HIPAA Transaction

**User Reference Guide to the X12N**

**5010**

**Implementation Guide**

**834 Benefit Enrollment and Maintenance - F**

**Version Number: 3.0**

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# Preface

*This Reference Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Anthem. Transmissions based on this document, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides. This Reference Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Reference Guide is not intended to replace the Implementation Guide (referred to in this document as the “IG”).*

# Introduction

The HIPAA 834 transaction is utilized by the sponsor of the insurance coverage, benefits, or policy to transmit electronic enrollment information.

The national transaction set implementation guide named in the HIPAA Administrative Simplification Electronic Transaction rule is the primary source for definitions, data usage and requirements. This supplemental document contains clarifications and Anthem specific requirements related to data usage and content when submitting a HIPAA 834 transaction to Anthem.

This Reference Guide is meant to assist those implementing the ASC X12N 834 – Benefit Enrollment and Maintenance transaction for use with Anthem. Anthem’s recommendations are noted below, otherwise please refer to the ASC X12N/005010X220 Implementation Guide for clarifications and data definitions.

# General Information and Guidelines

The sections below provide guidelines for the 834 Benefit Enrollment and Maintenance transaction. These sections provide the minimum data requirements for Anthem to correctly and completely process this HIPAA transaction.

## Enrollment Data Testing / Audit Policy

During initial conversion to the 834 format, during open enrollment and when revising a group structure, we will require you to submit test transactions to validate your detailed member specific program logic. Your Eligibility Specialist will process your file into a test environment validating the data and logic specific to our internal system needs and provide summarized and detailed feedback.

In order to submit a test file, you must indicate "test" in the ISA segment (ISA15 field). Any transactions marked as "production" will be processed against actual production data.

## Data Not Used

While the enrollment information listed below can be (and in some instances must be) contained in a standard enrollment transaction, our processing does not currently use the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Loop** | **Segment** | **Element** | **Name** |
| Transaction Set Header | ST | All | Transaction Set Header |
| Transaction Set Header | BGN | All | Beginning Segment |
| Transaction Set Header | DTP | All | File Effective Date |
| Transaction Set Header | QTY | All | Transaction Set Control Totals |
| 1000A | All | All | Sponsor Name |
| 1000B | All | All | Payer |
| 1000C | All | All | TPA/Broker Name |
| 1100C | All | All | TPA/Broker Account |
| 2000 | INS | INS06 | Medicare Plan Code |
|  |  | INS08 | Employment Status Code |
|  |  | INS11 | Date Time Period Qualifier |
|  |  | INS12 | Insured Individual Death Date |
|  |  | INS13 | Confidentiality Code |
|  |  | INS17 | Number |
| 2100A | NM1 | NM106 | Name Prefix |
|  | N4 | N404 | Country Code |
|  |  | N405 | Location Qualifier |
|  |  | N406 | Location Identification Code |
|  |  | N407 | Country Subdivision Code |
|  | DMG | DMG04 | Marital Status Code |
|  |  | DMG05 | Race or Ethnicity Code |
|  |  | DMG06 | Citizenship Status Code |
|  |  | DMG10 | Code List Qualifier Code |
|  |  | DMG11 | Industry Code |
|  | EC | All | Employment Class |
|  | ICM | ICM03 | Quantity |
|  |  | ICM04 | Location Identifier |
|  |  | ICM05 | Salary Grade |
|  | AMT | All | Member Policy Amounts |
|  | HLH | All | Member Health Information |
|  | LUI | All | Member Language |
| 2100B | All | All | Incorrect Member Name |
| 2100C | NM1 | All | Member Mailing Address |
|  | N4 | N404 | Country Code |
|  |  | N405 | Location Qualifier |
|  |  | N406 | Location Identification Code |
|  |  | N407 | Country Subdivision Code |
| 2100D | All | All | Member Employer Loop |
| 2100E | All | All | Member School Loop |
| 2100F | All | All | Custodial Parent Loop |
| 2100G | All | All | Responsible Party Loop |
| 2100H | All | All | Drop Off Location |
| 2200 | All | All | Disability Information Loop |
| 2300 | HD | HD05 | Coverage Level Code |
|  | AMT | All | Health Coverage Policy |
|  | REF | All | Health Coverage Policy Number |
|  | REF | All | Prior Coverage Months |
|  | IDC | All | Identification Card |
| 2310 | All | All | Provider Information Loop |
| 2320 | All | All | Coordination of Benefits Loop |
| 2330 | All | All | Coordination of Benefits Related Entity Address |
| 2700 | All | All | Additional Reporting Categories |
| 2710 | All | All | Member reporting Categories |
| 2750 | All | All | Reporting Category |

## General Enrollment Requirements for Anthem

* An 834 transmission should not include any other HIPAA transactions.
* A functional group within an 834 transmission should only contain one Anthem group id. We, however, will accept multiple group ids within the same 834 transmission (under an exchange setup).
* All covered family members and their coverages must always be included in the 834 transmission when sending a given family unit.

