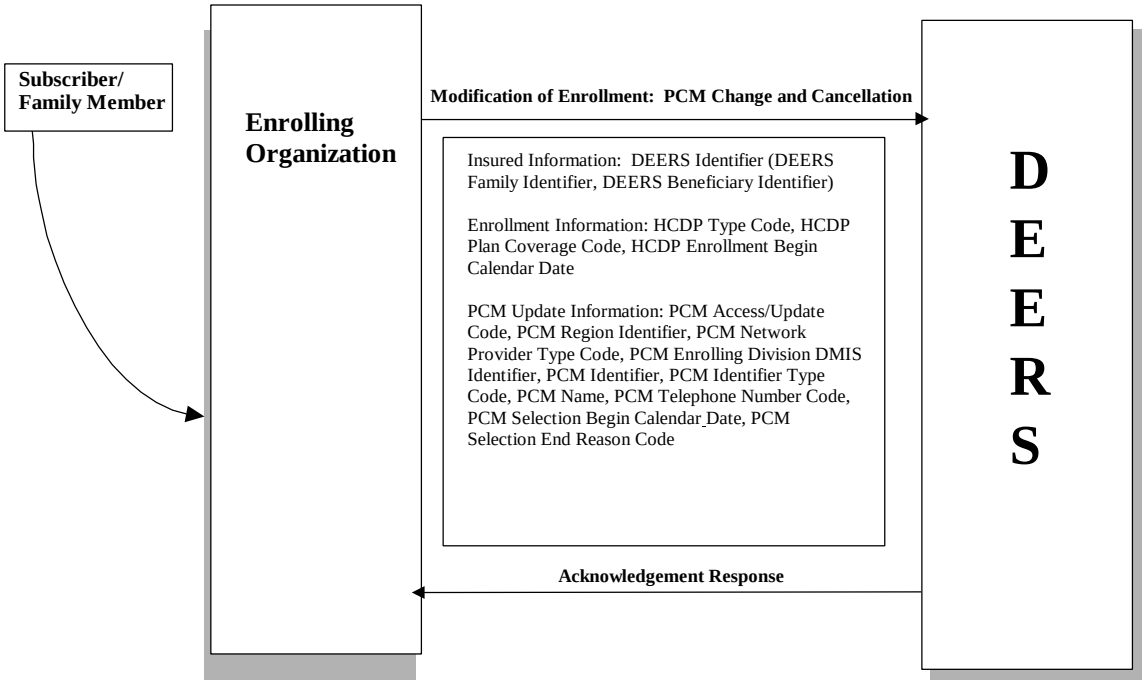

Figure 4: Modification of Health Benefit Program Enrollment (PCM Change and Cancellation) for an Individual or Family

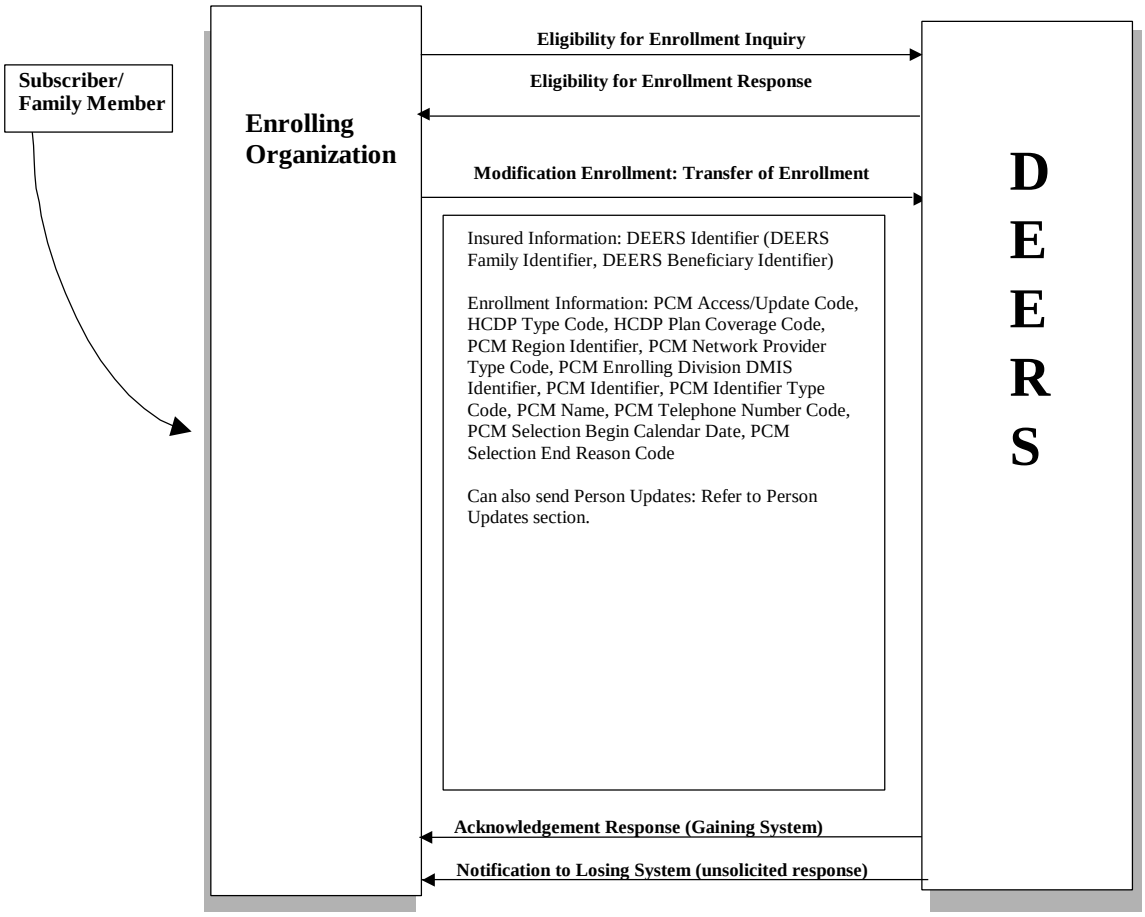

Figure 5: Modification of Health Benefit Program Enrollment (Transfer) for an Individual or Family

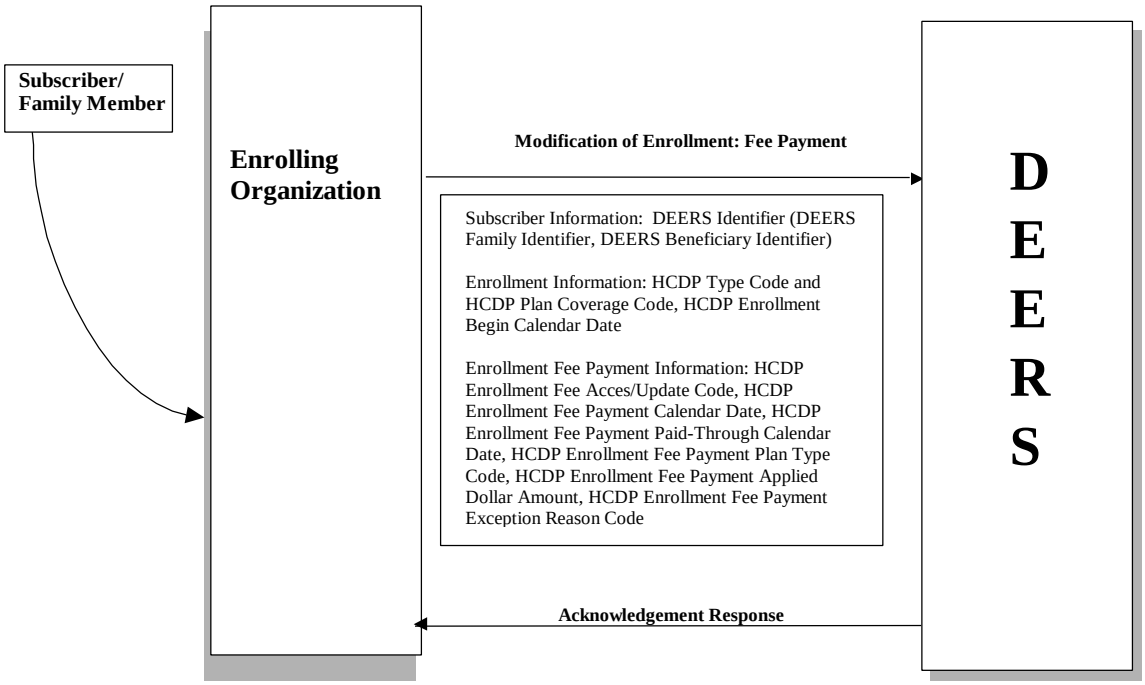

Figure 6: Modification of Health Benefit Program Enrollment – Fee Payment

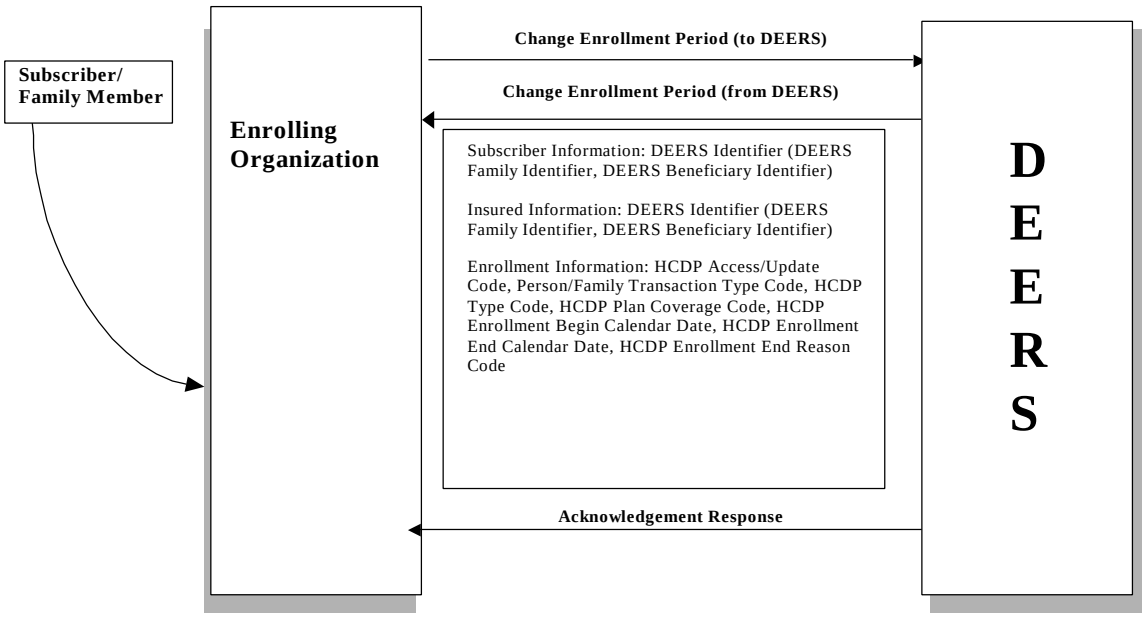

Figure 7: Modification of Health Benefit Program Enrollment – Change Enrollment Period

