

**Guardian Electronic User**

**Guide**

**834 Enrollment and Maintenance**

Version 16.0

Last Updated April 2nd, 2020

**Section 4: File Specifications for the HIPAA 834 (ANSI 834) Addenda Version 5010 Format**

## ISA – Interchange Control Header – Loop None

**User Option (usage):** Required

To start and identify an interchange of zero or more functional groups and interchangerelated control segments.

The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by ‘.’ for clarity.

Example:

ISA\*00\*……….\*00\*……….\*30\*SUBMITTERS.ID..\*30\*RECEIVERS.ID..\*930602\*1253\*^\*005 01\*000000905\*1\*T\*:~

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | | **Req** | | **Type** | **Min/Ma**  **x** | **Usage** | **Rep** | **Comments/Description** | **UltiPro Field Mapping Notes**  **This file will include employees/dependents with the ded codes below**  **DEN1, DEN2** |
| ISA0 1 | I01 | Authorization Information  Qualifier    **00 =** No authorization information. (**Guardian**  **recommends this code**)    **03 =** Additional Data  Identification | | M | | ID | 2/2 | Required | 1 | This code identifies the type of information in the  Authorization information. | **00** |
| ISA0 2 | I02 | Authorization Information    **\*fill with 10 blank spaces\*\*** | | M | | AN | 10/10 | Required | 1 | Information used for additional identification or authorization of the interchange sender or the data in the interchange, type of information is set by the  Authorization information (I01) | **10 blank spaces** |
| ISA0 3 | I03 | Security Information Qualifier     1. **=** No Security Information   Present. (**Guardian**  **recommends this code.**     1. **=** Password | | M | | ID | 2/2 | Required | 1 | Code to identify the Type of information in the Security  Information | **00** |
| ISA0 4 | I04 | Security Information    **\*\*fill with 10 blank spaces\*\*** | | M | | AN | 10/10 | Required | 1 | This is used for identifying the security information about the interchange sender or data in the interchange; the type of information is set by the Security Information Qualifier (I03) | **10 blank spaces** |
| ISA05 | I05 | Interchange ID Qualifier    30 = U.S. Federal Tax  Identification Number. (Guardian recommends this  code. | M | | | ID | 2/2 | Required | 1 | Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified | 30 |
| ISA06 | I06 | Interchange Sender ID    **(Guardian requires using the Tax ID of the sender in**  **this field)**    **Pad left over with spaces** | M | | | AN | 15/15 | Required | 1 | Identification code published by the sender for other parties to use as the receiver ID to route data to them: the sender always codes this value in the sender ID element | **742983259**  **Pad left over with spaces** |
| ISA07 | I05 | Interchange ID Qualifier    30 = U.S. Federal Tax  Identification Number. (Guardian recommends this  code. | M | | | ID | 2/2 | Required | 1 | Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified | 30 |
| ISA08 | I07 | Interchange Receiver ID    **Guardian requires:**  135123390 | M | | | AN | 15/15 | Required | 1 | Identification code published by the receiver of the data; when sending, it is used by the sender as their ID, thus other parties sending to them will use this as receiving ID to route data to them | 135123390 |
| ISA09 | I08 | Interchange Date    <YYMMDD> | M | | | DT | 6/6 | Required | 1 | Date of the interchange | YYMMDD |
| ISA10 | I09 | Interchange Time    <HHMM> | M | | | TM | 4/4 | Required | 1 | Time of the interchange | HHMM |
| ISA11 | I65 | Repetition Separator      **Guardian recommends the caret sign (^)**    **NOTE: The character that is used here can not be used anywhere else in the file.** | M | |  | | 1/1 | Required | 1 | Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator. | **^**  **caret sign** |
| ISA12 | I11 | Interchange Control Version  Number    **Please utilize 00501** | M | | ID | | 5/5 | Required | 1 | Code specifying the version number of the interchange control segments | **00501** |
| ISA13 | I12 | Interchange Control Number | M | | N0 | | 9/9 | Required | 1 | A control number assigned by the interchange sender. **The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02 and must be a positive unsigned number.** | **Assigned by sender's application - must match IEA02 (trailer)** |
| ISA14 | I13 | Acknowledgment Requested     1. **=** No Interchange   Acknowledgment Requested     1. **=** Interchange   Acknowledgment Requested. **Guardian recommends this code.** | M | | ID | | 1/1 | Required | 1 | Code indicating sender’s  request for an interchange acknowledgment | 0 |
| ISA15 | I14 | Interchange Usage Indicator    **P =** Production Data  **T =** Test Data | M | | ID | | 1/1 | Required | 1 | Code Indicating whether data enclosed by this Interchange envelope is test , production, or information | P = Production  T = Test  Please make sure the sessions for the scheduled file, on demand, OE Active and OE Passive send a P in this field  The Test session should have a value of T in this field |
| ISA16 | I15 | Component Element  Separator    **Guardian recommends a**  **colon (:)**    **NOTE: The character that is used here can not be used anywhere else in the file.** | M | |  | | 1/1 | Required | 1 | Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements with composite data structure; this value must be different than the data element separator and the segment terminator. | :  **colon** |

## GS – Functional Group Header – Loop None

**User Option (usage):** Required

To indicate the beginning of a functional group and to provide control information.

