



# Benefit Enrollment and Maintenance

005010 X12

Functional Group=**BE**

## Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
0200	BGN	Beginning Segment	M	1			Must use
0300	REF	Reference Information	O	>1			Used
0400	DTP	Date or Time or Period	O	>1			Used
<b>LOOP ID - 1000</b>					<b>≥1</b>	<b>N1/0700L</b>	
0700	N1	Party Identification	M	1		N1/0700	Must use

## Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
<b>LOOP ID - 2000</b>					<b>≥1</b>	<b>N2/0100L</b>	
0100	INS	Insured Benefit	O	1		N2/0100	Used
0200	REF	Reference Information	M	>1		N2/0200	Must use
0250	DTP	Date or Time or Period	O	>1			Used
<b>LOOP ID - 2100</b>					<b>≥1</b>		
0300	NM1	Individual or Organizational Name	O	1			Used
0500	N3	Party Location	O	1			Used
0600	N4	Geographic Location	O	1			Used
0800	DMG	Demographic Information	O	1			Used
<b>LOOP ID - 2300</b>					<b>99</b>		
2600	HD	Health Coverage	O	1			Used
2700	DTP	Date or Time or Period	O	10			Used
<b>LOOP ID - 2310</b>					<b>30</b>	<b>N2/3100L</b>	
3100	LX	Transaction Set Line Number	O	1		N2/3100	Used
3200	NM1	Individual or Organizational Name	O	1		N2/3200	Used
<b>LOOP ID - 2320</b>					<b>5</b>		
4000	COB	Coordination of Benefits	O	1			Used

**BGN Beginning Segment**

Pos: 0200	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 5

User Option (Usage): Must use

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BGN01	353	Transaction set purpose code Kroger '00'	M	ID	2/2	Must Use
BGN02	127	Reference Identification Kroger-unique number to make the transaction identifiable	M	AN	1/50	Must use
BGN03	373	Date	M	DT	8/8	Must use
BGN04	337	Time	X	TM	4/8	Used
BGN08	306	Action Code	O	ID	1/2	Used
		<u>Code</u> <u>Name</u>				
		2            Change (Update)				
		4            Verify				

**REF Reference Information**

Pos: 0300	Max: >1
Heading - Optional	
Loop: N/A	Elements: 3

User Option (Usage): Used

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Must use
		<u>Code</u> <u>Name</u>				
		38            Master Policy Number				
REF02	127	Reference Identification Kroger Contract Number OF = Kroger –Subscriber Social Security Number 1L = Kroger-Group or policy number	X	AN	1/50	Used
REF03	352	Description	X	AN	1/80	Used

**DTP Date or Time or Period**

Pos: 0400	Max: >1
Heading - Optional	
Loop: N/A	Elements: 3

User Option (Usage): Used

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Must use
		<u>Code</u> <u>Name</u>				
		303            Maintenance Effective				
		336            Employment Begin				
		357            Eligibility End				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Must use
		<u>Code</u> <u>Name</u>				
		D8            Date Expressed in Format CCYYMMDD				
DTP03	1251	Date Time Period	M	AN	1/35	Must use

# N1

## Party Identification

Pos: 0700	Max: 1
Heading - Mandatory	
Loop: 1000	Elements: 4

User Option (Usage): Must use

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	<b>Entity Identifier Code</b>	M	ID	2/3	Must use
		<u>Code</u> <u>Name</u>				
		IN            Insurer				
		P5            Plan Sponsor				
N102	93	<b>Name</b>	X	AN	1/60	Used
		If N101 = 'P5' then N102 = Kroger				
		If N101 = 'IN' then N102 = Insurer Name				
N103	66	<b>Identification Code Qualifier</b>	X	ID	1/2	Used
		<u>Code</u> <u>Name</u>				
		FI            Federal Taxpayer's Identification Number				
N104	67	<b>Identification Code</b>	X	AN	2/80	Used
		If N101 = 'P5' then N104 = 310345740				
		If N101 = 'IN' then N104 = Insurer Tax ID				