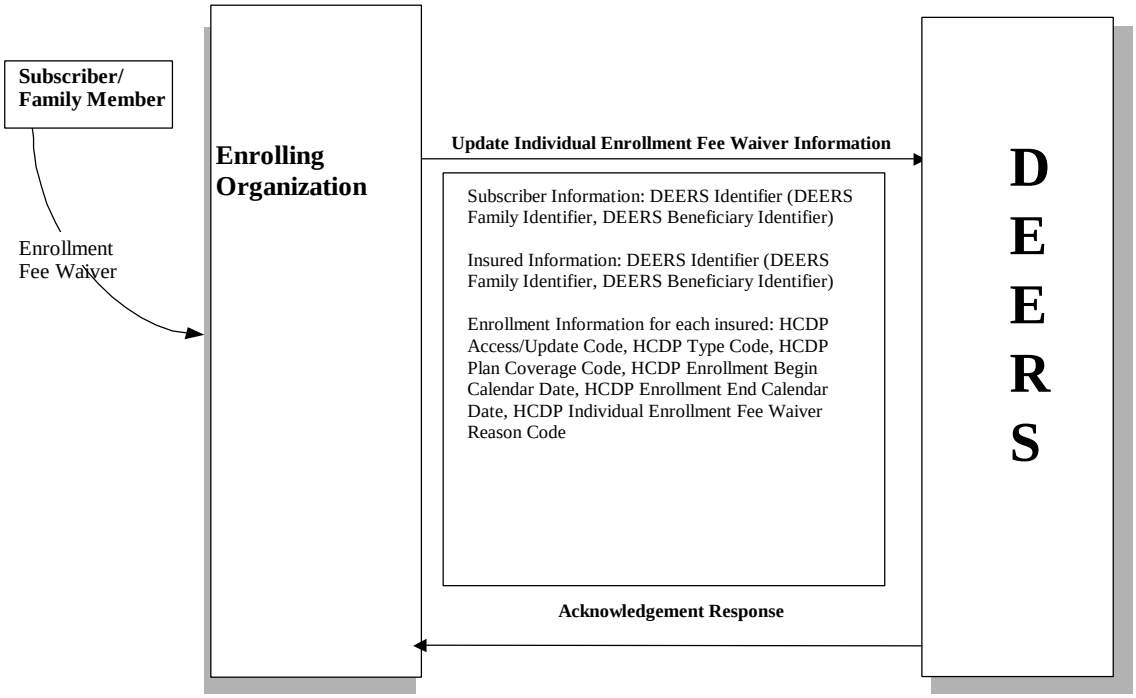

Figure 8: Update Individual Enrollment Fee Waiver Information

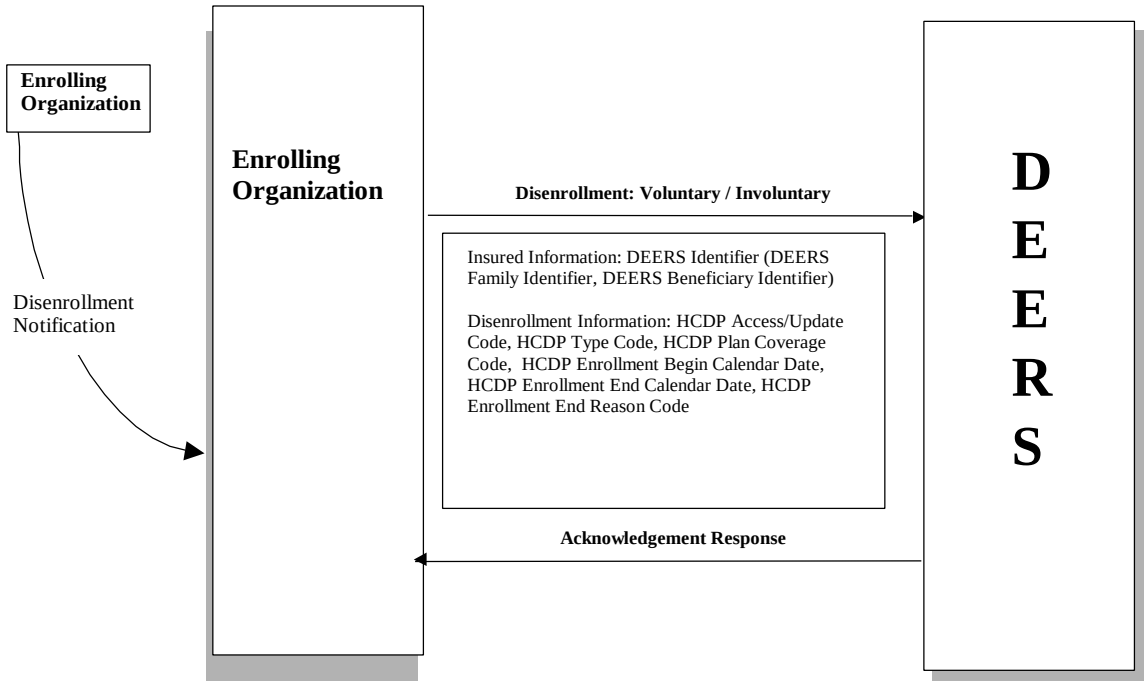

Figure 9: Disenrollment of Health Benefit Program – Voluntary or Involuntary

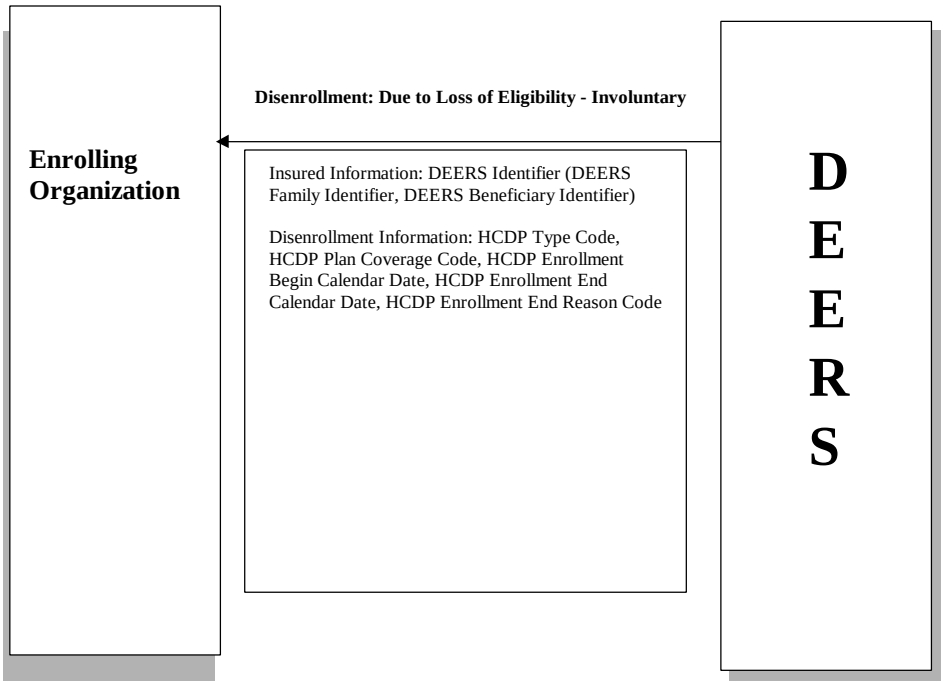

Figure 10: Disenrollment of Health Benefit Program Due to Loss of Eligibility - Involuntary

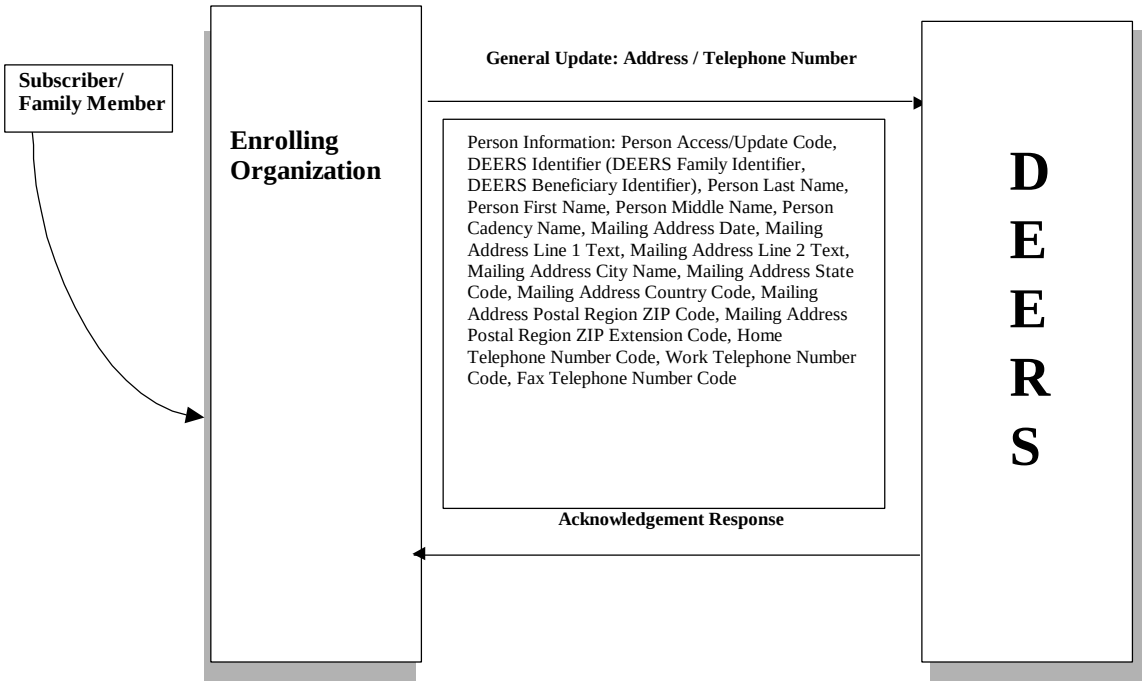

Figure11: General Update – Person (Address, Telephone Number)

