

**Companion Guide**

**Cigna Structure Processing**

Cigna recommends that the account structure be passed in the **2300 loop** of the ASC X12 834 (Version 005010X220A1). Your Cigna Eligibility Account Specialist will provide you with this account structure which will include – account number, branch, benefit option, and network information. The account number will consist of a 7 byte account number, followed by a 6 byte branch code, a 5 byte benefit option, and a 5 byte network code. If the branch code is less then 6 bytes, please left justify and space fill up to 6 bytes. Preceding the branch code will be a 5 byte benefit option code. If the benefit option is less than 5 bytes and there are no network codes, please end the segment after the last valid byte. Otherwise, left justify the benefit option code and space fill up to 5 bytes. The last field included would be the network code (if applicable).

Each product selected by the customer should be sent on the file. If they chose multiple products, the file would include multiple 2300 loops for each product.

Below is an example of how the Cigna structure should be passed in the REF\*1L segment.

Bytes 1-7 Account Number

Bytes 8-13 Branch Code

Bytes 14-18 Benefit Option Code

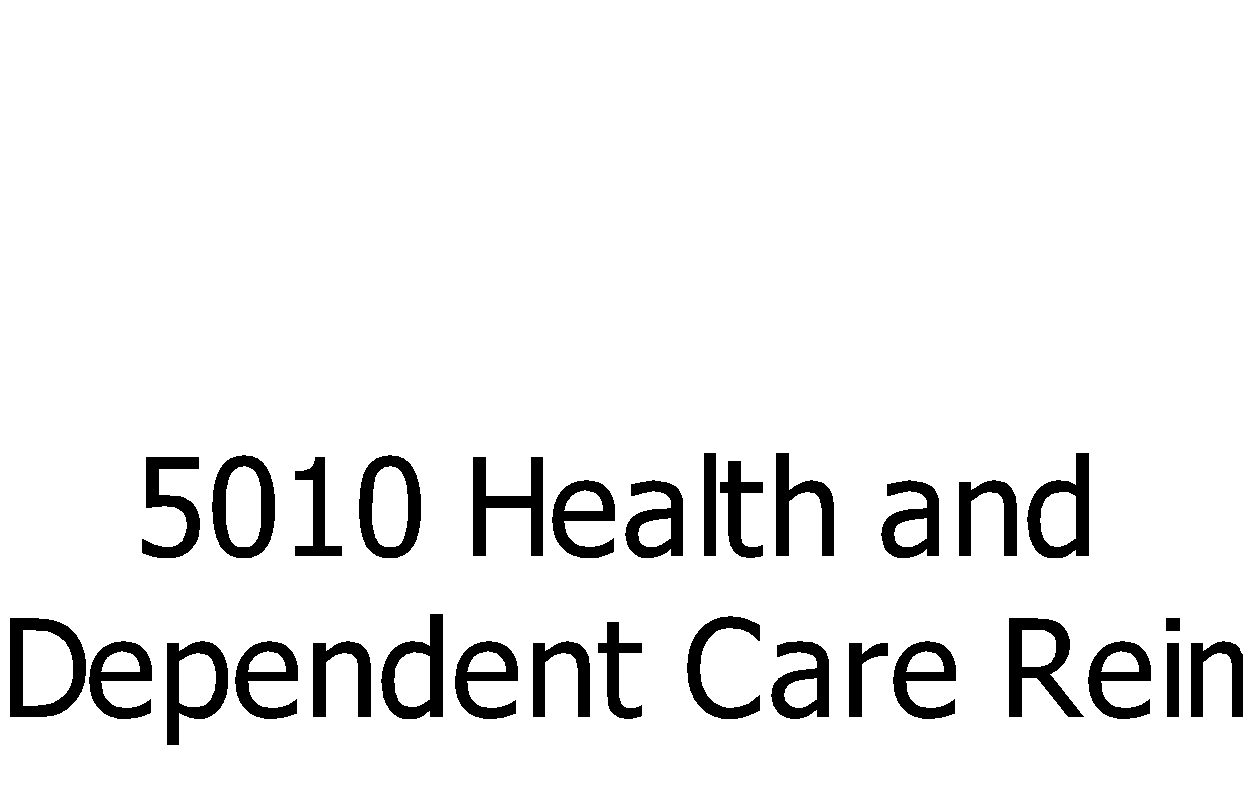
Bytes 19-23 Network Code

7 bytes for the Account #, 6 Bytes spaced fill for Branch, and then 5 bytes or end right after the Benefit Option Code