# INS Insured Benefit

Pos: 0100	Max: 1
Detail - Optional	
Loop: 2000	Elements: 7

User Option (Usage): Used

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
INS01	1073	<b>Yes/No Condition or Response Code</b>	M	ID	1/1	Must use
		<u>Code</u> <u>Name</u>				
		N            No				
		Y            Yes				
INS02	1069	<b>Individual Relationship Code</b>	M	ID	2/2	Must use
		<u>Code</u> <u>Name</u>				
		01          Spouse				
		18          Self				
		19          Child				
		23          Sponsored Dependent				
		53          Life Partner				
INS03	875	<b>Maintenance Type Code</b>	O	ID	3/3	Must use
		<u>Code</u> <u>Name</u>				
		001        Change				
		021        Addition				
		024        Cancellation or Termination				
		025        Reinstatement				
		030        Audit or Compare				
INS04	1203	<b>Maintenance Reason Code</b>	O	ID	2/3	Used
		<u>Code</u> <u>Name</u>				
		XN        Notification Only				
INS05	1216	<b>Benefit Status Code</b>	O	ID	1/1	Must use
		<u>Code</u> <u>Name</u>				
		A          Active				
INS08	584	<b>Employment Status Code</b>	O	ID	2/2	Used
		<u>Code</u> <u>Name</u>				
		FT        Full-time				
		L1        Leave of Absence				
		PT        Part-time				
		RT        Retired				
		TE        Terminated				
INS09	1220	<b>Student Status Code</b>	O	ID	1/1	Used
		<u>Code</u> <u>Name</u>				
		F          Full-time				

**REF Reference Information**

Pos: 0200	Max: >1
Detail - Mandatory	
Loop: 2000	Elements: 2

User Option (Usage): Must use

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	<b>Reference Identification Qualifier</b>	M	ID	2/3	Must use
		<u>Code</u> <u>Name</u>				
		0F          Subscriber Number				
		1L          Group or Policy Number				
REF02	127	<b>Reference Identification</b>	X	AN	1/50	Must use
		OF = Kroger –Subscriber Social Security Number				
		1L = Kroger-Group or policy number				

**DTP Date or Time or Period**

Pos: 0250	Max: >1
Detail - Optional	
Loop: 2000	Elements: 3

User Option (Usage): Used

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	<b>Date/Time Qualifier</b>	M	ID	3/3	Must use
		<u>Code</u> <u>Name</u>				
		303      Maintenance Effective				
		336      Employment Begin				
		358      Cycle Begin				
DTP02	1250	<b>Date Time Period Format Qualifier</b>	M	ID	2/3	Must use
		<u>Code</u> <u>Name</u>				
		D8          Date Expressed in Format CCYYMMDD				
DTP03	1251	<b>Date Time Period</b>	M	AN	1/35	Must use

**NM1 Individual or Organizational Name**

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2100	Elements: 9

User Option (Usage): Used

**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	<b>Entity Identifier Code</b>	M	ID	2/3	Must use
		<u>Code</u> <u>Name</u>				
		74          Corrected Insured				
		IL          Insured or Subscriber				
NM102	1065	<b>Entity Type Qualifier</b>	M	ID	1/1	Must use
		<u>Code</u> <u>Name</u>				
		1          Person				
NM103	1035	<b>Name Last or Organization Name</b>	X	AN	1/60	Used
NM104	1036	<b>Name First</b>	O	AN	1/35	Used
NM105	1037	<b>Name Middle</b>	O	AN	1/25	Used
NM108	66	<b>Identification Code Qualifier</b>	X	ID	1/2	Used
NM109	67	<b>Identification Code</b>	X	AN	2/80	Used
NM110	706	<b>Entity Relationship Code</b>	X	ID	2/2	Not used
NM111	98	<b>Entity Identifier Code</b>	O	ID	2/3	Not used

# N3 Party Location

**Pos: 0500**      **Max: 1**  
**Detail - Optional**  
**Loop: 2100**    **Elements: 2**

User Option (Usage): Used

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Must use
N302	166	Address Information	O	AN	1/55	Used

# N4 Geographic Location

**Pos: 0600**      **Max: 1**  
**Detail - Optional**  
**Loop: 2100**    **Elements: 3**

User Option (Usage): Used

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name	O	AN	2/30	Used
N402	156	State or Province Code	X	ID	2/2	Used
N403	116	Postal Code	O	ID	3/15	Used