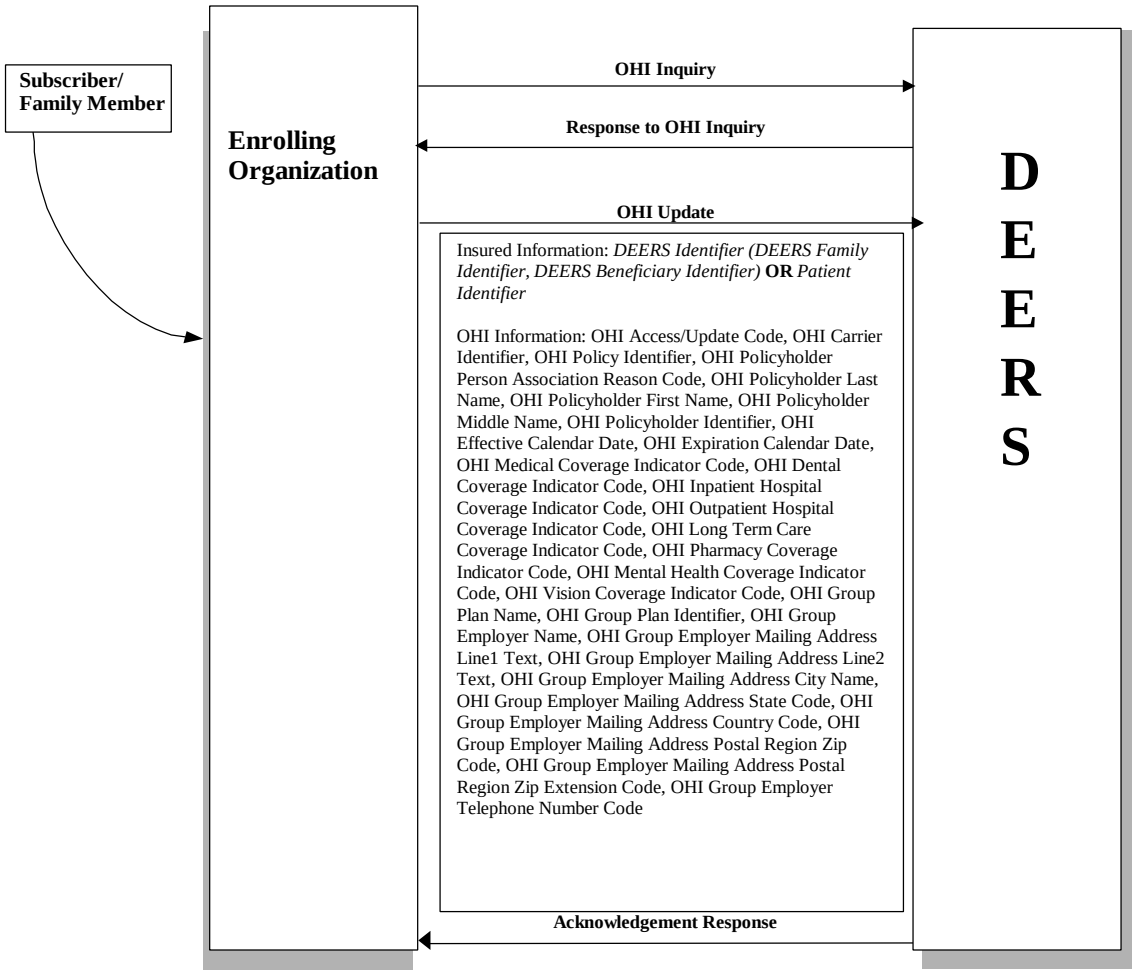

Figure 12: Add/Update OHI Policy

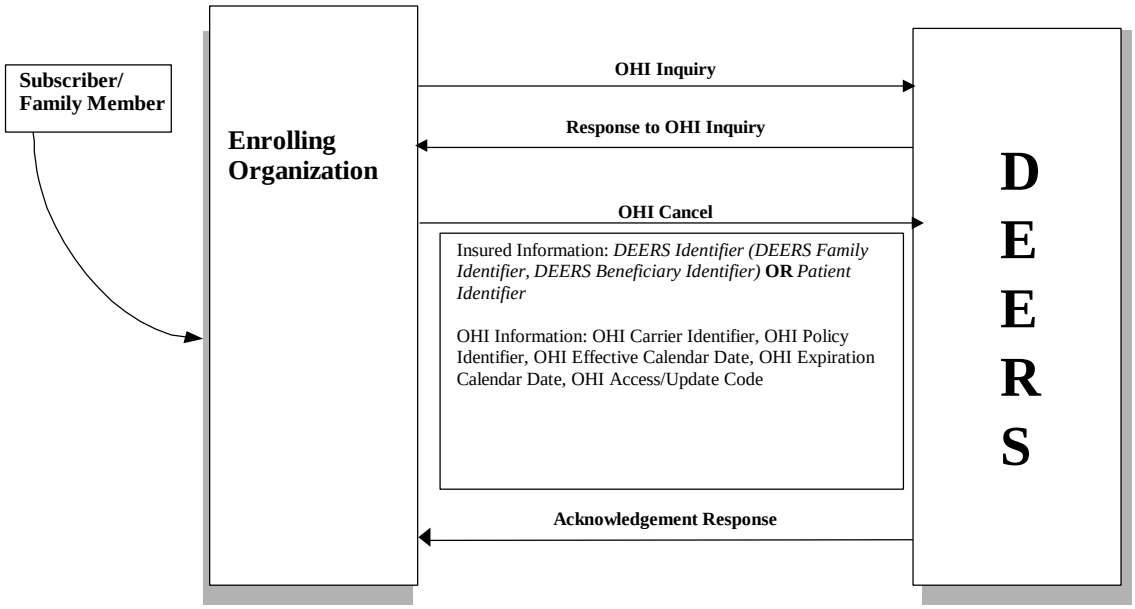

Figure 13: Cancel an OHI Policy

2. 834 Enrollment

This section describes the 834 Enrollment transaction set used to enroll an individual in a TRICARE coverage plan other than the assigned coverage plan. Other updates such as Address, Telephone, Other Health Insurance (OHI) may be done at the same time. These additional updates require separate 834 Transaction Sets. These additional Transaction Sets may be included in the same X12 Envelope. Please refer to Section 15 for instructions on building an 834 Transaction Set for Address and Telephone Updates and Section 16 for OHI updates.

Segments	*Elements*
ST	01, 02
BGN	01, 02, 03, 04, , 06
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insurer Name*	
N1	01, 02, 03, 04
2000 – *Member Level Detail (Insured)*	
INS	01, 02, 03, 04, 05
REF	01, 02
2100A – *Member Name*	
NM1	01, 02, 03, 04, , , , 08, 09
2300 – *Coverage (Enrollment)*	
HD	01, , 03
DTP	01, 02, 03
DTP	01, 02, 03
REF	01, 02
REF	01, 02
2310 – *Provider Information (Managed Care)*	
LX	01
NM1	01, 02, , , , , , 08, 09, 10
N4	, , , , 05, 06
2310 – *Provider Information (PCM)*	
LX	01
NM1	01, 02, 03, , , , , 08, 09, 10
PER	01, , 03, 04
2300 – *Coverage (Fee Payment)*	
HD	01, , 03
DTP	01, 02, 03
DTP	01, 02, 03
DTP	01, 02, 03
DTP	01, 02, 03
AMT	01, 02, 03
REF	01, 02
REF	01, 02
REF	01, 02
SE	01, 02

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834 Enrollment

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original Submission
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	127	Reference ID	S/S AN 1/30		Additional Trace Number

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 Enrollment

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Member Loop) **[Repeat this loop for each person being enrolled.]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	N, Y	Code indicating if Subscriber Information is contained in the current loop
02	1069	Relationship Code	N/R ID 2/2		01= Spouse 03= Parent 13= Parent-in-Law 15= Ward 17= Stepchild 18= Self (use for Sponsor) 19= Child 25= Former Spouse 26= Guardian 48= Stepfather 49= Stepmother
03	875	Maintenance Type Code	R/R ID 3/3	**021**	**021= Add**
04	1203	Maintenance Reason Code	R/R ID 2/3	**28**	**28= Initial Enrollment**
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

834 Enrollment

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

6. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	N/R AN 1/35		Person Last Name DEERS Length-26
04	1036	Name First	N/R AN 1/25		Person First Name DEERS Length=20
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/S AN 2/80		Insured DEERS Identifier DEERS Length=11

7. Segment HD (2300-Health Coverage Loop)

ID	REF	Element Name	Attributes	Value	Description
01	875	Maintenance Type Code	R/R ID 3/3	021	021= Addition HCDP Access/Update Code DEERS Length=1
03	1205	Insurance Line Code	R/R ID 2/3	HLT	**HLT= Health** DEN= Dental HCDP Type Code DEERS Length=1

834 Enrollment

8. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	348	348= Benefit Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

9. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	349	349= Benefit End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment End Calendar Date DEERS Length=8

10. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

834 Enrollment

11. Segment REF **[Optional, required when an individual is waived from paying enrollment fees.]**

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	9V	9V = Payment Category (Fee Waiver Reason Code)
02	127	Reference ID	R/R AN 1/30		HCDP Individual Enrollment Fee Waiver Reason Code DEERS Length=2

12. Segment LX (2310-Managed Care Loop)

ID	REF	Element Name	Attributes	Value	Description
01	554	Reference Number	R/R N0 1/6		Sequential Number

13. Segment NM1

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	Y2	Y2= Managed Care Organization
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
08	66	ID Code Qualifier	R/S ID 1/2	XX	XX= ID Qualifier
09	67	ID Code (*2-field concatenation*)	R/S AN 2/80		D= Direct Care C= Civilian U= USFHP N= None PCM Network Provider Type Code DEERS Length=1 PCM Enrolling Division DMIS Identifier DEERS Length=4
10	706	Entity Relationship Code	N/R ID 2/2	72	72= Unknown

834 Enrollment

14. Segment N4

ID	REF	Element Name	Attributes	Value	Description
05	309	Location Qualifier	R/S ID 1/2	RJ	RJ= Region
06	310	Location ID	R/S AN 1/30		PCM Region Identifier DEERS Length=4

15. Segment LX (2310-PCM Loop) **[Optional, required for Direct Care & USFHP PCMs.]**

ID	REF	Element Name	Attributes	Value	Description
01	554	Reference Number	R/R N0 1/6		Sequential Number

16. Segment NM1

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P3	P3= Primary Care Manager
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35		PCM Name DEERS Length=40
08	66	ID Code Qualifier	R/S ID 1/2	XX	XX= ID Qualifier
09	67	ID Code (*2 field concatenation*)	R/S AN 2/80		S= SSN T= Tax ID PCM Identifier Type Code DEERS Length=1 PCM Identifier DEERS Length=13
10	706	Entity Relationship Code	N/R ID 2/2	**72**, 25, 26	72= Unknown 25= Established Patient 26= Not an Established Patient

834 Enrollment

17. Segment PER (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact Function Code	R/R ID 2/2	IC	IC= Information Contact
03	365	Communication Number Qualifier	R/R ID 2/2	TE	TE= Telephone
04	364	Communication Number	R/R AN 1/80		PCM Telephone Number Code DEERS Length=14

18. Segment HD (2300-Coverage Loop) Fees **[Optional, include when recording Enrollment Fees.]**

ID	REF	Element Name	Attributes	Value	Description
01	875	Maintenance Type Code	R/R ID 3/3	001	021= Addition
03	1205	Insurance Line Code	R/R ID 2/3	HLT	HLT= Health HCDP Type Code DEERS Length=1

19. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	348	348= Benefit Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

834 Enrollment

20. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	349	349= Benefit End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment End Calendar Date DEERS Length=8

21. Segment DTP **[Optional, required when making a fee payment.]**

ID	REF	Element Name	Attributes	Value	Description
01	374	Benefit Qualifier	R/R ID 3/3	543	543= Payment Date Qualifier
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Fee Payment Calendar Date DEERS Length=8

22. Segment DTP **[Optional, required for fee payments and waivers.]**

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	343	343= Premium Paid to Date End
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Fee Payment Paid-Through Calendar Date DEERS Length=8

834 Enrollment

23. Segment AMT [**Optional, required to record fee payments.]**

ID	REF	Element Name	Attributes	Value	Description
01	522	Amount Qualifier Code	R/R ID 1/2	P3	P3= Premium Amount
02	782	Monetary Amount	R/R R 1/15		HCDP Enrollment Fee Payment Applied Dollar Amount DEERS Length=7
03	478	Credit/Debit Flag	R/S ID 1/1	**C**	**C= Credit (Normal Payment)** HCDP Enrollment Fee Action Code DEERS Length=1

24. Segment REF **[Optional, required to record fee payments.]**

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	ZZ	ZZ= Mutually Defined (Payment Category)
02	127	Reference ID	R/R AN 1/30	Q, A, M	Q= Quarterly A= Annual M= Monthly HCDP Enrollment Fee Payment Plan Type Code DEERS Length=1

25. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

834 Enrollment

26. Segment REF **[Optional, required if for partial or non-payment of enrollment fees.]**

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	17	17= Client Reporting Category
02	127	Reference ID	R/R AN 1/30		HCDP Enrollment Fee Payment Exception Reason Code DEERS Length=2

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

3. 834 Addition of a Newborn to DEERS

This section describes the 834 Enrollment transaction set used to add a newborn to DEERS. This transaction does not contain any enrollment or benefit information.