Ex: Account number (1234567), Branch code (ACT), and Benefit Option Code (OAP) would look like - REF\*1L\*1234567ACT OAP~

Ex: Account number (1234567), Branch code (ACTIVE), Benefit Option Code (OAP), and Network code (TN808) would look like - REF\*1L\*1234567ACTIVEOAP TN808~

If you have the Health or Dependent Care products, Cigna will need additional information to be passed in the HD04. This information will consist of goal amounts, goal amount effective dates, and auto-claim forwarding indicators. Please see the attached document for passing this information.



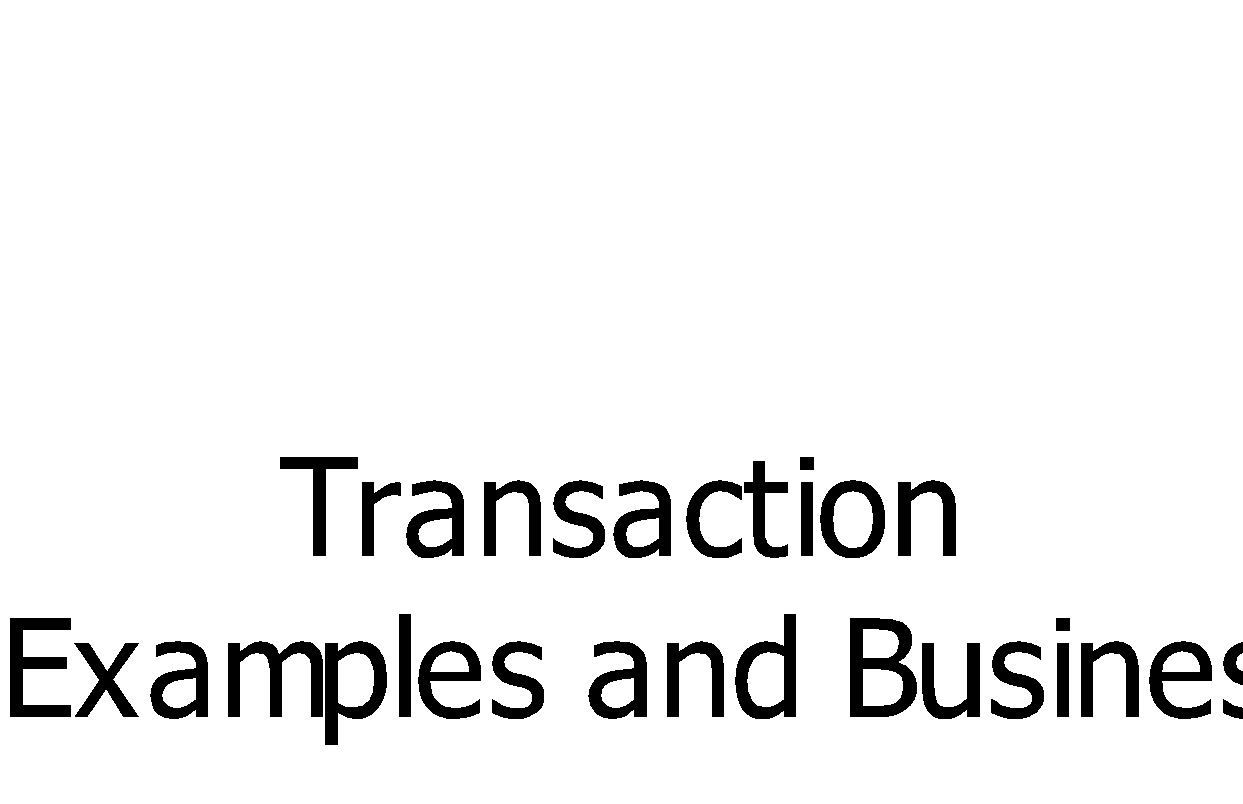
**Cigna's 5010 834 File Format**

|  |
| --- |
| **R = Required (by ANSI or CIGNA)** |
| **S = Situational (CIGNA or Client Required)** |
| O = Optional (Client specific) |
| *X = Not used (by CIGNA)* |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Segment Code** | | **Element Name** | | **Required Status** | | **Cigna's Total # of bytes** | | **Values** | **Element Description** |
| **HEADER SEGMENTS** | | | | | | | | | |
| **ISA** | | **Interchange Control Header (Required)** | |  | |  | | Mapping Notes |  |
| ISA01 | | Authorization Information Qualifier | | R | | 2 | | 00 | 00 = Ignore ISA02 (No authorization information present) |
|  | | Element delimiter | | R | | 1 | | \* | Asterisk (Suggested) |
| ISA02 | | Authorization Information | | R | | 10 | | (10 spaces) |  |
| ISA03 | | Security Information Qualifier | | R | | 2 | | 00 | 00 = Ignore ISA03 (No security information present) |
| ISA04 | | Security Information | | R | | 10 | | (10 spaces) |  |
| ISA05 | | Interchange ID Qualifier | | R | | 2 | | ZZ | 30 = Federal Tax ID, ZZ = Mutually defined |
| ISA06 | | Interchange Sender ID | | R | | 15 | | NRTHAMRICANH834 | Sender ID (owner of data, i.e. the client) - NOTE: Left justified, 15 bytes, space filled |
| ISA07 | | Interchange ID Qualifier | | R | | 2 | | ZZ | 20 = Health Industry Number |
| ISA08 | | Interchange Receiver ID | | R | | 15 | | 807050000000000 | Receiver ID (CIGNA's HIN) - NOTE: Left justified, 15 bytes, space filled |
| ISA09 | | Interchange Date | | R | | 6 | | (YYMMDD) | Date the Interchange is created |
| ISA10 | | Interchange Time | | R | | 4 | | (HHMM) | Time the Interchange is created |
| ISA11 | | Repetition Separator | | R | | 1 | | ^ | Caret (Suggested) |
| ISA12 | | Interchange Control Version Number | | R | | 5 | | 00501 | 00501 = Usage of Standards Approved by ACS X12 Review Board |
| ISA13 | | Interchange Control Number | | R | | 9 | | (Generated Number 1) | Unique Serial Number for each Interchange (see IEA02) Must be 9 characters long. |
| ISA14 | | Acknowledgment Requested | | R | | 1 | | 0 | 1 = TA1 requested, 0 = No TA1 requested |
| ISA15 | | Usage Identifier | | R | | 1 | | P or T | P = Production, T = Test |
| ISA16 | | Component Element Separator | | R | | 1 | | : | Colon (suggested) |
|  | | Segment terminator | | R | | 1 | | ~ | Tilde (Suggested) |