Example:

GS\*BE\*SENDER CODE\*RECEIVER CODE\*19991231\*0802\*1\*X\*005010X220A1~

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| GS01 | 479 | | Functional Identifier Code    **BE =** Benefit Enrollment and Maintenance (834) | M | ID | 2/2 | Required | 1 | Code identifying a group of application related transaction sets | BE |
| GS02 | 142 | | Application Sender’s Code    **The Tax ID of the Sender is required in this field** | M | AN | 2/15 | Required | 1 | Code identifying party sending transmission; codes agreed to by trading partners | 742983259 |
| GS03 | 124 | | Application Receiver’s Code    **Guardian requires:**  135123390 | M | AN | 2/15 | Required | 1 | Code identifying party receiving transmission; codes agreed to by trading partners | 135123390 |
| GS04 | 373 | | Date | M | DT | 8/8 | Required | 1 | Date expressed as  CCYYMMDD | YYYYMMDD |
| GS05 | 337 | | Time    **Guardian recommends:**  HHMM | M | TM | 4/8 | Required | 1 | Time expressed in 24‐hour clock time as follows: HHMM, HHMMSS, or HHMMSSD, or  HHMMSSDD, where H = hours  (00‐23), M = minutes (00‐59), S = integer seconds (00‐59), and DD = decimal seconds; decimal seconds are expressed as follows D = tenths (0‐9) and DD = hundredths (00‐99) | HHMM |
| GS06 | 28 | | Group Control Number  **Note: This value needs to match the value in the GE02 element** | M | N0 | 1/9 | Required | 1 | Assigned number originated and maintained by the sender | Assigned by sender's application  Must match GE02 |
| GS07 | 455 | | Responsible Agency Code    **X =** Accredited Standards  Committee X12 | M | ID | 1 / 2 | Required | 1 | Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480 | X |
| GS08 | 480 | Version/Release/Industry/Iden  tifier Code    **Please utilize 005010X220A1** | | M | AN | 1/12 | Required | 1 | Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE480 positions 1 – 3 are the version number; positions 4‐6 are the release and subrelease, level of the version; and positions 7‐12 are the industry or trade association identifiers  (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed | **005010X220A1** |

## ST – Transaction Set Header – Loop None

**User Option (Usage):** Required

To indicate the start of a transaction set and to assign a control number

Example:

ST\*834\*0001\*005010X220A1~

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| ST01 | 143 | Transaction Set Identifier Code    **834 =** Benefit Enrollment and  Maintenance | M | ID | 3/3 | Required | 1 | Code uniquely identifying a Transaction Set | 834 |
| ST02 | 329 | Transaction Set Control  Number    **Note:**  The transaction set control numbers in ST02 and SE02 must be identical.  This unique number also aids in error resolution research. | M | AN | 4/9 | Required | 1 | Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set | Assigned by sender's application - must match SE02 (trailer) |
| ST03 | 1705 | Implementation Convention  Reference    **Note:**  The implementation convention reference should be the same value as GS08 | O | AN | 1/35 | Required | 1 | Reference assigned to identify Implementation  Convention | **005010X220A1** |

## BGN – Beginning Segment – Loop None

**User Option (Usage):** Required

Example:

BGN\*00\*11227\*19970920\*1200\*ES\*\*\*4~

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | | **Type** | | **Min/Max** | | **Usage** | | | **Rep** | | **Comments/Description** | |  |
| BGN01 | 353 | Transaction Set Purpose Code    **00 =** Original  (**Guardian recommends this**  **code**)    **15 =** Re‐submission    **22 =** Information Copy | M | | ID | | 2/2 | | Required | | | 1 | | Code identifying purpose of transaction set | | **00** |
| BGN02 | 127 | Reference Identification | M | | AN | | 1/**50** | | Required | | | 1 | | Reference information s defined for a particular Transaction Set or as specified by the Reference  Identification Qualifier    Use the transaction set reference number assigned by the sender’s application to uniquely identify this occurrence of the transaction for future reference | | Reference number assigned by sender's application to uniquely identify this occurrence of the transaction for future reference |
| BGN03 | 373 | Date | M | | DT | | 8/8 | | Required | | | 1 | | Date expressed as  CCYYMMDD    Use this date to identify the date that the submitter created the file | | YYYYMMDD |
| BGN04 | 337 | Time    **Guardian recommends:**  **HHMM** | **X** | | TM | | 4/8 | | Required | | | 1 | | Time expressed in 24‐hour clock time as follows: HHMM, HHMMSS, or HHMMSSD, or  HHMMSSDD, where H = hours  (00‐23), M = minutes (00‐59), S = integer seconds (00‐59), and DD = decimal seconds; decimal seconds are expressed as follows D = tenths (0‐9) and DD = hundredths (00‐99) | | **HHMM** |
| BGN05 | 623 | Time Code      **ES =** Eastern Standard  Time | | O | | ID | | 2/2 | | Situational | 1 | | Code identifying the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or – and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and – are substituted by P and M in the codes that follow CODE  SOURCE 94: International  Organization for  Standardization (Date and  Time)    Use the time code if the sender and receiver are not in the same time zone.    **Guardian requires data to be entered in this field.** | | ES | | |
| BGN06 | 127 | Reference  Identification | | O | | AN | | 1/**50** | | Situational | 1 | | Reference Information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  **Guardian recommends this**  **field to be blank** | | leave blank | | |
| BGN07 | 640 | Transaction Type Code | | O | | ID | | 2/2 | | Not Used |  | | **Not Used** | | **leave blank** | | |
| BGN08 | 306 | Action Code  **2 = Change**  **4 = Verify (Full file)**  **RX = Replace (Full**  **File)** | | O | | ID | | 1 / 2 | | Required | 1 | | Code Indicating type of Action | | RX | | |

## REF – Transaction Set Policy Number – Loop None

**User Option (Usage):** Situational

### To specify identifying information

**This Segment is REQUIRED by Guardian and is a specific number for each group.**

Notes:

1. This segment can be used if a unique ID Number for a group applies to the entire transaction set.
2. The definition of the Guardian Master Policy Number is determined by the issuer of the policy, the Payer/Plan Administrator. The Master Policy Number may be used to meet various business needs such as indicating the line of business under which the policy is defined.
3. This segment is REQUIRED when the contract or trading partner agreement identify a Master Policy Number for use with electronic enrollment.

**Example:** REF\*38\*00123456~

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| REF01 | 128 | Reference Identification  Qualifier    **38** = Master Policy  Number | M | ID | 2/3 | Required | 1 | Code qualifying the Reference Identification | 38 |
| REF02 | 127 | Reference Identification | **X** | AN | 1/**50** | Required | 1 | Reference information as defined for a particular transaction set or as specified by the reference  identification qualifier    **This will reflect Guardian’s group plan number, which is specific for each group. The format for the field should be an eight‐digit number, Example: 00123456.** | 00566692 |

## DTP – File Effective Date – Loop None

**User Option (Usage):** Situational

To specify any or all of a date, a time, or a time period

**Example:**

DTP\*007\*D8\*19961001~

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| DTP01 | 374 | Date/Time Qualifier    007 = Effective  (Guardian recommends this code) | M | ID | 3/3 | Required | 1 | Code specifying type of date or time, or both date and time | 007 |
| DTP02 | 1250 | Date time period format  qualifier    **D8** = Date expressed in format CCYYMMDD | M | ID | 2/3 | Required | 1 | Code indicating the date format, time format, or date and time format | D8 |
| DTP03 | 1251 | Date time period | M | AN | 1/35 | Required | 1 | Expression of date, a time, or range of dates, times or dates and times **CCYYMMDD is required** | Run Date in format **CCYYMMDD** |

## N1 – Sponsor Name – Loop 1000A

**User Option (Usage):** Required

To identify a party by type of organization, name, and code

**Example:**

N1\*P5\*Company Name\*FI\*112233445~

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| N101 | 98 | Entity identifier code    **P5** = Plan sponsor | M | ID | 2/3 | Required | 1 | Code identifying an organizational entity, a physical location, property or an individual | P5 |
| N102 | 93 | Name | **X** | AN | 1/60 | Situational | 1 | Free form name. **Guardian**  **recommends the plan name**  **in this field** | HHS, LLC. |
| N103 | 66 | Identification code  qualifier    FI = Federal taxpayer’s identification number . Guardian recommends this code. | **X** | ID | 1/2 | Required | 1 | Code designating the system/method of code structure used for identification code (67) | **FI** |
| N104 | 67 | Identifying code | **X** | AN | 2/80 | Required | 1 | Code identifying a party or other code. **Guardian recommends this field to**  **reflect the plans Tax ID number.** | 742983259 |