Segments	Elements
ST	01, 02
BGN	01, 02, 03, 04, , 06
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insurer Name*	
N1	01, 02, 03, 04
2000 – *Member Level Detail (Newborn)*	
INS	01, 02, 03, 04, 05
REF	01, 02
DTP	01, 02, 03
2100A – *Member Name*	
NM1	01, 02, 03, 04, 05, , 07
PER	01, 02, 03, 04, 05, 06, 07, 08
DMG	01, 02, 03
2100C – *Mailing Address*	
NM1	01, 02
N3	01, 02
N4	01, 02, 03, 04
SE	01, 02

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834 Addition of a Newborn to DEERS

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original Submission
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	127	Reference ID	S/S AN 1/30		Additional Trace Number

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 Addition of a Newborn to DEERS

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Insured Person Loop)

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	N	Code indicating if Subscriber Information is contained in the current loop
02	1069	Relationship Code	R/R ID 2/2	**19**	**19= Child** Person Association Reason Code DEERS Length=2
03	875	Maintenance Type Code	R/R ID 3/3	021	021= Add Person Action Code DEERS Length=1
04	1203	Maintenance Reason Code	R/R ID 2/3	02	02= Birth
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

834 Addition of a Newborn to DEERS

6. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	303	303= Maintenance Effective Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Mailing Address Date DEERS Length=8

7. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	N/R AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	R/R AN 1/25		Person First Name DEERS Length=20
05	1037	Name Middle	S/S AN 1/25		Person Middle Name DEERS Length=20
07	1039	Name Suffix	S/S AN 1/10		Person Cadency Name DEERS Length=4

834 Addition of a Newborn to DEERS

8. Segment PER **[Optional, include only if Telephone Numbers are known.]**

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact Function Code	R/R ID 2/2	1P	1P= Insured Party
03	365	Communication Number Qualifier	S/R ID 2/2	HP	HP= Home Phone
04	364	Communication Number	S/R AN 1/80		Home Telephone Number Code DEERS Length=14
05	365	Communication Number Qualifier	S/S ID 2/2	WP	WP= Work Telephone
06	364	Communication Number	S/S AN 1/80		Work Telephone Number Code DEERS Length=14
07	365	Communications Qualifier	S/S ID 2/2	FX	FX= Facsimile
08	364	Communication Number	S/S AN 1/80		FAX Telephone Number Code DEERS Length=14

9. Segment DMG

ID	REF	Element Name	Attributes	Value	Description
01	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format Qualifier
02	1251	Date/Time Period (CCYYMMDD)	R/R AN 1/35		Person Birth Date DEERS Length=8
03	1068	Gender Code	R/R ID 1/1	F, M, U	F= Female M= Male U= Unknown Person Sex Code DEERS Length=1

834 Addition of a Newborn to DEERS

10. Segment NM1 (2100C-Mailing Address Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	31	31= Mailing Address
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity

11. Segment N3

ID	REF	Element Name	Attributes	Value	Description
01	166	Mailing Address - Line 1	R/R AN 1/55		Mailing Address Line 1 Text DEERS Length=40
02	166	Mailing Address - Line 2	S/S AN 1/55		Mailing Address Line 2 Text DEERS Length=40

12. Segment N4

ID	REF	Element Name	Attributes	Value	Description
01	19	City Name	R/R AN 2/30		Mailing Address City Name DEERS Length=20
02	156	State Code	S/R ID 2/2		Mailing Address State Code DEERS Length=2
03	116	ZIP Code (*2-field concatenation*)	S/R ID 3/15		Mailing Address Postal Region ZIP Code DEERS Length=5 Mailing Address Postal Region ZIP Extension Code DEERS Length=4
04	26	Country Code	R/S ID 2/3		Mailing Address Country Code DEERS Length=2

834 Addition of a Newborn to DEERS

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

4. 834 Re-enrollment

This section describes the 834 Enrollment transaction set used to reenroll an individual into their current coverage plan.

Segments	*Elements*
ST	01, 02
BGN	01, 02, 03, 04, , 06
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insured Name*	
N1	01, 02, 03, 04
2000 – *Member*	
INS	01, 02, 03, 04, 05
REF	01, 02
2100A – *Member Name*	
NM1	01, 02, 03, 04, , , , 08, 09
2300 – *Coverage (Fee Payment)*	
HD	01, , 03
DTP	01, 02, 03
DTP	01, 02, 03
DTP	01, 02, 03
DTP	01, 02, 03
AMT	01, 02, 03
REF	01, 02
REF	01, 02
REF	01, 02
REF	01, 02
SE	01, 02

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834 Re-enrollment

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original Submission
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	127	Reference ID	S/S AN 1/30		Additional Trace Number

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 Re-enrollment

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Member Loop) **[This loop may repeat for each Person being Reenrolled.]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	Y, N	Code indicating if Subscriber Information is contained in the current loop
02	1069	Relationship Code	N/R ID 2/2		01= Spouse 03= Parent 13= Parent-in-Law 15= Ward 17= Stepchild 18= Self (use for Sponsor) 19= Child 25= Former Spouse 26= Guardian 48= Stepfather 49= Stepmother
03	875	Maintenance Type Code	R/R ID 3/3	001	001= Change
04	1203	Maintenance Reason Code	R/R ID 2/3	41	41= Re-enrollment HCDP Access/Update Code DEERS Length=1
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

834 Re-enrollment

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

6. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	N/R AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	N/R AN 1/25		Person First Name DEERS Length=20
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/S AN 2/80		Insured DEERS Identifier DEERS Length=11

7. Segment HD (2300-Coverage Loop)

ID	REF	Element Name	Attributes	Value	Description
01	875	Maintenance Type Code	R/R ID 3/3	001	001= Change HCDP Access/Update Code DEERS Length=1
03	1205	Insurance Line Code	R/R ID 2/3	**HLT**	**HLT= Health** DEN= Dental HCDP Type Code DEERS Length=1

834 Re-enrollment

8. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	348	348= Benefit Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

9. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	349	349= Benefit End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment End Calendar Date DEERS Length=8

10. Segment DTP **[Optional, required when recording fee payment.]**

ID	REF	Element Name	Attributes	Value	Description
01	374	Benefit Qualifier	R/R ID 3/3	***543***	***543= Payment Date Qualifier***
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Fee Payment Calendar Date DEERS Length=8

834 Re-enrollment

11. Segment DTP **[Optional, required when recording fee payment or waiving fees.]**

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	343	343= Premium Paid to Date End
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Fee Payment Paid-Through Calendar Date DEERS Length=8

12. Segment AMT **[Optional, required when recording fee payment.]**

ID	REF	Element Name	Attributes	Value	Description
01	522	Amount Qualifier Code	R/R ID 1/2	P3	P3= Premium Amount
02	782	Monetary Amount	R/R R 1/15		HCDP Enrollment Fee Payment Applied Dollar Amount DEERS Length=7
03	478	Credit/Debit Flag	R/R ID 1/1	**C**	**C= Credit** (Normal Payment) HCDP Enrollment Fee Action Code DEERS Length=1

13. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

834 Re-enrollment

14. Segment REF **[Optional, required when recording fee payment.]**

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	***ZZ***	***ZZ= Mutually Defined (Payment Category)***
02	127	Reference ID	R/R AN 1/30	Q, A, M	Q= Quarterly A= Annual M= Monthly HCDP Enrollment Fee Payment Plan Type Code DEERS Length=1

15. Segment REF **[Optional, required if Fees are partially paid or waived.]**

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	17	17= Client Reporting Category
02	127	Reference ID	R/R AN 1/30		HCDP Enrollment Fee Payment Exception Reason Code DEERS Length=2

16. Segment REF **[Optional, required when waiving fees for an individual.]**

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	9V	9V = Payment Category (Fee Waiver Reason Code)
02	127	Reference ID	R/R AN 1/30		HCDP Individual Enrollment Fee Waiver Reason Code DEERS Length=2

834 Re-enrollment

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

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5. 834 Modification of Enrollment (PCM Change)

This section describes the 834 Enrollment transaction set used to record an individual's selection of a new Primary Care Manager (PCM).

Segments	*Elements*
ST	01, 02
BGN	01, 02, 03, 04, , 06
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insurer Name*	
N1	01, 02, 03, 04
2000 – *Member*	
INS	01, 02, 03, 04, 05
REF	01, 02
2100A – *Member Name*	
NM1	01, 02, 03, 04, , , , 08, 09
2300 – *Coverage*	
HD	01, , 03
DTP	01, 02, 03
REF	01, 02
2310 – *Provider (Managed Care)*	
LX	01
NM1	01, 02, , , , , , 08, 09, 10
N4	, , , , 05, 06
PLA	01, 02, 03, , 05
2310 – *Provider (PCM)*	
LX	01
NM1	01, 02, 03, , , , , 08, 09
PER	01, , 03, 04
SE	01, 02

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834 Modification of Enrollment (PCM Change)

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	127	Reference ID	S/S AN 1/30		Additional Trace Number

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 Modification of Enrollment (PCM Change)

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Insured Person Loop) **[This Loop may repeat for each person making a PCM Change.]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	Y, N	Code indicating if Subscriber Information is contained in the current loop
02	1069	Relationship Code	N/R ID 2/2		01= Spouse 03= Parent 13= Parent-in-Law 15= Ward 17= Stepchild 18= Self 19= Child 25= Former Spouse 48= Stepfather 49= Stepmother
03	875	Maintenance Type Code	R/R ID 3/3	001	001= Change
04	1203	Maintenance Reason Code	R/R ID 2/3	15	15= PCM Change
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

834 Modification of Enrollment (PCM Change)

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

6. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	N/R AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	N/R AN 1/25		Person First Name DEERS Length=20
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/S AN 2/80		Insured DEERS Identifier DEERS Length=11

7. Segment HD (2300-Coverage Loop)

ID	REF	Element Name	Attributes	Value	Description
01	875	Maintenance Type Code	R/R ID 3/3	001	001= Change PCM Action Code DEERS Length=1
03	1205	Insurance Line Code	R/R ID 2/3	HLT	HLT= Health HCDP Type Code DEERS Length=1

834 Modification of Enrollment (PCM Change)

8. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	348	348= Benefit Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

9. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

10. Segment LX (2310-Managed Care Loop)

ID	REF	Element Name	Attributes	Value	Description
01	554	Reference Number	R/R N0 1/6		Sequential Number

834 Modification of Enrollment (PCM Change)

11. Segment NM1

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	Y2	Y2= Managed Care Organization
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
08	66	ID Code Qualifier	R/S ID 1/2	XX	XX= ID Qualifier
09	67	ID Code (*2-field concatenation*)	R/S AN 2/80		D= Direct Care C= Civilian U= USFHP N= None PCM Network Provider Type Code DEERS Length=1 PCM Enrolling Division DMIS Identifier DEERS Length=4
10	706	Entity Relationship Code	N/R ID 2/2	72	72= Unknown