| The “>” (greater than) or “<” (less than) characters should not be used as the Segment, Element, Repetition Separator (ISA11), or component Element Separator (ISA16) delimiters as this will cause an application failure for certain files and cause a delay in the processing of the file. | | | | | | | | | |
| **Segment Code** | **Element Name** | | **Required Status** | | **Cigna's Total # of bytes** | | **Values** | | **Element Description** |
| **GS** | **Functional Group Header (Required)** | |  | |  | |  | |  |
| GS01 | Functional Identifier Code | | R | |  | | BE | | BE = Benefit Enrollment And Maintenance (834) |
| GS02 | Application Sender's Code | | R | |  | | NRTHAMRICANH834 | | Fed Tax ID of the Sender (Client…not TPA). This is the unique key code of the file. |
| GS03 | Application Receiver's Code | | R | |  | | 807050000000000 | | CIGNA's HIN |
| GS04 | Date | | R | |  | | (CCYYMMDD) | | Date the Group Header is created. |
| GS05 | Time | | R | |  | | (HHMM) | | Time the Group Header is created. Also valid: (HHMMSSDD), (HHMMSS) |
| GS06 | Group Control Number | | R | |  | | (Generated Number 2) | | Unique serial number assigned by sender (see GE02) 1 to 9 (Number) |
| GS07 | Responsible Agency Code | | R | |  | | X | | X = ASC X12 |
| GS08 | Version/Release/Industry Identifier Code | | R | |  | | 005010X220A1 | | Approved by ACS X12 Review Board |
|  |  | |  | |  | |  | |  |
| **ST** | **Transaction Set Header (Required)** | |  | |  | |  | |  |
| ST01 | Transaction Set Identifier Code | | R | |  | | 834 | | 834 = Benefit Enrollment and Maintenance |
| ST02 | Transaction Set Control Number | | R | |  | | (Label 1) | | Unique label assigned by sender (see SE02) Must be 4 to 9 alpha numerics EA: 0001 ST02 must match SE02 |
| ST03 | Implementation Convention Reference | | R | |  | | 005010X220A1 | | This must match the GS08 |
|  |  | |  | |  | |  | |  |
| **BGN** | **Beginning (Required)** | |  | |  | |  | |  |
| BGN01 | Transaction Set Purpose Code | | R | |  | | 00 | | 00 = Original File |
| BGN02 | Reference Identification | | R | |  | | (Label 2) | | Unique label assigned by sender 1 to 30 (alpha numeric) |
| BGN03 | Date | | R | |  | | (CCYYMMDD) | | Date the Transaction Set is created. |
| BGN04 | Time | | R | |  | | (HHMMSSDD) | | Time the Transaction Set is created. |
| BGN05 | Time Code | | O | |  | | (null) | | Time code is not necessary |
| BGN06 | Reference Identification | | S | |  | | (null) | | Suggested that client not use since BGN01will always indicate original file |
| *BGN07* | *Transaction Type Code* | | *Not Used* | |  | | *(null)* | | Not Used |
| BGN08 | Action Code | | R | |  | | RX | | RX = full file (CIGNA preference); 4 = Verify, or 2 = Change file, valid in some cases |
| **REF** | **TRANSACTION SET POLICY NUMBER** | |  | |  | |  | |  |
| REF01 | Reference Identification Qualifier | | R | |  | | 38 | |  |
| REF02 | Reference Identification | | R | |  | | 00631876-F | |  |
|  |  | |  | |  | |  | |  |
| **1000 LOOP** | | | | | | | | | |
| **N1** | **Sponsor Name (Required)** | |  | |  | |  | |  |