## N1 – Payer – Loop 1000B

**User Option (Usage):** Required

To identify a party by type of organization, name, and code

**Example:**

N1\*IN\*Guardian\*FI\*135123390~

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| N101 | 98 | Entity identifier code    **IN** =Insurer | M | ID | 2/3 | Required | 1 | Code identifying an organizational entity, a physical location, property or an individual | IN |
| N102 | 93 | Name | **X** | AN | 1/60 | Situational | 1 | Free form name. Guardian is required in this field. | Guardian |
| N103 | 66 | Identification code  qualifier    FI = Federal taxpayer’s identification number . Guardian recommends this code. | **X** | ID | 1/2 | Required | 1 | Code designating the system/method of code structure used for identification code (67) | **FI** |
| N104 | 67 | Identification code | **X** | AN | 2/80 | Required | 1 | Code identifying a party or other code. **Guardian**  **requires 135123390 in this field.** | **135123390** |

## INS – Member Level Detail – Loop 2000

**User Option (Usage):** Required

To provide benefit information on insured entities

**Note:** Subscriber information **MUST** precede dependent information in a transmission.

**Example:**

If utilizing the INS06 to INS06-4 fields: INS\*Y\*18\*030\*XN\*A\*D:0\***\*\*\*\*\***FT~ If *not* utilizing the INS06 to INS06-4 fields: INS\*Y\*18\*030\*XN\*A\*E\*\*FT~

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | | **ID** | | **Element Name** | | **Req** | | **Type** | | **Min/Max** | | **Usage** | | **Rep** | | **Comments/Description** |  | |
| INS01 | | 1073 | | Yes/No condition or  response code    **Y =**Yes (Indicates it is a  subscriber record)    **N =**No (Indicates it is a dependent record) | | M | | ID | | 1/1 | | Required | | 1 | | Code indicating a Yes or No condition or response | Y = Yes (Subscriber)  N = No (Dependent) | |
| INS02 | 1069 | | Individual relationship  code  01 = spouse  19 = Child | | M | | ID | | 2/2 | | Required | | 1 | | Code indicating the relationship between two individuals or entities. **This value should be 18 for the subscriber.** | | | If employee, send 18  if ConRelationship = SPS, send 01  if ConRelationship = CHL, STC send 19 |
| INS03 | 875 | | Maintenance Type Code  030 = Audit or Compare  (Full File) | | O | | ID | | 3/3 | | Required | | 1 | | Code identifying the specific  type of item maintenance | | | 030 |
| INS04 | 1203 | | Maintenance Reason  Code    **XN =** Notification Only | | O | | ID | | 2/3 | | Situational | | 1 | | Code identifying the reason for the maintenance change. **Guardian recommends**  **utilizing the accurate reason code.** | | | XN |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| INS05 | 1216 | Benefit Status Code  **A =** Active | O | ID | 1/1 | Required | 1 | The type of coverage under which benefits are paid | A |
| INS06 | C052 | Medicare Status Code | O |  |  |  |  |  | Leave Blank |
| INS06‐1 | 1218 | Medicare Plan Code    E = No Medicare | **M** | ID | 1/1 | Required | 1 | Code identifying the Medicare Plan | E |
| INS06‐2 | 1701 | Medicare Eligibility  Reason Code | O | ID | 1/1 | Situational | 1 | Code specifying reason for  Medicare Eligibility. **Not Used By Guardian** | Leave blank |
| INS06‐3 | 1701 | Eligibility Reason Code | O | ID | 1/1 | Not Used |  | **Not Used** | **Leave Blank** |
| INS06‐4 | 1701 | Eligibility Reason Code | O | ID | 1/1 | Not Used |  | **Not Used** | **Leave Blank** |
| INS07 | 1219 | Consolidated Omnibus  Budget Reconciliation  Act (COBRA) | O | ID | 1 / 2 | Situational | 1 | Qualifying Event Code **Guardian does not require this element. It can be sent in as blank** | Leave blank |
| INS08 | 584 | Employment Status Code  AC = Active  TE = Terminated | O | ID | 2/2 | Situational | 1 | Code showing the general Employment status of an employee/claimant  **Guardian recommends this**  **element for a subscriber** | if EecEmplStatus = T, send TE, else send AC |
| INS09 | 1220 | Student Status Code    **F =** Full Time  **N =** Not a Student  **P =** Part Time | O | ID | 1/1 | Situational | 1 | Code indicating the Student status of the patient, not Handicapped, and not the  insured. **This is used for nonspouse dependents** | Leave blank |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| INS10 | 1073 | Yes/No Condition or  Response Code    **N =** No    **Y =** Yes | O | ID | 1/1 | Situational | 1 | Code indicating a Yes or No  Condition or Response **Handicap Indicator. This element is required if a dependent is disabled** | If conrelationship = CHL, STC and ConIsDisabled = Y, send Y, else send N |
| INS11 | 1250 | Date Time Period Format  Qualifier    **D8 =** Date Expressed in format CCYYMMDD | **X** | ID | 2/3 | Situational | 1 | Code indicating the date format, time format, or date and time format | Leave Blank |
| INS12 | 1251 | Date Time Period | **X** | AN | 1/35 | Situational | 1 | Expression of a date, a time, or range of dates, times or dates and times. | Leave Blank |
| INS13 | 1165 | Confidentiality Code    **R** = Restricted Access  **U** = Unrestricted Access | O | ID | 1/1 | Situational | 1 | Code indicating the access to insured information | Leave blank |
| INS14 | 19 | City Name | O | AN | 2/30 | Not Used |  | **Not Used** | Leave blank |
| INS15 | 156 | State or Province Code | O | ID | 2/2 | Not Used |  | **Not Used** | Leave blank |
| INS16 | 26 | Country Code | O | ID | 2/3 | Not Used |  | **Not Used** | Leave blank |
| INS17 | 1470 | Number | O | N0 | 1/9 | Situational | 1 | A generic number. Birth Sequence Number. Required if reporting family members with the same birth date, when needed for proper reporting, tracking, or response to benefit | we need to send this if ee has dep with same dob (i.e., twins) |

