



Benefit Enrollment and Maintenance 004010 X12

Functional Group=**BE**

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
020	BGN	Beginning Segment	M	1			Must use
030	REF	Reference Identification	O	>1			Used
040	DTP	Date or Time or Period	O	>1			Used
LOOP ID - 1000					≥1	N1/070L	
070	N1	Name	M	1		N1/070	Must use

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000					≥1	N2/010L	
010	INS	Insured Benefit	O	1		N2/010	Used
020	REF	Reference Identification	M	>1		N2/020	Must use
025	DTP	Date or Time or Period	O	>1			Used
LOOP ID - 2100					≥1		
030	NM1	Individual or Organizational Name	O	1			Used
050	N3	Address Information	O	1			Used
060	N4	Geographic Location	O	1			Used
080	DMG	Demographic Information	O	1			Used
LOOP ID - 2300					99		
260	HD	Health Coverage	O	1			Used
270	DTP	Date or Time or Period	O	10			Used
280	AMT	Monetary Amount	O	3			Used
290	REF	Reference Identification	O	5			Used
300	IDC	Identification Card	O	>1			Used
LOOP ID - 2310					30	N2/310L	
310	LX	Assigned Number	O	1		N2/310	Used
320	NM1	Individual or Organizational Name	O	1		N2/320	Used
LOOP ID - 2320					5		
400	COB	Coordination of Benefits	O	1			Used

BGN Beginning Segment

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 5

User Option (Usage): Must use

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
BGN01	353	Transaction Set Purpose Code Kroger "00"	M	ID	2/2
BGN02	127	Reference Identification Kroger – unique number to make the transaction identifiable in the future	M	AN	1/30
BGN03	373	Date Kroger date	M	DT	8/8
BGN04	337	Time	X	TM	4/8
BGN08	306	Action Code	O	ID	1/2
		<u>Code</u> <u>Name</u>			
		2 Change (Update)			
		4 Verify			

REF Reference Identification

Pos: 030	Max: >1
Heading - Optional	
Loop: N/A	Elements: 3

User Option (Usage): Used

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier	M	ID	2/3
		<u>Code</u> <u>Name</u>			
		38 Kroger Master Policy Number			
REF02	127	Reference Identification Kroger Contract Number (constant)	X	AN	1/30
REF03	352	Description	X	AN	1/80

DTP Date or Time or Period

Pos: 040	Max: >1
Heading - Optional	
Loop: N/A	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				
		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 Name

Pos: 070	Max: 1
Heading - Mandatory	
Loop: 1000	Elements: 4

User Option (Usage): Must use

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N101	98	Entity Identifier Code	M	ID	2/3	Must use

		<u>Code</u>	<u>Name</u>				
		IN	Insurer				
		P5	Plan Sponsor = Kroger				
N102	93	Name		X	AN	1/60	Used
		If N101 – "P5" then N102 = Kroger					
		If N101 = "IN" then N102 = Insurer Name					
N103	66	Identification Code Qualifier		X	ID	1/2	Used
		<u>Code</u>	<u>Name</u>				
		FI	Federal Taxpayer's Identification Number = Kroger				
N104	67	Identification Code		X	AN	2/80	Used
		If N101 "P5" Kroger = 310345740					
		If N101 "IN" then insurer tax id					

INS

Insured Benefit

Pos: 010	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	Yes/No Condition or Response Code	M	ID	1/1	Must use
		<u>Code</u>				
		N				No
		Y				Yes
INS02	1069	Individual Relationship Code	M	ID	2/2	Must use
		<u>Code</u>				
		01				Spouse
		18				Self
		19				Child
		23				Sponsored Dependent
		53				Life Partner
INS03	875	Maintenance Type Code	O	ID	3/3	Must Use
		<u>Code</u>				
		001				Change
		021				Addition
		024				Cancellation or Termination
		025				Reinstatement
		030				Audit or Compare
INS04	1203	Maintenance Reason Code	O	ID	2/3	Used
		<u>Code</u>				
		XN				Notification Only
INS05	1216	Benefit Status Code	O	ID	1/1	Must Use
		<u>Code</u>				
		A				Active
INS08	584	Employment Status Code	O	ID	2/2	Used
		<u>Code</u>				
		FT				Full-time
		L1				Leave of Absence
		PT				Part-time
		RT				Retired
		TE				Terminated
INS09	1220	Student Status Code	O	ID	1/1	Used
		<u>Code</u>				
		F				Full-time

REF Reference Identification

Pos: 020 Max: >1
 Detail - Mandatory
 Loop: 2000 Elements: 2

User Option (Usage): Must use

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	Reference Identification Qualifier	M	ID	2/3	Must use
		<u>Code</u> <u>Name</u>				
		0F Subscriber Number				
		1L Group or Policy Number				
REF02	127	Reference Identification	X	AN	1/30	Must Use
		OF = Kroger – Subscriber Social Security Number				
		1L = Kroger Group or policy number				

DTP Date or Time or Period

Pos: 025 Max: >1
 Detail - Optional
 Loop: 2000 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				
		336 Employment Begin				
		358 Cycle Begin				
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

NM1 Individual or Organizational Name

Pos: 030 Max: 1
 Detail - Optional
 Loop: 2100 Elements: 9

User Option (Usage): Used

Element Summary:

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

N3 Address Information

Pos: 050 **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: 060 **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	M	AN	2/30	Must Use
N402	156	State or Province Code	M	ID	2/2	Must Use
N403	116	Postal Code	M	ID	3/15	Must Use

DMG Demographic Information

Pos: 080 **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 <u>Code</u> <u>Name</u> D8 Date Expressed in Format CCYYMMDD	X	ID	2/3	Must Use
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: 260 **Max: 1**
Detail - Optional
Loop: 2300 **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>
HD01	875	Maintenance Type Code <u>Code</u> <u>Name</u> 001 Change 030 Audit or Compare	M	ID	3/3	Must use
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 <u>Code</u> <u>Name</u> Kroger = E1D Employee and Dependent ECH Employee and Children EMP Employee Only ESP Employee and Spouse FAM Family	O	ID	3/3	Used

DTP Date or Time or Period

Pos: 270 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 Assigned Number

Pos: 310 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: 320 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: 400	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	Payer Responsibility Sequence Number Code = Kroger	O	ID	1/1	Must Use
		<u>Code</u> <u>Name</u>				
		P Primary				
		S Secondary				
		T Tertiary				
		U Unknown				
COB02	127	Reference Identification Policy Number	O	AN	1/30	Used
COB03	1143	Coordination of Benefits Code = Kroger	O	ID	1/1	Must Use
		<u>Code</u> <u>Name</u>				
		1 Coordination of Benefits				
		5 Unknown				
		6 No Coordination of Benefits				

12/22/08

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~