12. Segment N4

ID	REF	Element Name	Attributes	Value	Description
05	309	Location Qualifier	R/X ID 1/2	RJ	RJ= Region Code
06	310	Location ID	R/X AN 1/30		PCM Region Identifier DEERS Length=4

834 Modification of Enrollment (PCM Change)

13. Segment PLA

ID	REF	Element Name	Attributes	Value	Description
01	306	Action Code	R/R ID 1/2	2	2= Change
02	98	Entity ID Code	R/R ID 2/3	1P	1P= Provider
03	373	Date (CCYYMMDD)	R/R DT 8/8		PCM Selection Begin Calendar Date DEERS Length=8
05	1203	Maintenance Reason Code	R/R ID 2/3		PCM Selection End Reason Code DEERS Length=1

14. Segment LX (2310-PCM Loop) **[Optional, used for Direct Care & USFHP PCMs.]**

ID	REF	Element Name	Attributes	Value	Description
01	554	Reference Number	R/R N0 1/6		Sequential Number

15. Segment NM1 **[NM103, NM108 & NM109 are required for Direct Care PCM & USFHP Networks.]**

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P3	P3= Primary Care Manager
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35		Primary Care Manager Name DEERS Length=40
08	66	ID Code Qualifier	S/S ID 1/2	XX	XX= ID Qualifier
09	67	ID Code (2 field concatenation of PCM ID & ID Type)	S/S AN 2/80		S= SSN T= Tax ID Primary Care Manager Identifier Type Code DEERS Length=1 Primary Care Manager Identifier DEERS Length=12

834 Modification of Enrollment (PCM Change)

16. Segment PER **[Optional, recommended for Direct Care & USFHP PCM Networks.]**

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact Function Code	R/R ID 2/2	IC	IC= Information Contact
03	365	Communication Number Qualifier	R/R ID 2/2	TE	TE= Telephone
04	364	Communication Number	R/R AN 1/80		PCM Telephone Number Code DEERS Length=14

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

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6. 834 Modification of Enrollment (PCM Cancel & Enrollment Transfer Cancel)

This section describes the 834 Enrollment transaction set used to cancel the current Primary Care Manager (PCM). This Transaction Set is also used to cancel an enrollment transfer.

Segments	*Elements*
ST	01, 02
BGN	01, 02, 03, 04, , 06
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insurer Name*	
N1	01, 02, 03, 04
2000 – *Member*	
INS	01, 02, 03, 04, 05
REF	01, 02
2100A – *Member Name*	
NM1	01, 02, 03, 04, , , , 08, 09
2300 – *Coverage*	
HD	01, , 03
DTP	01, 02, 03
REF	01, 02
2310 – *Provider (Managed Care)*	
LX	01
NM1	01, 02, , , , , , 08, 09, 10
N4	, , , , 05, 06
PLA	01, 02, 03, , 05
2310 – *Provider (PCM)*	
LX	01
NM1	01, 02, 03, , , , , 08, 09
SE	01, 02

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834 Modification of Enrollment (PCM Cancel & Enrollment Transfer Cancel)

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	127	Reference ID	S/S AN 1/30		Additional Trace Number

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 Modification of Enrollment (PCM Cancel & Enrollment Transfer Cancel)

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Insured Person Loop) **[This Loop may repeat for each person making a PCM Change.]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	Y, N	Code indicating if Subscriber Information is contained in the current loop
02	1069	Relationship Code	N/R ID 2/2		01= Spouse 03= Parent 13= Parent-in-Law 15= Ward 17= Stepchild 18= Self 19= Child 25= Former Spouse 48= Stepfather 49= Stepmother
03	875	Maintenance Type Code	R/R ID 3/3	024	024= Cancel
04	1203	Maintenance Reason Code	R/R ID 2/3	15	15= PCM Change
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

834 Modification of Enrollment (PCM Cancel & Enrollment Transfer Cancel)

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

6. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	N/R AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	N/R AN 1/25		Person First Name DEERS Length=20
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/S AN 2/80		Insured DEERS Identifier DEERS Length=11

7. Segment HD (2300-Coverage Loop)

ID	REF	Element Name	Attributes	Value	Description
01	875	Maintenance Type Code	R/R ID 3/3	024	024 = Cancel PCM Action Code DEERS Length=1
03	1205	Insurance Line Code	R/R ID 2/3	HLT	HLT= Health HCDP Type Code DEERS Length=1

834 Modification of Enrollment (PCM Cancel & Enrollment Transfer Cancel)

8. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	348	348= Benefit Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

9. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

10. Segment LX (2310-Managed Care Loop)

ID	REF	Element Name	Attributes	Value	Description
01	554	Reference Number	R/R N0 1/6		Sequential Number

834 Modification of Enrollment (PCM Cancel & Enrollment Transfer Cancel)

11. Segment NM1

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	Y2	Y2= Managed Care Organization
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
08	66	ID Code Qualifier	R/S ID 1/2	XX	XX= ID Qualifier
09	67	ID Code (*2-field concatenation*)	R/S AN 2/80		D= Direct Care C= Civilian U= USFHP N= None PCM Network Provider Type Code DEERS Length=1 PCM Enrolling Division DMIS Identifier DEERS Length=4
10	706	Entity Relationship Code	N/R ID 2/2	72	72= Unknown

12. Segment N4

ID	REF	Element Name	Attributes	Value	Description
05	309	Location Qualifier	R/X ID 1/2	RJ	RJ= Region Code
06	310	Location ID	R/X AN 1/30		PCM Region Identifier DEERS Length=4

834 Modification of Enrollment (PCM Cancel & Enrollment Transfer Cancel)

13. Segment PLA

ID	REF	Element Name	Attributes	Value	Description
01	306	Action Code	R/R ID 1/2	2	2= Change
02	98	Entity ID Code	R/R ID 2/3	1P	1P= Provider
03	373	Date (CCYYMMDD)	R/R DT 8/8		PCM Selection Begin Calendar Date DEERS Length=8
05	1203	Maintenance Reason Code	R/R ID 2/3	46	46=Invalid Entry PCM Selection End Reason Code DEERS Length=1

14. Segment LX (2310-PCM Loop) **[Optional, used for Direct Care & USFHP PCMs.]**

ID	REF	Element Name	Attributes	Value	Description
01	554	Reference Number	R/R N0 1/6		Sequential Number

15. Segment NM1 **[NM103, NM108 & NM109 are required for Direct Care & USFHP PCM Networks.]**

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P3	P3= Primary Care Manager
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35		PCM Name DEERS Length=40
08	66	ID Code Qualifier	S/S ID 1/2		PCM Identifier Type Code DEERS Length=1
09	67	ID Code (2 field concatenation of PCM ID & ID Type)	S/S AN 2/80		PCM Identifier DEERS Length=13

834 Modification of Enrollment (PCM Cancel & Enrollment Transfer Cancel)

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

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7. 834 Modification of Enrollment (Transfer)

This section describes the 834 Enrollment transaction set used to transfer an individual's coverage to another entity when the individual relocates to a different location in a different region. The mailing address and/or telephone for the person may be updated at the same time. This additional update requires separate 834 Transaction Set for Address and Telephone updates. This additional Transaction Set may be included in the same X12 Envelope. Please refer to Section 15 for instructions on building an 834 Transaction Set for Address and Telephone Updates.

Segments	*Elements*
ST	01, 02
BGN	01, 02, 03, 04, , 06
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insurer Name*	
N1	01, 02, 03, 04
2000 – *Member Level Detail (Insured Person)*	
INS	01, 02, 03, 04, 05
REF	01, 02
2100A – *Member Name*	
NM1	01, 02, 03, 04, , , , 08, 09
2300 – *Coverage*	
HD	01, , 03
REF	01, 02
2310 – *Provider Information (Managed Care)*	
LX	01
NM1	01, 02, , , , , , 08, 09, 10
N4	, , , , 05, 06
PLA	01, 02, 03, , 05
2310 – *Provider Information (PCM)*	
LX	01
NM1	01, 02, 03, , , , , 08, 09, 10
PER	01, , 03, 04
SE	01, 02

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834 Modification of Enrollment (Transfer)

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original Submission
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	127	Reference ID	S/S AN 1/30		Additional Trace Number

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 Modification of Enrollment (Transfer)

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Insured Person Loop) **[This Loop may repeat for each person who is transferring.]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	N, Y	Code indicating if Subscriber Information is contained in the current loop
02	1069	Relationship Code	N/R ID 2/2		01= Spouse 03= Parent 13= Parent-in-Law 15= Ward 17= Stepchild 18= Self (use for Sponsor) 19= Child 25= Former Spouse 48= Stepfather 49= Stepmother
03	875	Maintenance Type Code	R/R ID 3/3	001	001= Change
04	1203	Maintenance Reason Code	R/R ID 2/3	XT	XT= Transfer HCDP Access/Update Code DEERS Length=1
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

834 Modification of Enrollment (Transfer)

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

6. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	N/R AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	N/R AN 1/25		Person First Name DEERS Length=20
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/S AN 2/80		Insured DEERS Identifier DEERS Length=11

7. Segment HD (2300-Coverage Loop)

ID	REF	Element Name	Attributes	Value	Description
01	875	Maintenance Type Code	R/R ID 3/3	001	001= Change
03	1205	Insurance Line Code	R/R ID 2/3	HLT	HLT= Health HCDP Type Code DEERS Length=1

834 Modification of Enrollment (Transfer)

8. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

9. Segment LX (2310-Managed Care Loop)

ID	REF	Element Name	Attributes	Value	Description
01	554	Reference Number	R/R N0 1/6		Sequential Number

10. Segment NM1

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	Y2	Y2= Managed Care Organization
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
08	66	ID Code Qualifier	R/S ID 1/2	XX	XX= ID Qualifier
09	67	ID Code (*2-field concatenation*)	R/S AN 2/80		D= Direct Care C= Civilian U= USFHP N= None PCM Network Provider Type Code DEERS Length=1 PCM Enrolling Division DMIS Identifier DEERS Length=4
10	706	Entity Relationship Code	N/R ID 2/2	72	72= Unknown

834 Modification of Enrollment (Transfer)

11. Segment N4

ID	REF	Element Name	Attributes	Value	Description
05	309	Location Qualifier	R/S ID 1/2	RJ	RJ= Region Code
06	310	Location ID	R/S AN 1/30		PCM Region Identifier DEERS Length=4

12. Segment PLA

ID	REF	Element Name	Attributes	Value	Description
01	306	Action Code	R/R ID 1/2	2	2= Change
02	98	Entity ID Code	R/R ID 2/3	1P	1P= Provider
03	373	Date (CCYYMMDD)	R/R DT 8/8		AH= Patient Moved to New Location PCM Selection Begin Calendar Date DEERS Length=8
05	1203	Maintenance Reason Code	R/R ID 2/3	AH	AH = Patient Moved to New Location HCDP Enrollment End Reason Code DEERS Length=1

13. Segment LX (2310-PCM Loop) **[Optional, Required for Direct Care & USFHP PCMs.]**

ID	REF	Element Name	Attributes	Value	Description
01	554	Reference Number	R/R N0 1/6		Sequential Number

834 Modification of Enrollment (Transfer)

14. Segment NM1

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P3	P3= Primary Care Manager
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35		PCM Name DEERS Length=40
08	66	ID Code Qualifier	R/S ID 1/2	XX	XX= ID Qualifier
09	67	ID Code (*2 field concatenation*)	R/S AN 2/80		PCM Identifier Type Code DEERS Length=1 PCM Identifier DEERS Length=13
10	706	Entity Relationship Code	N/R ID 2/2	**72**, 25, 26	72= Unknown 25= Established Patient 26= Not and Established Patient

15. Segment PER (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact Function Code	R/R ID 2/2	IC	IC= Information Contact
03	365	Communication Number Qualifier	R/R ID 2/2	TE	TE= Telephone
04	364	Communication Number	R/R AN 1/80		PCM Telephone Number Code DEERS Length=14

834 Modification of Enrollment (Transfer)

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
02	329	Transaction Set Control Number	R/R AN 4/9		

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8. 834 Modification of Enrollment (Fee Payment)

This section describes the 834 Enrollment transaction set used to record an enrollment fee payment or waive fees for a coverage plan that requires enrollment fees.