# Date Related Business Required Rules and Guidelines

* Only **FULL** files are accepted, our systems are not able to process change files.
* There are 4 member date fields that are **required** to always be sent on every file (Loop 2000: DTP\*303, DTP\*356, DTP\*336 & Loop 2300: DTP\*348).
* **Cannot** send the file generation date on **ANY** of the member date fields (Loop 2000 DTP\*303, DTP\*356, DTP\*336 & Loop 2300 DTP\*348).
* **Cannot** set a static effective date at the group level to populate in **ANY** of the member date fields (Loop 2000 DTP\*303, DTP\*356, DTP\*336 & Loop 2300 DTP\*348).
* Any change to structure, REF\*DX or REF\*ZZ, **MUST** reflect a new effective date in the Loop 2000: DTP\*303 & Loop 2300: DTP\*348.
* A retro date sent over 60 days in the Loop 2000: DTP\*303 will error out and not process.
* **Cannot** have Loop 2000: DTP\*303 and Loop 2300: DTP\*348 **be less than** Loop 2000: DTP\*356.
* **Cannot** have Loop 2000: DTP\*356 mirror the Loop 2000: DTP\*336.
* Term date should be equal to the **actual date of term**, not the day after. Anthem terms at 11:59 pm.
  + Example: if Client term rule is end of the month. Send **12/31/2015** NOT 1/1/16. By sending the 1/1/16 date – member will get another day of coverage and client will be billed for the month of January.
* Anthem does **NOT TERM by OMISSION**. A term date is always required.
  + Term date in the Loop 2300: DTP\*349 is the preferred date to be sent.
  + **Cannot** send a term date (either different or the same) in both Loops 2000 & 2300.
    - Anthem cannot process the two different date fields.
* Dropping a DEPENDENT record from the file will could cause unexpected results:
  + The dependent may be terminated with an earlier termination date.
  + The dependent may retain their coverage until the next change in family coverage is reported.
  + The dependent may retain their coverage indefinitely.
  + The family coverage tier will change and when the benefit effective date started will be used.
* If a member should have never been effective:
  1. Either send the Loop 2300: DTP\*349 **less than the effective date sent in** Loop 2300: DTP\*348.
  2. OR send the Loop 2000: DTP\*357 **less than the effective date sent in** Loop 2000: DTP\*356.
  3. OR send the Loop 2300 DTP\*349 **to be equal to the** Loop 2300 DTP\*348.
  4. OR send the Loop 2000: DTP\*357 **to be equal to the** Loop 2000: DTP\*356
* Any additional Loops/Segments/fields sent on the file which are listed on the 2.2 Data Not Used Section – SHOULD be removed and NOT sent.
* Even if the Coverage Level Code is sent, it WILL NOT be used to determine a subscriber or member’s coverage. Anthem determines the tier using other data elements such as; the subscriber/member REF\*1L, INS01, INS02, HD04, and effective dates.

# Data Detail for 834 Transaction

This section provides the data detail information for the 834 Benefit Enrollment and Maintenance transaction. The tables below contain the minimum data requirements that must be followed for the 834 Benefit Enrollment and Maintenance transaction to be processed or detailed notes outlining our handling in specific loops, segments and elements.

Data loops and segments will be included in this document if we need to provide clarification on how the data item is used in our processing. Other loops, segments and elements are supplied according to the rules of the Implementation Guide. This clarification can:

* Limit the length of a simple data element
* Specify a sub-set of the IGs internal code listings
* Clarify the use of loops, segments, composite and simple data elements
* Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Anthem
* Define specific data element contents.

This section contains loops and segments required by the IG, or by Anthem or are optional by the IG and by Anthem.