## REF – Subscriber Identifier – Loop 2000

**User Option (Usage):** Required

To specify identifying information

**Example:**

REF\*0F\*123456789~

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| REF01 | 128 | Reference Identification  Qualifier    **0F =** Subscriber Number | M | ID | 2/3 | Required | 1 | Code qualifying the reference  identification | OF |
| REF02 | 127 | Reference identification | **X** | AN | 1/**50** | Required | 1 | Reference information as defined for a particular transaction set or as specified by the reference  identification qualifier. **Send the subscriber’s social**  **security number as a 9 digit number without embedded dashes.** | EepSsn |

## REF – Member Policy Number – Loop 2000

**User Option (Usage):** Situational

To specify identifying information

**This Segment is REQUIRED by Guardian**

**Example:**

REF\*1L\*00123456~

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| REF01 | 128 | Reference identification  qualifier    **1L =** Group or policy  number | M | ID | 2/3 | Required | 1 | Code qualifying the reference identification | 1L |
| REF02 | 127 | Reference identification | **X** | AN | 1/**50** | Required | 1 | Reference information as defined for a particular transaction set or as specified by the reference identification qualifier. **This will reflect Guardian’s group plan number, which is specific for each group. The format for this field should be an eight digit number.**  **Example: 00123456.** | 00566692 |

## REF – Member Supplemental Identifier – Loop 2000

**User Option (Usage):** Situational

To specify identifying information

**Note**: This Loop can be used as an alternative of utilizing a combination of Loops 2700 –

Additional Reporting Categories, 2710 – Member Reporting Category and Loop 2750 – Reporting Category. Guardian requires either this Loop **or** the combination of Loops 2700, 2710, and 2750.

**Example:**

REF\*3H\*0000\*20050101~REF\*DX\*GUAR\*20050101~REF\*ZZ\*0001\*20050101~

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| REF01 | 128 | Reference identification  qualifier    3H = Case number Guardian uses this as the division number qualifier  ZZ= Mutually defined Guardian uses this as the class code qualifier | M | ID | 2/3 | Required | 1 | Code qualifying the reference identification | 3H  ZZ |
| REF02 | 127 | Reference identification | **X** | AN | 1/30 | Situational | 1 | Reference information as defined for a particular transaction set or as specified by the reference identification qualifier. | 3H  0000  ZZ  0001 |
| REF03 | 352 | Description | X | AN | 1/80 | Not Used | 1 | **Used to reflect the effective date of the division, class, and department. This field is required by Guardian in order to update our system accurately without manually**  **reaching out for the date** | **Leave blank** |

## DTP – Member Level Dates – Loop 2000

**User Option (Usage):** Situational

To specify any or all of a date, a time, or a time period

**This Segment is REQUIRED by Guardian**

**Examples:**

Active employee:

DTP\*336\*D8\*19960705~DTP\*300\*D8\*19960705~

Terminated/COBRA employee (no longer employed by the company):

DTP\*336\*D8\*19960705~DTP\*337\*D8\*20040101~DTP\*300\*D8\*20040101~

Retired employee

DTP\*336\*D8\*19960705~DTP\*286\*D8\*20040101~(use retirement date in the 286 segment)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| DTP01 | 374 | Date/Time Qualifier    286 = Retirement Required if employee is retired = to date of retirement.    336 = Employment Begin Date ‐ Fulltime date of hire    337 = Employment End Date | M | ID | 3/3 | Required | 1 | Code specifying type of date or time, or both date and time. | 286  336  337 |
| DTP02 | 1250 | Date Time Period Format  Qualifier    **D8 =** Date Expressed in format CCYYMMDD | M | ID | 2/3 | Required | 1 | Code indicating the date format, time format, or date and time format | D8 |
| DTP03 | 1251 | Date Time Period | M | AN | 1/35 | Required | 1 | Expression of a date, a time, or range of dates, times, or dates and times | 286 = EEcEmplStatus = ‘T’ and eecTermReason = ‘202’ send EecDateOfTermination  else send blank  336 = EecDateOfLastHire  337 = EecDateofTermination |