| N101 | Entity Identifier Code | | R | |  | | P5 | | P5 = Sponsor (A sponsor is the party that ultimately pays for the coverage, benefit, or product. No TPA information here) |
| N102 | Name | | O | |  | | North American Holdings, Inc. | | Client Name |
| N103 | Identification Code Qualifier | | R | |  | | FI | | FI = Federal Tax ID (This segment can be hardcoded) |
| N104 | Identification Code | | R | |  | | 852119264 | | Federal Tax ID of Plan Sponsor (Client) |
|  |  | |  | |  | |  | |  |
| **N1** | **Payer (Required)** | |  | |  | |  | |  |
| N101 | Entity Identifier Code | | R | |  | | IN | | IN = Insurer |
| N102 | Name | | O | |  | | CIGNA | | Insurer Name |
| N103 | Identification Code Qualifier | | R | |  | | FI | | FI = Federal Tax ID (This segment can be hardcoded) |
| N104 | Identification Code | | R | |  | | 06-0303370 | | CIGNA's Tax ID |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
| **2000 LOOP** | | | | | | | | | |
| **INS** | **Member Level Detail (Required)** | |  | |  | |  | |  |
| INS01 | Yes/No Condition or Response Code | | R | | 1 | | Y or N | | Y = Subscriber (Employee) or N = Non-Subscriber (Dependent) |
| INS02 | Individual Relationship Code | | R | | 2 | | If employee, send 18  if ConRelationship = SPS or DP, SIG send 01  if ConRelationship = CHL, DCH, DPC or STC, send 19 | | 01 = Spouse, 18 = Self, 19 = Child (all other codes are valid) |
| INS03 | Maintenance Type Code | | R | | 3 | | 030 | | All codes are valid, but CIGNA will treat all transactions as '030' |
| INS04 | Maintenance Reason Code | | R | | 2 | | XN | | If INS03 = 030, then INS04 can be 'XN' |
| INS05 | Benefit Status Code | | R | | 1 | | A | | Active, COBRA, or Surviving Insured |
| **Segment Code** | **Element Name** | | **Required Status** | | **Cigna's Total # of bytes** | | **Values** | | **Element Description** |
| INS06 | Medicare Plan Code | | S | | 1 | | E | | A = Medicare Part A, B = Part B, C = Parts A&B, D = Medicare, E = No Medicare |
| INS07 | COBRA Qualifying | | S | | 2 | | Leave blank | | If INS05 = C, then 1 = Terminated. (must be populated if INS05 is a C.) |
| INS08 | Employment Status Code | | R (O) | | 2 | | AC | | AC = Active, FT = Full-Time, RT = Retiree (Required for Subscriber, Optional for Dependents) |
| INS09 | Student Status | | S | | 1 | | F | | F = full-time, N or Null = Not a Student (For Dependents over max Child age only) |
| INS10 | Yes/No Condition or Response Code | | S | | 1 | | If ConIsDisabled = Y, send Y, else send N | | Y = Handicapped, N or Null = Not Handicapped (For Dependents over max Child age only) |
| INS11 | Date Time Period Format Qualifier | | S | |  | | D8 | | D8 = CCYYMMDD |
| INS12 | Date Time Period | | S | | 8 | | EepDateDeceased or ConDeathDate | | (CCYYMMDD) |
| **REF** | **MEMBER POLICY NUMBER** | |  | |  | |  | |  |
| REF01 | Reference Identification Qualifier | | R | |  | | 1L | |  |
| REF02 | Reference Identification | | R | |  | | 00631876-F | |  |
|  |  | |  | |  | |  | |  |
| **REF** | **Subscriber Number (Required)** | |  | |  | |  | |  |