Segments	*Elements*
ST	01, 02
BGN	01, 02, 03, 04, , 06
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insurer Name*	
N1	01, 02, 03, 04
2000 – *Member Level Detail*	
INS	01, 02, 03, 04, 05
REF	01, 02
2100A – *Member Name*	
NM1	01, 02, 03, 04, , , , 08, 09
2300 – *Coverage (Fee Payment)*	
HD	01, , 03
DTP	01, 02, 03
DTP	01, 02, 03
DTP	01, 02, 03
AMT	01, 02, 03
REF	01, 02
REF	01, 02
REF	01, 02
SE	01, 02

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834 Modification of Enrollment (Fee Payment)

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original Submission
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	127	Reference ID	S/S AN 1/30		Additional Trace Number

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 Modification of Enrollment (Fee Payment)

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Member Loop) **[This loop may repeat for each policy that fee payments are being recorded.]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	Y	Code indicating if Subscriber Information is contained in the current loop
02	1069	Relationship Code	N/R ID 2/2	18	18= Self (use for Sponsor)
03	875	Maintenance Type Code	R/R ID 3/3	069	069= Payment Notification
04	1203	Maintenance Reason Code	R/R ID 2/3	48	48= Fees Processing (indicates a fee payment is being recorded)
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

834 Modification of Enrollment (Fee Payment)

6. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	N/R AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	N/R AN 1/25		Person First Name DEERS Length=20
08	66	ID Code Qualifier	R/R ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/S AN 2/80		Insured DEERS Identifier DEERS Length=11

7. Segment HD (2300-Coverage Loop) Fee Payment

ID	REF	Element Name	Attributes	Value	Description
01	875	Maintenance Type Code	R/R ID 3/3	021	021= Addition HCDP Enrollment Fee Action Code DEERS Length=?
03	1205	Insurance Line Code	R/R ID 2/3	HLT	HLT= Health HCDP Type Code DEERS Length=1

8. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	348	348= Eligibility Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

834 Modification of Enrollment (Fee Payment)

9. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Benefit Qualifier	R/R ID 3/3	543	543= Payment Date Qualifier
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Fee Payment Calendar Date DEERS Length=8

10. Segment DTP **[Optional, required for fee payments.]**

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	343	343= Premium Paid to Date End
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Fee Payment Paid-Through Calendar Date DEERS Length=8

11. Segment AMT **[Optional, required to record fee payments.]**

ID	REF	Element Name	Attributes	Value	Description
01	522	Amount Qualifier Code	R/R ID 1/2	P3	P3= Premium Amount
02	782	Monetary Amount	R/R R 1/15		HCDP Enrollment Fee Payment Applied Dollar Amount DEERS Length=7
03	478	Credit/Debit Flag	R/S ID 1/1	**C**, D	**C= Credit (Normal Payment)** D= Debit (used for corrections)

834 Modification of Enrollment (Fee Payment)

12. Segment REF [**Optional, required to record fee payments.]**

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	ZZ	ZZ= Mutually Defined (Payment Category)
02	127	Reference ID	R/R AN 1/30	Q, A, M	Q= Quarterly A= Annual M= Monthly HCDP Enrollment Fee Payment Plan Type Code DEERS Length=1

13. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

14. Segment REF **[Optional, required if for partial or non-payment of enrollment fees.]**

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	17	17= Client Reporting Category
02	127	Reference ID	R/R AN 1/30		HCDP Enrollment Fee Payment Exception Reason Code DEERS Length=2

834 Modification of Enrollment (Fee Payment)

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

9. 834 Modification of Enrollment (Change Enrollment Period)

This section describes the 834 Enrollment transaction set used to change an individual's enrollment period.

Segments	*Elements*
ST	01, 02
BGN	01, 02, 03, 04
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insurer Name*	
N1	01, 02, 03, 04
2000 – *Member Level Detail (Insured Person)*	
INS	01, 02, 03, 04, 05
REF	01, 02
2100A – *Member Name*	
NM1	01, 02, 03, 04, , , , 08, 09
2300 – *Coverage*	
HD	01, , 03, , 05
DTP	01, 02, 03
DTP	01, 02, 03
REF	01, 02
SE	01, 02

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834 Modification of Enrollment (Change Enrollment Period)

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original Submission
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 Modification of Enrollment (Change Enrollment Period)

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Insured Person Loop)

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	N, Y	Code indicating if Subscriber Information is contained in the current loop
02	1069	Relationship Code	N/R ID 2/2		01= Spouse 03= Parent 13= Parent-in-Law 15= Ward 17= Stepchild 18= Self (use for Sponsor) 19= Child 25= Former Spouse 48= Stepfather 49= Stepmother
03	875	Maintenance Type Code	R/R ID 3/3	001	001= Change
04	1203	Maintenance Reason Code	R/R ID 2/3	22	22= Plan Change HCDP Access/Update Code DEERS Length=1
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

834 Modification of Enrollment (Change Enrollment Period)

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

6. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	N/R AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	N/R AN 1/25		Person First Name DEERS Length=20
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/S AN 2/80		Insured DEERS Identifier DEERS Length=11

834 Modification of Enrollment (Change Enrollment Period)

7. Segment HD (2300-Coverage Loop)

ID	REF	Element Name	Attributes	Value	Description
01	875	Maintenance Type Code	R/R ID 3/3	001	001= Change HCDP Access/Update Code DEERS Length=1
03	1205	Insurance Line Code	R/R ID 2/3	HLT	HLT= Health HCDP Type Code DEERS Length=1
05	1207	Coverage Level Code	R/S ID 3/3	IND, FAM	IND= Individual FAM= Family Person/Family Transaction Type Code DEERS Length=1

8. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	348	348= Benefit Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

9. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	349	349= Benefit End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment End Calendar Date DEERS Length=8

834 Modification of Enrollment (Change Enrollment Period)

10. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
02	329	Transaction Set Control Number	R/R AN 4/9		

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10. 834 Modification of Enrollment (Change Disenrollment End Reason)

This section describes the 834 Enrollment transaction set used to change an individual's disenrollment reason code after a person has been disenrolled. Typically used to correct an incorrect disenrollment reason code.

Segments	*Elements*
ST	01, 02
BGN	01, 02, 03, 04
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insurer Name*	
N1	01, 02, 03, 04
2000 – *Member Level Detail (Insured Person)*	
INS	01, 02, 03, 04, 05
REF	01, 02
2100A – *Member Name*	
NM1	01, 02, 03, 04, , , , 08, 09
2300 – *Coverage*	
HD	01, , 03, , 05
DTP	01, 02, 03
DTP	01, 02, 03
REF	01, 02
REF	01, 02
SE	01, 02

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834 Modification of Enrollment (Change Disenrollment End Reason)

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original Submission
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 Modification of Enrollment (Change Disenrollment End Reason)

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Insured Person Loop)

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	N, Y	Code indicating if Subscriber Information is contained in the current loop
02	1069	Relationship Code	N/R ID 2/2		01= Spouse 03= Parent 13= Parent-in-Law 15= Ward 17= Stepchild 18= Self (use for Sponsor) 19= Child 25= Former Spouse 48= Stepfather 49= Stepmother
03	875	Maintenance Type Code	R/R ID 3/3	001	001= Change
04	1203	Maintenance Reason Code	R/R ID 2/3	22	22= Plan Change HCDP Access/Update Code DEERS Length=1
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

834 Modification of Enrollment (Change Disenrollment End Reason)

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

6. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	N/R AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	N/R AN 1/25		Person First Name DEERS Length=20
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/S AN 2/80		Insured DEERS Identifier DEERS Length=11

834 Modification of Enrollment (Change Disenrollment End Reason)

7. Segment HD (2300-Coverage Loop)

ID	REF	Element Name	Attributes	Value	Description
01	875	Maintenance Type Code	R/R ID 3/3	001	001= Change HCDP Access/Update Code DEERS Length=1
03	1205	Insurance Line Code	R/R ID 2/3	HLT	HLT= Health HCDP Type Code DEERS Length=1
05	1207	Coverage Level Code	R/S ID 3/3	IND, FAM	IND= Individual FAM= Family Person/Family Transaction Type Code DEERS Length=1

8. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	348	348= Benefit Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

9. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	349	349= Benefit End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment End Calendar Date DEERS Length=8

834 Modification of Enrollment (Change Disenrollment End Reason)

10. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

11. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	17	17= Client Reporting category
02	127	Reference ID	R/R AN 1/30		HCDP Enrollment End Code DEERS Length=2

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
02	329	Transaction Set Control Number	R/R AN 4/9		

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11. 834 Update Individual Enrollment Fee Waiver Information

This section describes the 834 Enrollment transaction set used to update fee waiver information.

Segments	*Elements*
ST	01, 02
BGN	01, 02, 03, 04, , 06
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insurer Name*	
N1	01, 02, 03, 04
2000 – *Member Level Detail*	
INS	01, 02, 03, 04, 05
REF	01, 02
2100A – *Member Name*	
NM1	01, 02, 03, 04, , , , 08, 09
2300 – *Coverage (Fee Payment)*	
HD	01, , 03
DTP	01, 02, 03
DTP	01, 02, 03
REF	01, 02
REF	01, 02
SE	01, 02

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834 Update Individual Enrollment Fee Waiver Information

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original Submission
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	127	Reference ID	S/S AN 1/30		Additional Trace Number

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 Update Individual Enrollment Fee Waiver Information

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Member Loop)

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	Y	Code indicating if Subscriber Information is contained in the current loop
02	1069	Relationship Code	N/R ID 2/2	18	18= Self (use for Sponsor)
03	875	Maintenance Type Code	R/R ID 3/3	001	001= Change
04	1203	Maintenance Reason Code	R/R ID 2/3	21	21= Disability (Update Individual Enrollment Fee Waiver Information)
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

834 Update Individual Enrollment Fee Waiver Information

6. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	N/R AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	N/R AN 1/25		Person First Name DEERS Length=20
08	66	ID Code Qualifier	R/R ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/S AN 2/80		Insured DEERS Identifier DEERS Length=11

7. Segment HD (2300-Coverage Loop) Fee Payment

ID	REF	Element Name	Attributes	Value	Description
01	875	Maintenance Type Code	R/R ID 3/3	021	021= Addition HCDP Access/Update Code DEERS Length=1
03	1205	Insurance Line Code	R/R ID 2/3	HLT	HLT= Health HCDP Type Code DEERS Length=1

8. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	349	348= Benefit Begin Date (Enrollment Begin Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

834 Update Individual Enrollment Fee Waiver Information

9. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	349	349= Benefit end date (Enrollment End Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment End Calendar Date DEERS Length=8

10. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy Number
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

11. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	9V	9V = Payment Category (Fee Waiver Reason Code)
02	127	Reference ID	R/R AN 1/30		HCDP Individual Enrollment Fee Waiver Reason Code DEERS Length=2

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

12. 834 Cancel Enrollment/Disenrollment

This section describes the 834 Enrollment transaction set used to cancel an individual's enrollment or disenrollment.