## NM1 – Member Name – Loop 2100A

To supply the full name of an individual or organizational entity

**User Option (Usage):** Required

**Example:**

NM1\*IL\*1\*SMITH\*JOHN\*\*\*\*34\*123456789~

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| NM101 | 98 | Entity identifier code    **74 =** Corrected Insured    **IL =** Insured or  Subscriber. **Required by**  **Guardian** | M | ID | 2/3 | Required | 1 | Code identifying an organizational entity, a physical location, property or an individual | IL |
| NM102 | 1065 | Entity type qualifier    **1 =** Person | M | ID | 1/1 | Required | 1 | Code qualifying the type of entity | 1 |
| NM103 | 1035 | Name last or organization name | **X** | AN | 1/**60** | Required | 1 | Individual last name or organizational name. **Last name with no punctuation** | EepNameLast or ConNameLast |
| NM104 | 1036 | Name First | O | AN | 1/**35** | Required | 1 | Individual first name. **First name with no punctuation.** | EepNameFirst or ConNameFirst |
| NM105 | 1037 | Name Middle | O | AN | 1/25 | Situational | 1 | Individual middle name or  initial. **Middle initial only is preferred** | 1st digit of EepNameMiddle or ConNameMiddle |
| NM106 | 1038 | Name Prefix | O | AN | 1/10 | Situational | 1 | Prefix to individual name. **Leave blank**. | Leave Blank |
| NM107 | 1039 | Name Suffix | O | AN | 1/10 | Situational | 1 | Suffix to individual name. **Leave blank**. | Leave Blank |
| NM108 | 66 | Code qualifier    **34 =** Social security number – **Required by Guardian when passing dependent SSN**    **ZZ =** Mutually defined | **X** | ID | 1/2 | Situational | 1 | Code designating the system/method of code structure used for Identification Code (67). | 34  Do not send on dependent records if they do not have an NM109 value |
| NM109 | 67 | Identification code | **X** | AN | 2/80 | Situational | 1 | Code identifying a party or other code. **Subscriber SSN or the dependent SSN on a dependent record if available.** **\*NOTE\*** **The dependent SSN is required for all Medical benefits** | eepSSN or ConSSN  If dependent SSN is blank or dummy #, do not send 34 in NM108  example dummy numbers  all 0's, all 1's, all 9s, all 8's, 123456789, start with 999 or 998 |

## PER – Member Communications Number – Loop 2100A

**User Option (Usage):** Situational

To identify a person or office to whom administrative communications should be directed

**Example:**

PER\*IP\*\*HP\*8015554321~ (Recommended)

PER\*IP\*\*EM\*testemail@test.com~ (Required)

**Note: Guardian recommends HP (phone number) and requires it be followed by EM (email).**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| PER01 | 366 | Contact function code    **IP =** Insured Party | M | ID | 2/2 | Required | 1 | Code identifying the major duty or responsibility of the person or group named | IP |
| PER02 | 93 | Name | O | AN | 1/60 | **Not used** |  |  | Leave Blank |
| PER03 | 365 | Communication number  qualifier    EM = Electronic mail    HP = Home Phone Number | **X** | ID | 2/2 | Required | 1 | Code identifying the type of communication number.  **Guardian identifies HP, TE**  **and EM.** | Evaluate Phone Number First  If EE has Primary Phone Number send HP else if EE has Primary Email send EM else  leave blank |
| PER04 | 364 | Communication number | **X** | AN | 1/**256** | Required | 1 | Complete communications number including country or area code when applicable. | Send EE Primary Phone Number - EepPhoneHomeNumber  or EE primary email  eepAddressEMail |
| PER05 | 365 | Communication number  qualifier    EM = Electronic mail    HP = Home Phone Number | **X** | ID | 2/2 | Situational | 1 | Code identifying the type of communication number. | Use this field if EE has both a Primary Phone and a Primary Email  Send EM  Else blank |
| PER06 | 364 | Communication number | **X** | AN | 1/**256** | Required | 1 | Complete communications number including country or  area code when applicable. | Use this field if EE has both a Primary Phone and a Primary Email  Send EE Primary Email Address  eepAddressEMail  Else Blank |

## N3 – Member Residence Street Address – Loop 2100A

**User Option (Usage):** Situational

To specify the location of the named party

**This segment is REQUIRED by Guardian for employees**

**Example:**

N3\*50 ORCHARD STREET\*APT 12~

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| N301 | 166 | Address information | M | AN | 1/55 | Required | 1 | Address information | EepAddressLine1 |
| N302 | 166 | Address information | O | AN | 1/55 | Situational | 1 |  | EepAddressLine2 |