| REF01 | Reference Identification Qualifier | | R | |  | | 0F | | 0F |
| REF02 | Reference Identification | | R | | 9 | | (EE's SSN) | | EepSsn |
| **REF** | **MEMBER SUPPLEMENTAL Identifier** | |  | |  | |  | |  |
| REF01 | Reference Identification Qualifier | | R | |  | | DX  ZZ | |  |
| REF02 | Reference Identification | | R | |  | | DX  if EecCoID = cmpcompanycode NAS then 0001  if EecCoID = cmpcompanycode NAL then 0002  if EecCoID = cmpcompanycode CCFS then 0003  if EecCoID = cmpcompanycode PRIC then 0004  if EecCoID = cmpcompanycode MTS then 0005  ZZ  A001 | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
| **DTP** | **Member Level Dates (Situations - CIGNA will usually ignore these dates unless they were needed)** | | | | | | | | |
| DTP01 | Date/Time Qualifier | |  | |  | | 303 | | Maintenance Effective - (Required for subscribers.) This date should reflect the most recent subgroup, class or salary effective date. |
| DTP02 | Date Time Period Format Qualifier | |  | |  | | D8 | |  |
| DTP03 | Date Time Period | |  | |  | | Most current of dsi\_fnlib\_GetAnnSalary\_EffDate\_WithStartDate,  And  company code change date (audit date ??)  This is required on EE record | | (CCYYMMDD) |
| DTP01 | Date/Time Qualifier | |  | |  | | 356 | | Eligibility Begin - (Required for subscribers and dependents: This date should be the effective date the member is effective with group or the original plan effective date with Cigna). |
| DTP02 | Date Time Period Format Qualifier | |  | |  | | D8 | |  |
| DTP03 | Date Time Period | |  | |  | | oldest eedbenstartdate  This is required on EE and Dependent records | | (CCYYMMDD) this date should never change |
| DTP01 | Date/Time Qualifier | |  | |  | | 336 | | Employment Begin - (Required for subscribers: Subscriber's original hire date.) In the event of a rehire, this date must be the original hire date. Any changes to the hire date must be handled manually by your Eligibility Specialist. |
| DTP02 | Date Time Period Format Qualifier | |  | |  | | D8 | |  |
| DTP03 | Date Time Period | |  | |  | | Eecdateoflasthire  This is required on EE records | | (CCYYMMDD) |
| **2100A LOOP** | | | | | | | | | |
| **NM1** | **Member Name (Required)** | |  | |  | |  | |  |
| NM101 | Entity Identifier Code | | R | |  | | IL | | IL = Insured -- NOTE: it is "eye-el", not "one-el" |
| NM102 | Entity Type Qualifier | | R | |  | | 1 | | 1 = Person |
| NM103 | Name Last or Organization Name | | R | | 30 | | EepNameLast or ConNameLast | | Last Name of member |
| NM104 | Name First | | R | | 15 | | EepNameFirst or ConNameFirst | | First Name of member |
| NM105 | Name Middle | | O | | 1 | | 1st digit of EepNameMiddle or ConNameMiddle | | Middle Initial of member |
| **Segment Code** | **Element Name** | | **Required Status** | | **Cigna's Total # of bytes** | | **Values** | | **Element Description** |
| NM106 | Name Prefix | | O | | X | | (null) | | CIGNA will ignore |
| NM107 | Name Suffix | | O | | 3 | | (null) | | CIGNA will ignore |