## Segment: ST Transactional Set Header

**Loop:**

**5010 IG Page:** 31

**Note:** This segment is required by the IG. **One transaction set per 834 file is the preferred method.** Because if one transaction set rejects, the whole file is rejected and we do not receive file at all. A single transaction set should contain only one policy number. Also, the policy numbers provided at the INS level should all match the master policy number reflected in the REF segment of the transaction set header.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **ST**01 | Transaction Set Identifier Code | 834 |
| **ST**02 | Transaction Set Control Number | 0001 |
| **ST**03 | Implementation Convention Reference | 005010X220A1 |

## Segment: BGN Beginning Segment

**Loop:**

**5010 IG Page:** 32 - 35

**Note:** This segment is required by the IG however, it will not be used in our internal processing.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **BGN**01 | Transaction Set Purpose Code | 00 |
| **BGN**02 | Reference Identification | Use as defined by the IG. |
| **BGN**03 | Date | CCYYMMDD |
| **BGN**04 | Time | Use as defined by the IG. |
| **BGN**05 | Time Code | Use as defined by the IG. |
| **BGN**06 | Reference Identification | Leave blank |
| **BGN**07 | Transaction Type Code | Not used. |
| **BGN**08 | Action Code | RX |
| **BGN**09 | Security Level Code | Not used. |

## Segment: REF Transaction Set Policy Number

**Loop:**

**5010 IG Page:** 36

**Note:** This segment is not required by the IG however, **it is required by Anthem.**

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **REF**01 | Reference Identification Qualifier | 38 - Master Policy Number  Required for our internal processing. |
| **REF**02 | Reference Identification |  |

## Segment: N1 Sponsor Name

**Loop:**  1000A

**5010 IG Page:** 39 - 40

**Note:** This segment is required by the IG.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **N1**01 | Entity Identifier Code | P5 |
| **N1**02 | Name | Client name |
| **N1**03 | Identification Code Qualifier | FI |
| **N1**04 | Identification Code | Client tax id # |

## Segment: N1 Payer Name

**Loop:**  1000B

**5010 IG Page:** 41 - 42

**Note:** This segment is required by the IG.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **N1**01 | Entity Identifier Code | IN |
| **N1**02 | Name | ANTHEM |
| **N1**03 | Identification Code Qualifier | FI |
| **N1**04 | Identification Code | **MW53380E** |

## Segment: INS Member Level Detail

**Loop:** 2000

**5010 IG Page:** 47 - 54

**Note:** This segment is required by the IG and Anthem. All covered members, including dependent members of the subscriber, must be included in the transaction.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **INS**01 | Subscriber Indicator | Y = Subscriber (Employee) or N = Non-Subscriber (Dependent) |
| **INS**02 | Individual Relationship Code | if fieldname = SPS, send 01  01 = Spouse, 09 = Adopted Child, 10 = Foster Child, 17 = Stepson/Stepdaugther, 18 = Self, 19 = Child, 53 = Life Partner (all other codes are valid)  SPS= Spouse, CHL=Child, Adopted Child, & Foster Child, STC=stepdaughter & stepson and DP= Life Partner |
| **INS**03 | Maintenance Type Code | 030 |
| **INS**04 | Maintenance Reason Code | XN |
| **INS**05 | Benefit Status Code | Active |
| **INS**06 | Medicare Plan Code | Leave blank |
| **INS**07 | COBRA Qualifying Event Code | Leave blank |
| **INS**08 | Employment Status | AC |
| **INS**09 | Student Status Code | F = Full-time or P = Part-time |
| **INS**10 | Handicap Indicator | eepDisabilityType  Y = Handicapped, N or Null = Not Handicapped (For Dependents over max Child age only)  if relationship = DSC, send Y  else send N |
| **INS**11 | Date Time Period Format Qualifier | D8 |
| **INS**12 | Insured Individual’s Death Date | EepDateDeceased |
| **INS**13 | Confidentiality Code | Leave blank |
| **INS**14 | City Name | Leave blank |
| **INS**15 | State of Province Code | Leave blank |
| **INS**16 | Country Code | Leave blank |
| **INS**17 | Number | Leave blank |

## Segment: REF Subscriber Number

**Loop:**  2000

**5010 IG Page:** 55

**Note:** This segment is required by the IG and Anthem.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **REF**01 | Reference Identification Qualifier | 0F  Required for our internal processing. |
| **REF**02 | Reference Identification (Subscriber Identifier) | eepSSN  Spaces, dashes and other special characters are not part of the identification code and therefore should not be submitted in this transaction.  Maximum length of 20 characters. |

## Segment: DTP Member Level Dates

**Loop:**  2000

**5010 IG Page:** 59 - 61

**Note:** Anthem **REQUIRES** the 336 qualifiers on all subscribers. This qualifier should be included in every transmission.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **DTP**01 | Reference Identification Qualifier | Send a separate DTP segment for each qualifier used below:  Values we will use:  **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. |
| **DTP**02 | Date Time Period Format Qualifier | D8 |
| **DTP**03 | Date Time Period | We require the **CCYYMMDD** format. Exclude time from this field. |