## N4 – Member Residence City, State, Zip Code – Loop 2100A

**User Option (Usage):** Situational

To specify the geographic place of the name party

**Example:**

N4\*ROCK HILL\*FL\*33131~

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| N401 | 19 | City name | O | AN | 2/30 | Required | 1 | Free form text for city name | EepAddressCity |
| N402 | 156 | State or province code | **X** | ID | 2/2 | Situational | 1 | Code as defined by appropriate government agency. **State code**. | EepAddressState |
| N403 | 116 | Postal code | O | ID | 3/15 | Situational | 1 | Code defining international postal zone code excluding punctuation and blanks ( zip code for United Stated). **Zip code should be the 5 digit code.** | EepAddressZipCode |

## DMG – Member Demographics – Loop 2100A

**User Option (Usage):** Situational

To supply demographic information

**This segment is REQUIRED by Guardian**

**Example:**

If utilizing the DMG05 to DMG05-3 fields: DMG\*D8\*194509\*F\*M\*H:0\*\*\*\*1\*\*\*\*\*\*~

If *not* utilizing the DMG05 to DMG05-3 fields: DMG\*D8\*19450915\*F\*M~

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| DMG01 | 1250 | Date time period format  qualifier    **D8 =** Date expressed in format CCYYMMDD | **X** | ID | 2/3 | Required | 1 | Code indicating the date format, time format, or date and time format | D8 |
| DMG02 | 1251 | Date time period | **X** | AN | 1/35 | Required | 1 | Expression of a date, a time, or range of dates, times or dates and times. **Date of birth**. | EepDateOfBirth or Condateofbirth |
| DMG03 | 1068 | Gender code    **F =** Female    **M =** Male    **U =** Unknown – **Not used by Guardian** | O | ID | 1/1 | Required | 1 | Code indicating the sex of the individual | If EepGender or congender = M send M  If EepGender or congender = F send F  Else M |
| DMG04 | 1067 | Marital status    D = Divorced    I = Single – Recommended by Guardian    M = Married – Recommended by Guardian    R = Unreported – if marital status is “unknown”, pass “R”  W = Widowed | O | ID | 1/1 | Situational | 1 | Code defining the marital status of a person. | if eepMaritalStatus = S send I  if eepMaritalStatus = D send D  if eepMaritalStatus = M send M  if eepMaritalStatus = W send W  else send R |

## HD – Health Coverage – Loop 2300

**User Option (Usage):** Situational

### To provide information on health coverage

**This segment is REQUIRED by Guardian**

**Example:** HD\*030\*\*DEN\*PPO\*FAM~

**Note: Examples are supplied at end of document for all benefits.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| HD01 | 875 | Maintenance type code    030 = Audit or compare – Guardian recommends this code | M | ID | 3/3 | Required | 1 | Code identifying the specific type of item maintenance | 030 |
| HD02 | 1203 | Maintenance reason code | O | ID | 2/3 | Not Used |  | **Not Used** | **Leave Blank** |
| HD03 | 1205 | Insurance line code  STD = Short Term Disability    AH = Basic Life  AJ = Basic AD&D    FAC = Voluntary Life    HLT = Voluntary AD&D    LTD = Voluntary Long Term Disability | O | ID | 2/3 | Required | 1 | Code Identifying a group of insurance products. **Note: This field will ‘re‐use’ values in order to communicate Life, AD&D, Voluntary Life, and Voluntary AD&D, and other non‐HIPAA coverage information. The misuse of**  **this field causes the transaction to be out of**  **HIPAA compliance, however we feel this is the most efficient way for a noncovered entity to communicate enrollment data to us for these**  **coverages.** | If EedDedCode/DbnDedCode = DEN1, DEN2 send DEN |
| HD04 | 1204 | Plan Coverage Description | O | AN | 1/50 | Situational | 1 | A description or number that describes the plan or coverage. **Guardian requires this element in certain situations. This will be a free form description based on the benefits being sent in for the plan. This will be discussed with the client at time of setup. For example: if the plan has two dental benefits, we may require PPO or HMO in this field.**  **If insurance line is ‘FAC’ or**  **‘HLT’, used by Guardian for**  **Voluntary Life, Voluntary AD&D, etc this field should contain the volume of coverage being elected.** | If EedDedCode/DbnDedCode = DEN2 send HIGH  If EedDedCode/DbnDedCode = DEN1 send LOW |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| HD05 | 1207 | Coverage Level Code    CHD = Children only    EMP = Employee only    SPO = Spouse only | O | ID | 3/3 | Situational | 1 | Code indicating the level of coverage being provided for the insured. **Guardian**  **REQUIRES this element for all employee benefit elections. May be needed for dependent elections for Voluntary Life , Voluntary**  **Accidental Death and**  **Voluntary Critical Illness, See**  **examples on pages: 90, 91, 93 and 96** | Send the values below on the Employee Record ONLY  If EedBenOption = EE send EMP  if EedBenOption = EESP send ESP  if EedBenOption = EECH send ECH  if EedBenOption = EEFAM send FAM |

