



COMPANION DOCUMENTATION

834 Benefit Enrollment and Maintenance

**Administered by
Unison Administrative Services
300 Oxford Drive
Monroeville, PA 15146**

INTRODUCTION

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Unison Administrative Services (UAS) comply with the mandated EDI standards for health care as established by the Secretary of Health and Human Services. Please utilize the HIPAA implementation guides for the corresponding transactions. The implementation guides can be found at the Washington Publishing Company's website and downloaded free of charge (http://www.wpc-edi.com/hipaa/HIPAA_40.asp). Additional information regarding the standards for electronic transaction are available at the Department of Health and Human Services website (<http://aspe.hhs.gov/admsimp/final/txfin00.htm>).

PURPOSE

The companion guides produced by UAS are designed to be used in conjunction with the implementation guides that are posted on the Washington Publishing Company website. Due to the evolving nature of the HIPAA regulations these documents are subject to change as legislation is updated or revised. The sole purpose of the documentation is for clarification and to outline specific requirements for the transactions.

SPECIAL NOTES

- Unison Health Plan's trading partner ID: **251756858**
- Please reference the **Benefit and Enrollment Maintenance 834 implementation guide (004010X096A1)**.

IMPORTANT DATA ELEMENT DESCRIPTIONS

<u>IG PAGE</u>	<u>LOOP</u>	<u>SEGMENT</u>	<u>DATA ELEMENT</u>	<u>COMMENTS</u>
51	2000	REF	REF02 – Subscriber Identifier	Element will contain an internal Unison subscriber identifier. This identifier is unique within the Unison system.
55	2000	REF	REF01 – Reference Identification Qualifier	“17” – Client Reporting Category will be sent to qualify the Medicaid number sent in REF02 (Subscriber Supplemental Identifier).
63	2100A	NM1	NM109 – Subscriber Identifier	The member Social Security number will be sent when available.
128	2300	HD	HD04 – Plan Coverage Description	A descriptive code for the members plan selection will be sent here.
132	2300	DTP	DTP01 – Date/Time Qualifier	“348” – Benefit Begin will be sent to qualify the member plan effective date sent in DTP03.
132	2300	DTP	DTP01 – Date/Time Qualifier	“349” – Benefit End will be sent to qualify the member plan termination date sent in DTP03 when applicable.
152	2320	REF	REF01 – Reference Identification Qualifier	“6P” – Group Number will be sent to qualify the COB group number sent in REF02 if available.

IG PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
154	2320	N1	REF02 – Insurer Name	The insurer name will be sent when available.
156	2320	DTP	DTP01 – Date/Time Qualifier	“ 344 ” – Coordination of Benefits Begin will be sent to qualify the COB effective date sent in DTP03 when applicable.
156	2320	DTP	DTP01 – Date/Time Qualifier	“ 345 ” – Coordination of Benefits End will be sent to qualify the COB end date sent in DTP03 when applicable.