| NM108 | Identification Code Qualifier | | S | | 2 | | 34  Do not send on dependent records if they do not have an NM109 value | | 34 = SSN |
| NM109 | Identification Code | | S | | 9 | | eepSSN or ConSSN   If dependent SSN is not available or unkown, do not send SSN for the dependent and do not send 34 in NM108  Dummy values = all 0's, all 1's, all 9s, all 8's, 123456789, start with 999 or 998 | | SSN of member (NM108 and NM109 must either both be present or neither be present) |
|  |  | |  | |  | |  | |  |
| **PER** | **Member Communications Numbers (Optional - CIGNA will load this information if provided)** | | | | | | | | |
| PER01 | Contact Function Code | | O | |  | | IP | | IP = Insured Party |
| *PER02* | *Name* | | *X* | |  | | leave blank | | Not Used |
| PER03 | Communication Number Qualifier | | O | |  | | If EE has Primary Phone Number (EepPhoneHomeNumber) send HP  else  if EE has Primary Email (eepAddressEMail) send EM  else leave blank | | if EepPhoneHomeNumber blank, move up EM and eepAddressEmail to PER03 and PER04 positions if both are blank, leave PER line off file |
| PER04 | Communication Number | | O | | 10/50 | | EepPhoneHomeNumber  or eepAddressEMail | | Phone Number in AAAEEENNNN format |
| PER05 | Communication Number Qualifier | | O | |  | | EM  Use this field if EE has both a Primary Phone and a Primary Email | |  |
| PER06 | Communication Number | | O | | 10/50 | | eepAddressEMail | |  |
|  |  | |  | |  | |  | |  |
| **N3** | **Member Residence Street Address (Required for Subscriber - Ignored on Dependents)** | | | | | | | | |
| N301 | Address Information | | R *(X)* | | 30 | | EepAddressLine1 | | Subscriber's Address line 1 (Required for subscribers, CIGNA will ignore on Deps) |
| N302 | Address Information | | S *(X)* | | 30 | | EepAddressLine2 | | Subscriber's Address line 2 (CIGNA will read subscriber and ignore dependents) |
|  |  | |  | |  | |  | |  |
| **N4** | **Member Residence City, State, Zip Code (Required for Subscriber - Ignored on Dependents)** | | | | | | | | |
| N401 | City Name | | R | | 20 | | EepAddressCity | | City Name (Read on subscriber, ignored on dependents) |
| N402 | State of Province Code | | R | | 2 | | EepAddressState | | State (Read on subscriber, ignored on dependents) |
| N403 | Postal Code | | R | | 9 | | EepAddressZipCode | | Zip Code - 5 or 9 digits (Read on subscriber, ignored on dependents) |
|  |  | |  | |  | |  | |  |
| **DMG** | **Member Demographics (Required)** | |  | |  | |  | |  |
| DMG01 | Date Time Period Format Qualifier | | R | |  | | D8 | | D8 = CCYYMMDD |
| DMG02 | Date Time Period | | R | | 8 | | EepDateOfBirth or Condateofbirth | | Date of Birth |
| DMG03 | Gender Code | | R | | 1 | | If EepGender or congender = M send M  If EepGender or congender = F send F  Else send U | | Female, Male, or Unknown Gender Code -- NOTE: CIGNA will load U as M |
| **Segment Code** | **Element Name** | | **Required Status** | | **Cigna's Total # of bytes** | | **Values** | | **Element Description** |