## DTP – Health Coverage Dates – Loop 2300

**User Option (Usage):** Required

To specify any or all of a date, a time, or a time period

**Example:**

Active coverage (Begin Date): DTP\*348\*D8\*19961001~

Waived coverage (End Date): DTP\*348\*D8\*19961001~DTP\*349\*D8\*20040101~

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| DTP01 | 374 | Date / time qualifier  348 = Benefit begin date. Date on which the subscriber’s or dependent’s benefit begins    349 = Benefit end date. Date on which the subscriber’s or dependent’s benefit ends. | M | ID | 3/3 | Required | 1 | Code specifying type of date or time, or both date and time | 348 = Benefit Start  349 = Benefit Stop |
| DTP02 | 1250 | Date time period format  qualifier    **D8** = Date expressed in  format CCYYMMDD | M | ID | 2/3 | Required | 1 | Code indicating the date format, time format or date and time format. | D8 |
| DTP03 | 1251 | Date time period | M | AN | 1/35 | Required | 1 | Expression of a date, a time, or range of dates, times or dates and times. | 348 = EedBenStartDate  Send minimum effective date of 01/01/2020 for all benefits  349 = EedBenStopDate  Send terminations once then drop from the file |

## REF – Health Coverage Policy Number – Loop 2300

**User Option (Usage):** Situational

To specify identifying information

**Example:**

REF\*1L\*00123456~

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| REF01 | 128 | Reference identification  qualifier  1L=Group or policy number – Required by Guardian | M | ID | 2/3 | Required | 1 | Code qualifying the reference identification | 1L |
| REF02 | 127 | Reference identification | **X** | AN | 1/**50** | Required | 1 | Reference information as defined for a particular transaction set or specified by the reference identification  qualifier. **This will reflect guardian’s group plan number, which is specific for each group. The format for this field should be an eight digit number. Example:**  **00123456** | 00566692 |

## SE – Transaction Set Trailer – Loop None

**User Option (Usage):** Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

*Please note: The HIPAA threshold limit of the INS count in a single ST/SE transaction set is 10,000.*

**Example:**

SE\*39\*0001~

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| SE01 | 96 | Number of included segments | M | N0 | 1/10 | Required | 1 | Total number of segment terminators (in most cases this will be a tilde (~)) contained in a transaction set including ST and SE segments.  **Do not include: ISA, GS, IEA, GE.** | **Number of segments included in a transaction set including ST and SE segments** |
| SE02 | 329 | Transaction set control number | M | AN | 4/9 | Required | 1 | Identifying control number that must be unique within the transaction set functional group assigned by the  originator for a transaction set.  **Reference: The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with number 0001 and increment from there.** | Must match ST02 |

## GE – Functional Group Trailer – Loop None

**User Option (Usage):** Required

To indicate the end of a functional group and provide control information

**Example:**

GE\*1\*59160~

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| GE01 | 97 | Number of transaction sets included | M | N0 | 1/6 | Required | 1 | Total number of transaction sets included in the functional  group or interchange (transmission) group terminated by the trailer containing this data element | Number of transaction sets included |
| GE02 | 28 | Group control number | M | N0 | 1/9 | Required | 1 | Assigned number originated and maintained by the sender. Needs to match the GS06 | Must match GS06 |

## IEA – Interchange Control Trailer – Loop None

**User Option (Usage):** Required

To define the end of an interchange of zero or more functional groups and interchange – related control segments

**Example:** IEA\*1\*000000905~

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| IEA01 | I16 | Number of included functional groups | M | N0 | 1/5 | Required | 1 | A count of the number of functional groups included in an interchange | 1 |
| IEA02 | I12 | Interchange control number | M | N0 | 9/9 | Required | 1 | A control number assigned by the interchange sender | **Must match ISA13** |

**Section 5: Sending the Enrollment File to Guardian**

## Options for Electronic Submission of the Enrollment File

You have two options for submitting your EDI files to Guardian. Your company’s system capabilities should determine the appropriate method.

The two methods are:

1. Secure File Transfer Protocol (SFTP)
2. FTP with PGP

An SFTP questionnaire is available to set up new client credentials. Please email EDI\_Implementation@glic.com.

Once the returned questionnaire is received and testing is in progress, our FTP Representative will contact the client to complete the File Transfer setup.

# Section 6: Examples

See coding examples in vendor’s original document.