Segments	*Elements*
ST	01, 02
BGN	01, 02, 03, 04
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insurer Name*	
N1	01, 02, 03, 04
2000 – *Member Level Detail (Insured Person)*	
INS	01, 02, 03, 04, 05
REF	01, 02
2100A – *Member Name*	
NM1	01, 02, 03, 04, , , , 08, 09
2300 – *Coverage*	
HD	01, , 03, , 05
DTP	01, 02, 03
DTP	01, 02, 03
REF	01, 02
REF	01, 02
SE	01, 02

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834 Cancel Enrollment/Disenrollment

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original Submission
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 Cancel Enrollment/Disenrollment

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Insured Person Loop)

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	N, Y	Code indicating if Subscriber Information is contained in the current loop
02	1069	Relationship Code	N/R ID 2/2		01= Spouse 03= Parent 13= Parent-in-Law 15= Ward 17= Stepchild 18= Self (use for Sponsor) 19= Child 25= Former Spouse 48= Stepfather 49= Stepmother
03	875	Maintenance Type Code	R/R ID 3/3	024	024= Cancel
04	1203	Maintenance Reason Code	R/R ID 2/3	22	22= Plan Change
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

834 Cancel Enrollment/Disenrollment

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

6. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	N/R AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	N/R AN 1/25		Person First Name DEERS Length=20
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/S AN 2/80		Insured DEERS Identifier DEERS Length=11

834 Cancel Enrollment/Disenrollment

7. Segment HD (2300-Coverage Loop)

ID	REF	Element Name	Attributes	Value	Description
01	875	Maintenance Type Code	R/R ID 3/3	024	024= Cancel HCDP Access/Update Code DEERS Length=1
03	1205	Insurance Line Code	R/R ID 2/3	HLT	HLT= Health HCDP Type Code DEERS Length=1
05	1207	Coverage Level Code	R/S ID 3/3	IND	IND= Individual Person/Family Transaction Type Code DEERS Length=1

8. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	348	348= Benefit Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

9. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	349	349= Benefit End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment End Calendar Date DEERS Length=8

834 Cancel Enrollment/Disenrollment

10. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

11. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	17	17= Client Reporting Category (Enrollment End Reason Code)
02	127	Reference ID	R/R AN 1/30	46	46= Invalid Entry HCDP Enrollment End Reason Code DEERS Length=?

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
02	329	Transaction Set Control Number	R/R AN 4/9		

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13. 834 Disenrollment

This section describes the 834 Enrollment transaction set used to disenroll an individual or family from their coverage plan. Used for:

- Voluntary Withdrawal
- Failure to Pay

Segments	*Elements*
ST	01, 02
BGN	01, 02, 03, 04, , 06
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insurer Name*	
N1	01, 02, 03, 04
2000 – *Member (Insured)*	
INS	01, 02, 03, 04, 05
REF	01, 02
2100A – *Member Name*	
NM1	01, 02, 03, 04, , , , 08, 09
2300 – *Coverage*	
HD	01, , 03
DTP	01, 02, 03
DTP	01, 02, 03
REF	01, 02
REF	01, 02
SE	01, 02

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834 Disenrollment

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original Submission
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	127	Reference ID	S/S AN 1/30		Additional Trace Number

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 Disenrollment

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Insured Person Loop) **[This loop is required for each insured person that is being disenrolled.]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	N, Y	Code indicating if Subscriber Information is contained in the current loop
02	1069	Relationship Code	N/R ID 2/2		01= Spouse 03= Parent 13= Parent-in-Law 15= Ward 17= Stepchild 18= Self (use for Sponsor) 19= Child 25= Former Spouse 48= Stepfather 49= Stepmother
03	875	Maintenance Type Code	R/R ID 3/3	001	001= Change
04	1203	Maintenance Reason Code	R/R ID 2/3	14	14= Voluntary Withdrawal
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

834 Disenrollment

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

6. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	N/R AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	N/R AN 1/25		Person First Name DEERS Length=20
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/S AN 2/80		Insured DEERS Identifier DEERS Length=11

7. Segment HD (2300-Health Coverage Loop)

ID	REF	Element Name	Attributes	Value	Description
01	875	Maintenance Type Code	R/R ID 3/3	002	002= Delete HCDP Access/Update Code DEERS Length=1
03	1205	Insurance Line Code	R/R ID 2/3	HLT	HLT= Health HDCP Type Code DEERS Length=1

834 Disenrollment

8. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	348	348= Eligibility Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

9. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	349	349= Benefit End date (Enrollment End Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment End Calendar Date DEERS Length=8

10. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

11. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	17	17= Client Reporting Category
02	127	Reference ID	R/R AN 1/30		HCDP Enrollment End Reason Code DEERS Length=1

834 Disenrollment

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

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14. 834 Disenrollment Notification

This section describes the 834 Enrollment transaction set used for:

- Notify a Loss of Eligibility
- Notify a Losing Region of a Transfer of Enrollment

Segments	*Elements*
ST	01, 02
BGN	01, 02, 03, 04, , 06
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insurer Name*	
N1	01, 02, 03, 04
2000 – *Member (Insured)*	
INS	01, 02, 03, 04, 05
REF	01, 02
2100A – *Member Name*	
NM1	01, 02, 03, 04, , , , 08, 09
2300 – *Coverage*	
HD	01, , 03
DTP	01, 02, 03
DTP	01, 02, 03
REF	01, 02
REF	01, 02
SE	01, 02

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834 Disenrollment Notification

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original Submission
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	127	Reference ID	S/S AN 1/30		Additional Trace Number

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 Disenrollment Notification

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Insured Person Loop) **[This loop is present for each insured person that is being disenrolled.]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	N, Y	Code indicating if Subscriber Information is contained in the current loop
02	1069	Relationship Code	N/R ID 2/2		01= Spouse 03= Parent 13= Parent-in-Law 15= Ward 17= Stepchild 18= Self (use for Sponsor) 19= Child 25= Former Spouse 48= Stepfather 49= Stepmother
03	875	Maintenance Type Code	R/R ID 3/3	024	024= Delete
04	1203	Maintenance Reason Code	R/R ID 2/3	07	07= Termination of Benefits
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

834 Disenrollment Notification

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

6. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	N/R AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	N/R AN 1/25		Person First Name DEERS Length=20
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/S AN 2/80		Insured DEERS Identifier DEERS Length=11

7. Segment HD (2300-Health Coverage Loop)

ID	REF	Element Name	Attributes	Value	Description
01	875	Maintenance Type Code	R/R ID 3/3	002	002= Delete HCDP Access/Update Code DEERS Length=1
03	1205	Insurance Line Code	R/R ID 2/3	HLT	HLT= Health HDCP Type Code DEERS Length=1

834 Disenrollment Notification

8. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	348	348= Eligibility Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

9. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	349	349= Eligibility End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment End Calendar Date DEERS Length=8

10. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy or Group Number
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

834 Disenrollment Notification

11. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	17	17= Client Reporting Category
02	127	Reference ID	R/R AN 1/30		HCDP Enrollment End Reason Code DEERS Length=1

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

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15. 834 General Update - Person (Address, Telephone Number)

This section describes the 834 Enrollment transaction set used to change a person's mailing address and/or telephone number.

Segments	*Elements*
ST	01, 02
BGN	01, 02, 03, 04, , 06
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insurer Name*	
N1	01, 02, 03, 04
2000 – *Member Level Detail*	
INS	01, 02, 03, 04, 05
REF	01, 02
DTP	01, 02, 03
2100A – *Member Name*	
NM1	01, 02, 03, 04, 05, , 07, 08, 09
PER	01, , 03, 04, 05, 06, 07, 08
2100C – *Mailing Address*	
NM1	01, 02
N3	01, 02
N4	01, 02, 03, 04
SE	01, 02

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834 General Update - Person (Address, Telephone Number)

Segments

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original Submission
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	127	Reference ID	S/S AN 1/30		Additional Trace Number

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 General Update - Person (Address, Telephone Number)

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Insured Person Loop) **[This loop may repeat for each person with an address or telephone update.]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	Y, N	Code indicating if Subscriber/Sponsor Information is contained in the current loop
02	1069	Relationship Code	N/R ID 2/2		01= Spouse 03= Parent 13= Parent-in-Law 17= Stepchild 18= Self (Sponsor) 19= Child 25= Former Spouse 48= Stepfather 49= Stepmother
03	875	Maintenance Type Code	R/R ID 3/3	001	001= Change
04	1203	Maintenance Reason Code	R/R ID 2/3	43	43= Address Change
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

834 General Update - Person (Address, Telephone Number)

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

6. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	303	303= Maintenance Effective Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Mailing Address Date DEERS Length=8

7. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	S/R AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	S/R AN 1/25		Person First Name DEERS Length=20
05	1037	Middle Name	S/S AN 1/25		Person Middle Name DEERS Length=20
07	1039	Name Suffix	S/S AN 1/10		Person Cadency Name DEERS Length=4
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/S AN 2/80		Insured DEERS Identifier DEERS Length=11

834 General Update - Person (Address, Telephone Number)

8. Segment PER **[Optional, include only if Telephone Numbers changed.]**

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact Function Code	R/R ID 2/2	1P	1P= Insured Party
03	365	Communication Number Qualifier	S/R ID 2/2	HP	HP= Home Phone
04	364	Communication Number	S/R AN 1/80		Home Telephone Number Code DEERS Length=14
05	365	Communication Number Qualifier	S/S ID 2/2	WP	WP= Work Telephone
06	364	Communication Number	S/S AN 1/80		Work Telephone Number Code DEERS Length=14
07	365	Communications Qualifier	S/S ID 2/2	FX	FX= Facsimile
08	364	Communication Number	S/S AN 1/80		FAX Telephone Number Code DEERS Length=14

9. Segment NM1 (2100C-Mailing Address Loop) **[Optional, include when updating an address.]**

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	31	31= Mailing Address
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity

10. Segment N3

ID	REF	Element Name	Attributes	Value	Description
01	166	Mailing Address - Line 1	R/R AN 1/55		Mailing Address Line 1 Text DEERS Length=40
02	166	Mailing Address - Line 2	S/S AN 1/55		Mailing Address Line 2 Text DEERS Length=40

834 General Update - Person (Address, Telephone Number)

11. Segment N4

ID	REF	Element Name	Attributes	Value	Description
01	19	City Name	R/R AN 2/30		Mailing Address City Name DEERS Length=20
02	156	State Code	S/R ID 2/2		Mailing Address State Code DEERS Length=2
03	116	ZIP Code (*2-field concatenation*)	S/R ID 3/15		Mailing Address Postal Region ZIP Code DEERS Length=5 Mailing Address Postal Region ZIP Extension Code DEERS Length=4
04	26	Country Code	R/S ID 2/3		Mailing Address Country Code DEERS Length=2

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

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16. 834 Update OHI

This section describes the 834 Enrollment transaction set used to Add, Change or Delete an individual's Other Health Insurance (OHI) information. The Key for a person's OHI information is a combination of OHI Carrier Identifier, OHI Policy Number, and OHI Effective Calendar Date. These fields can not be updated. Note that the 2330 Entity Loop described in these specifications is not currently in the X12 standards. The request for this new loop has been submitted to the X12 governing body.