| DMG04 | Martial Status Code | | O | | 1 | | if eepMaritalStatus = S send S  if eepMaritalStatus = M send M  else send blank | | M = Married, S = Single (CIGNA will load these values if provided. Other values ignored) |
|  |  | |  | |  | |  | |  |
| **2300 LOOP** | | | | | | | | | |
| **HD** | **Health Coverage (Required)** | |  | |  | |  | |  |
| HD01 | Maintenance Type Code | | R | | 3 | | 030 | | 030=Audit (CIGNA treats all values as audit) Same as INS03. |
| *HD02* | *Maintenance Reason Code* | | *X* | | *X* | | *(null)* | | Not Used |
| HD03 | Insurance Line Code | | R | | 3 | | HLT | | HLT, DEN, VIS, MM, PPO, POS, HMO |
| HD04 | Plan Coverage Description | | S | | 50 | | If eeddedcode = M2 send MHDP0123  If eeddedcode = M3 send MHDP0160  If eeddedcode = M1 send MOAP0345 | | Plan Coverage Description (if FSA products are included please see the FSA products tab) |
| HD05 | Coverage Level Code | | R (X) | | 3 | | If EedBenOption = EE, send EMP  if EedBenOption = EES or EEDP, SIG, send ESP  if EedBenOption = EEC or DCH send ECH  if EedBenOption = EEF or EEDPF, send FAM  If EedBenOption = EE1 and ConRelationship = SPS, DP, SIG then ESP  If EedBenOption = EE1 and ConRelationship = CHL, DCH, DPC, STC then ECH | | Coverage Code (Required for Subscriber, *not for Dependent*) |
|  |  | |  | |  | |  | |  |
| **DTP** | **Health Coverage Dates (Required)** | |  | |  | |  | |  |
| DTP01 | Date/Time Qualifier | | R | |  | | 348 | | 348 = Benefit Begin (Always Required) Please see Business Rules tab on effective date impacts. |
| DTP02 | Date Time Period Format Qualifier | | R | |  | | D8 | | Date Expressed in Format CCYYMMDD Qualifier |
| DTP03 | Date Time Period | | R | | 8 | | EedBenStartDate – default to 20210101 or later | | Benefit Begin Date |
| DTP01 | Date/Time Qualifier | | S | |  | | 349 | | 349 = Term date (Required when terming a member completely) |
| DTP02 | Date Time Period Format Qualifier | | S | |  | | D8 | | Date Expressed in Format CCYYMMDD Qualifier |
| DTP03 | Date Time Period | | S | | 8 | | EedBenStopDate | | Benefit End Date |
|  |  | |  | |  | |  | |  |
| **TRAILER SEGMENTS** | | | | | | | | | |
| **SE** | **Transaction Set Trailer (Required)** | |  | |  | |  | |  |
| SE01 | Number of Included Segments | | R | |  | | (count) | | Count of segments in transaction set including ST and SE |
| SE02 | Transaction Set Control Number | | R | |  | | (Label 1) | | Same label as in ST02 |
|  |  | |  | |  | |  | |  |
| **GE** | **Functional Group Trailer (Required)** | |  | |  | |  | |  |
| GE01 | Number of Transaction Sets Included | | R | |  | | (count) | | Count of All Transaction Sets in Functional Group |
| GE02 | Group Control Number | | R | |  | | (Generated Number 2) | | Same number as in GS06 |
|  |  | |  | |  | |  | |  |
| **IEA** | **Interchange Control Trailer (Required)** | |  | |  | |  | |  |
| IEA01 | Number of Functional Groups Included | | R | |  | | (count) | | Count of All Functional Groups in Interchange |
| IEA02 | Group Control Number | | R | |  | | (Generated Number 1) | | Same number as in ISA13 |