# DMG Demographic Information

**Pos: 0800**      **Max: 1**  
**Detail - Optional**  
**Loop: 2100**    **Elements: 3**

User Option (Usage): Used

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier	X	ID	2/3	Must use
		<u>Code</u> <u>Name</u>				
		D8      Date Expressed in Format CCYYMMDD				
DMG02	1251	Date Time Period = Kroger –Date of Birth	X	AN	1/35	Must use
DMG03	1068	Gender Code	O	ID	1/1	Must use

# HD Health Coverage

**Pos: 2600**      **Max: 1**  
**Detail - Optional**  
**Loop: 2300**    **Elements: 4**

User Option (Usage): Used

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HD01	875	Maintenance Type Code	M	ID	3/3	Must use
		<u>Code</u> <u>Name</u>				
		001      Change				
		030      Audit or Compare				
HD03	1205	Insurance Line Code	O	ID	2/3	Must use
HD04	1204	Plan Coverage Description	O	AN	1/50	Used
HD05	1207	Coverage Level Code	O	ID	3/3	Used
		<u>Code</u> <u>Name</u>				
		E1D      Employee and One Dependent				
		ECH      Employee and Children				
		EMP      Employee Only				
		ESP      Employee and Spouse				
		FAM      Family				

# DTP Date or Time or Period

Pos: 2700	Max: 10
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Used

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	Date/Time Qualifier	M	ID	3/3	Must use
		<u>Code</u> <u>Name</u>				
		303      Maintenance Effective				
		348      Benefit Begin				
		349      Benefit End				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Must use
		<u>Code</u> <u>Name</u>				
		D8      Date Expressed in Format CCYYMMDD				
DTP03	1251	Date Time Period	M	AN	1/35	Must use

# LX Transaction Set Line Number

Pos: 3100	Max: 1
Detail - Optional	
Loop: 2310	Elements: 1

User Option (Usage): Used

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LX01	554	Assigned Number	M	N0	1/6	Must use

# NM1 Individual or Organizational Name

Pos: 3200	Max: 1
Detail - Optional	
Loop: 2310	Elements: 5

User Option (Usage): Used

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code = Kroger	M	ID	2/3	Must use
		<u>Code</u> <u>Name</u>				
		P3      Primary Care Provider				
NM102	1065	Entity Type Qualifier = Kroger	M	ID	1/1	Must use
		<u>Code</u> <u>Name</u>				
		1      Person				
NM108	66	Identification Code Qualifier = Kroger	X	ID	1/2	Used
		<u>Code</u> <u>Name</u>				
		FI      Federal Taxpayer's Identification Number				
NM109	67	Identification Code	X	AN	2/80	Used
NM110	706	Entity Relationship Code = Kroger	X	ID	2/2	Used
		<u>Code</u> <u>Name</u>				
		25      Established Patient				
		72      Unknown				

# COB Coordination of Benefits

Pos: 4000	Max: 1
Detail - Optional	
Loop: 2320	Elements: 3

User Option (Usage): Used

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
COB01	1138	<b>Payer Responsibility Sequence Number</b> Code = Kroger	O	ID	1/1	Must use
		<u>Code</u> <u>Name</u>				
		P            Primary				
		S            Secondary				
		T            Tertiary				
		U            Unknown				
COB02	127	<b>Reference Identification</b> Policy Number	O	AN	1/50	Used
COB03	1143	<b>Coordination of Benefits Code</b>	O	ID	1/1	Must use
		<u>Code</u> <u>Name</u>				
		1            Coordination of Benefits				
		5            Unknown				
		6            No Coordination of Benefits				

DATA SAMPLE

BGN\*00\*20081211AN\*20081211\*1200\*\*\*4~  
REF\*38\*KRO~  
DTP\*007\*D8\*20081211~  
N1\*P5\*KROGER CO\*FI\*310345740~  
N1\*IN\*XYZABC\*FI\*352145715~  
INS\*Y\*18\*030\*XN\*A\*\*\*FT~  
REF\*0F\*073583690~  
REF\*1L\*00332411402PA232~  
REF\*DX\*J9~  
DTP\*336\*D8\*20071101~  
NM1\*IL\*1\*JACOPI\*TABCDE\*S\*\*\*34\*073583690~  
N3\*1609 GENOA PLACE~  
N4\*COLUMBUS\*OH\*43227~  
DMG\*D8\*19750618\*F~  
HD\*030\*\*PPO\*\*FAM~  
DTP\*348\*D8\*20080601~  
COB\*U\*\*6~