Segments	*Elements*
ST	01, 02
BGN	01, 02, 03, 04, , 06
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insurer Name*	
N1	01, 02, 03, 04
2000 – *Member Level Detail*	
INS	01, 02, 03, 04, 05
REF	01, 02
2100A – *Member Name*	
NM1	01, 02, 03, 04, , , , 08, 09
2300 – *Coverage*	
HD	01, , 03
DTP	01, 02, 03
2320 – *Coordination of Benefits (OHI)*	
COB	01, 02, 03
DTP	01, 02, 03
DTP	01, 02, 03
2330 – *Entity (Insurer)*	
NM1	01, 02, 03, , , , , 08, 09
2330 – *Entity (Policy Holder)*	
NM1	01, 02, 03, 04, 05, , , 08, 09, 10
2330 – *Entity (Employer/Group)*	
NM1	01, 02, 03, , , , , 08, 09
N2	01
N3	01, 02
N4	01, 02, 03, 04
PER	01, , 03, 04
SE	01, 02

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834 Update OHI

Segments

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original Submission
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	127	Reference ID	S/S AN 1/30		Additional Trace Number

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 Update OHI

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Insured Person Loop) **[This loop may repeat for each person that has OHI updates.]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	N, Y	Code indicating if Subscriber Information is contained in the current loop
02	1069	Relationship Code	N/R ID 2/2		01= Spouse 03= Parent 13= Parent-in-Law 15= Ward 17= Stepchild 18= Self (use for Sponsor) 19= Child 25= Former Spouse 48= Stepfather 49= Stepmother
03	875	Maintenance Type Code	R/R ID 3/3	001	001= Change
04	1203	Maintenance Reason Code	R/R ID 2/3	**33**	33= Personnel Data (OHI Update)
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

834 Update OHI

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

6. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	N/R AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	N/R AN 1/25		Person First Name DEERS Length=20
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/S AN 2/80		Insured DEERS Identifier DEERS Length=11 OR Insured Patient Identifier DEERS Length=9

834 Update OHI

7. Segment HD (2300-Health Coverage Loop)

ID	REF	Element Name	Attributes	Value	Description
01	875	Maintenance Type Code	R/R ID 3/3	021	001= Change 002= Delete **021= Addition** OHI Action Code DEERS Length=1
03	1205	Insurance Line Code	R/R ID 2/3	HLT	**HLT= Health** DEN= Dental MOD= Mail Order Drug VIS= Vision ??= Inpatient ??= Outpatient AK= Mental Health HCDP Type Code DEERS Length=1

8. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	303	303= Maintenance Effective Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		

834 Update OHI

9. Segment COB (2320-Coordination of Benefits Loop) OHI

ID	REF	Element Name	Attributes	Value	Description
01	1138	Payer Responsibility Sequence	R/R ID 1/1	U	U= Unknown
02	127	Reference ID	R/S AN 1/30		OHI Policy Identifier DEERS Length=26
03	1143	COB Code	N/R ID 1/1	1	1= Coordination of Benefits

10. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	344	344= COB Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OHI Effective Calendar Date DEERS Length=8

11. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	345	345= COB End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OHI Expiration Calendar Date DEERS Length=8

834 Update OHI

12. Segment NM1 (2330-Related Entity Loop) Insurer

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/M ID 2/3	IN	IN= Insurer
02	1065	Entity Type Qualifier	R/M ID 1/1	2	2= Non Person
03	1035	Last Name or Organization Name	S/O AN 1/35		
08	66	ID Code Qualifier	R/X ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/X AN 2/80		OHI Carrier Identifier DEERS Length=6

13. Segment NM1 (2330-Related Entity Loop) Policy Holder **[Optional, not required to delete OHI policy.]**

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/M ID 2/3	P2	P2= Primary Insured
02	1065	Entity Type Qualifier	R/M ID 1/1	1	1= Person
03	1035	Last Name or Organization Name	S/O AN 1/35		OHI Policyholder Last Name DEERS Length=26
04	1036	Name First	R/O AN 1/25		OHI Policyholder First Name DEERS Length=20
05	1037	Name Middle	R/O AN 1/25		OHI Policyholder Middle Name DEERS Length=20
08	66	ID Code Qualifier	R/X ID 1/2	ZZ	ZZ= Mutually Defined (Membership ID)
09	67	ID Code	R/S AN 2/80		OHI Policyholder Identifier DEERS Length=9
10	706	Entity Relationship Code	R/O ID 2/2		OHI Policyholder Person Association Reason Code DEERS Length=2

834 Update OHI

14. Segment NM1 (2330-Related Entity Loop) Employer/Group **[Optional, not required to delete OHI policy.]**

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/M ID 2/3	36	36= Employer
02	1065	Entity Type Qualifier	R/M ID 1/1	2	2= Person
03	1035	Last Name or Organization Name	R/O AN 1/35		OHI Group Employer Name DEERS Length=26
08	66	ID Code Qualifier	R/X ID 1/2	ZZ	ZZ= Mutually Defined (Benefit Plan)
09	67	ID Code	R/S AN 2/80		OHI Group Plan Identifier DEERS Length=10

15. Segment N2 (Optional)

ID	REF	Element Name	Attributes	Value	Description
01		Name	R/M AN 1/60		OHI Group Employer Name DEERS Length=26

16. Segment N3 (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	166	Mailing Address - Line 1	R/M AN 1/55		OHI Group Employer Mailing Address Line 1 Text DEERS Length=27
02	166	Mailing Address - Line 2	S/O AN 1/55		OHI Group Employer Mailing Address Line 2 Text DEERS Length=27

834 Update OHI

17. Segment N4 (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	19	City	R/O AN 2/30		OHI Group Employer Mailing Address City Name DEERS Length=18
02	156	State	S/O ID 2/2		OHI Group Employer Mailing Address State Code DEERS Length=2
03	116	ZIP Code (*2-field concatenation*)	S/O ID 3/15		OHI Group Employer Mailing Address Postal Region ZIP Code DEERS Length=5 OHI Group Employer Mailing Address Postal Region ZIP Extension Code DEERS Length=4
04	26	Country Code	R/O ID 2/3		OHI Group Employer Mailing Address Country Code DEERS Length=2

18. Segment PER (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact Function Code	R/R ID 2/2	IC	IC= Information contact
03	365	Communication Number Qualifier	S/R ID 2/2	TE	TE= Telephone
04	364	Communication Number	S/R AN 1/80		OHI Group Employer Telephone Number Code DEERS Length=14

834 Update OHI

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

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17. 834 Cancel OHI

This section describes the 834 Enrollment transaction set used to Cancel an individual's Other Health Insurance (OHI) information. The 2330 Entity Loop is a new loop that will be added to X12 Version 4030 and later.

Segments	*Elements*
ST	01, 02
BGN	01, 02, 03, 04, , 06
1000A – *Sponsor Name*	
N1	01, 02, 03, 04
1000B – *Insurer Name*	
N1	01, 02, 03, 04
2000 – *Member Level Detail*	
INS	01, 02, 03, 04, 05
REF	01, 02
2100A – *Member Name*	
NM1	01, 02, 03, 04, , , , 08, 09
2300 – *Coverage*	
HD	01, , 03
2320 – *Coordination of Benefits (OHI)*	
COB	01, 02, 03
REF	01, 02
DTP	01, 02, 03
DTP	01, 02, 03
2330 – *Entity (Insurer)*	
NM1	01, 02, , , , , , 08, 09
SE	01, 02

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834 Cancel OHI

Segments

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	834	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BGN

ID	REF	Element Name	Attributes	Value	Description
01	353	Transaction Set Purpose Code	R/R ID 2/2	00	00= Original Submission
02	127	Trace Number	R/R AN 1/30		Trace Number
03	373	Current Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
04	337	Current Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	127	Reference ID	S/S AN 1/30		Additional Trace Number

2. Segment N1 (1000A-Sponsor Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	93	Organization	S/S AN 1/60	DoD	DoD= Department of Defense
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		DoD Electronic Transmitter ID Number (ETIN)

834 Cancel OHI

3. Segment N1 (1000B-Insurer Name)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IN	IN= Insurer
02	93	Organization	S/S AN 1/60		MCSC Name
03	66	ID Code Qualifier	R/R ID 1/2	***46***	***46= ETIN Qualifier***
04	67	ID Code	R/R AN 2/80		Site Identifier DEERS Length=6

4. Segment INS (2000-Insured Person Loop) **[This loop may repeat for each person that has OHI updates.]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Subscriber Flag	R/R ID 1/1	N, Y	Code indicating if Subscriber Information is contained in the current loop
02	1069	Relationship Code	N/R ID 2/2		01= Spouse 03= Parent 13= Parent-in-Law 15= Ward 17= Stepchild 18= Self (use for Sponsor) 19= Child 25= Former Spouse 48= Stepfather 49= Stepmother
03	875	Maintenance Type Code	R/R ID 3/3	024	024= Cancel
04	1203	Maintenance Reason Code	R/R ID 2/3	**33**	33= Personnel Data (OHI Update)
05	1216	Benefit Status Code	R/R ID 1/1	A	A= Active Benefits

834 Cancel OHI

5. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	0F	0F= Subscriber Number
02	127	Reference ID	R/R AN 1/30		Subscriber's DEERS Identifier DEERS Length=11

6. Segment NM1 (2100A-Member Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	N/R AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	N/R AN 1/25		Person First Name DEERS Length=20
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/S AN 2/80		Insured DEERS Identifier DEERS Length=11 OR Insured Patient Identifier DEERS Length=9

834 Cancel OHI

7. Segment HD (2300-Health Coverage Loop)

ID	REF	Element Name	Attributes	Value	Description
01	875	Maintenance Type Code	R/R ID 3/3	024	024 = Cancel OHI Action Code DEERS Length=1
03	1205	Insurance Line Code	N/R ID 2/3		HLT= Health MM= Major Medical (Medical) DEN= Dental PDG= Prescription Drug Service VIS= Vision ??= Inpatient ??= Outpatient AK= Mental Health LTC= Long Term Care

8. Segment COB (2320-Coordination of Benefits Loop) OHI

ID	REF	Element Name	Attributes	Value	Description
01	1138	Payer Responsibility Sequence	R/R ID 1/1	U	U= Unknown
02	127	Reference ID	R/S AN 1/30		OHI Policy Identifier DEERS Length=26
03	1143	COB Code	N/R ID 1/1	1	1= Coordination of Benefits

9. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	ZZ	ZZ= Mutually Defined (Last Update System ID)
02	127	Reference ID	R/R AN 1/30		OHI Last Update System Identifier DEERS Length=?

834 Cancel OHI

10. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	344	344= COB Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OHI Effective Calendar Date DEERS Length=8

11. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	345	345= COB End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	D8= Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OHI Expiration Calendar Date DEERS Length=8

12. Segment NM1 (2330-Related Entity Loop) Insurer

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/M ID 2/3	IN	IN= Insurer
02	1065	Entity Type Qualifier	R/M ID 1/1	2	2= Non Person
08	66	ID Code Qualifier	R/X ID 1/2	ZZ	ZZ= Mutually Defined (Member ID)
09	67	ID Code	R/X AN 2/80		OHI Carrier Identifier DEERS Length=6

834 Cancel OHI

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		