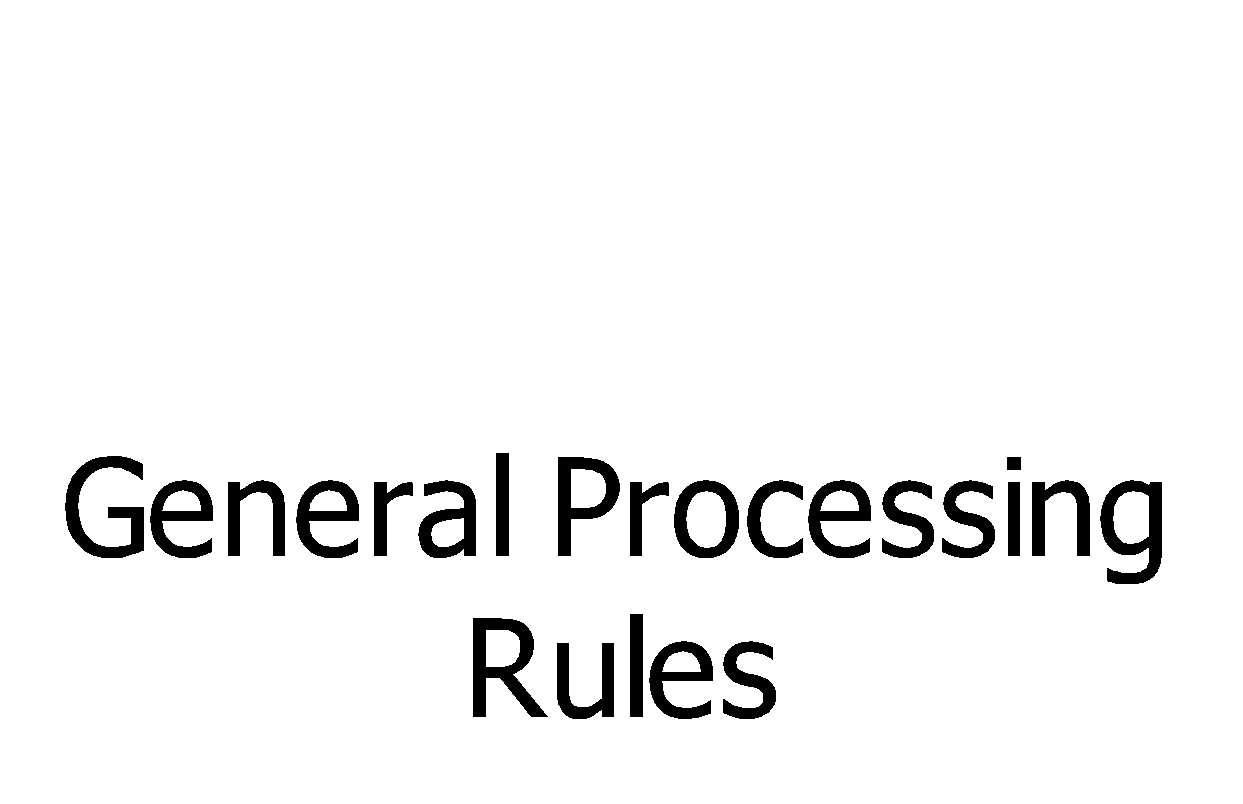
**Transaction Examples and Business Rules**

Attached are the transaction examples and business rules.



**General Processing Rules**

Attached is Cigna's General Processing Rules.



**Acknowledgements and Reports**

Cigna will generate the TA1/999 acknowledgement for all inbound x12 transactions. The Trading Partner must setup an outbound transmission with Cigna, and you will receive the TA1/999 through that outbound transmission. Otherwise the Trading Partner will have to pick up the TA1/999 from Cigna’s server.

No CIGNA specific requirements were created for the 5010 999 transactions. The standard HIPAA TR3 guides are available to download from the Washington Publishing website at <http://www.wpc-edi.com/>.