## Segment: NM1 Member Name

**Loop:**  2100A

**5010 IG Page:** 62 - 63

**Note:** This segment with Entity Identifier Code “**IL” is required** by Anthem. Anthem only processes information for the Insured or Subscriber, **“IL”.** We do not process Corrected Insured, "74", information.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **NM1**01 | Entity Identifier Code | Always use "IL". |
| **NM1**02 | Entity Type Qualifier | 1  Required by the IG. |
| **NM1**03 | Name Last | EepNameLast  We will truncate this field and only use the first 35 characters. Punctuation should not be used in this field.  Required for our internal processing. |
| **NM1**04 | Name First | EepNameFirst  We will truncate this field and only use the first 15 characters. Punctuation should not be used in this field.  Required for our internal processing. |
| **NM1**05 | Name Middle | EepNameMiddle  We will truncate this field and only use the first character.  Used situationally in our internal processing. |
| **NM1**06 | Name Prefix | Use situationally as defined by the IG. Will not be used in our internal processing. |
| **NM1**07 | Name Suffix | Use situationally as defined by the IG. Examples: Jr, Sr, III, MD, DDS. |
| **NM1**08 | Identification Code Qualifier | Use qualifier “34”. Required for the subscriber, send for the dependent when available.  Used situationally in our internal processing. |
| **NM1**09 | Identification Code | Required for the subscriber and dependents. Required for our internal processing.  Spaces, dashes and other special characters are not part of the identification code and therefore should not be submitted in this transaction.  Must be 9 digits and must conform to the national standard edits for social security numbers.  If any section within the SSN contains all zeroes (ie – **000**-74-1287, 493-**00**-1287 or 487-72-**0000)** the SSN is invalid.  Used situationally in our internal processing. |

## Segment: PER Member Communication Numbers

**Loop:**  2100A

**5010 IG Page:** 65 - 67

**Note:** This segment is optional by the IG, however Anthem preference is to receive qualifier HP.

|  |  |  |
| --- | --- | --- |
| Reference  Description | Element Name | Element Note |
| PER01 | Contract Function Code | IP  Required per the IG. |
| PER02 | Name | Not Used per the IG. |
| PER03 | Communication Number Qualifier | EepPhoneHomeNumber |
| PER04 | Communication Number | send home phone field name |

## Segment: N3 Member Residence Street Address

**Loop:**  2100A

**5010 IG Page:** 68

**Note:** Anthem requires address information for the subscriber however it is optional for the dependent. Dependent addresses are not loaded in. If possible, the address should be abbreviated to fit into the first 40 characters. Anthem does not accept foreign addresses. THIS ADDRESS WILL BE USED AS THE MAILING ADDRESS.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **N3**01 | Address Information | EepAddressLine1  Subscriber's Address line 1 (Required for subscribers)  **Remove all punctuation.**  Required for our internal processing. |
| **N3**02 | Address Information | EepAddressLine2  Subscriber's Address line 2 (Required for subscribers)  **Remove all punctuation.**  Required for our internal processing. |

## Segment: N4 Member Residence City, State, Zip Code

**Loop:**  2100A

**5010 IG Page:** 69 - 70

**Note:** Anthem requires address information for the subscriber however it is optional for the dependent. Dependent addresses are not loaded in. Anthem does not accept foreign addresses.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **N4**01 | City Name | EepAddressCity  We will truncate this field and only use the first 19 characters. Exclude all punctuation. Required for our internal processing. |
| **N4**02 | State Code | EepAddressState  Populate as described in the Implementation Guide.  Required for our internal processing. |
| **N4**03 | Zip Code | EepAddressZipCode  The first five digits of a zip code are required for our internal processing. Use only the first five digits of the zip code. |
| **N4**04 | Country Code | Leave blank |
| **N4**05 | Location Qualifier | Leave blank |
| **N4**06 | Location Identifier | Leave blank |
| **N4**07 | Country Subdivision Code | Leave blank |

## Segment: DMG Member Demographics

**Loop:**  2100A

**5010 IG Page:** 71 – 75

**Note:** Anthem requires this segment for all subscribers and dependent members included in a given transmission.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **DMG**01 | Date Time Period Format Qualifier | D8 |
| **DMG**02 | Date Time Period  (Date of Birth) | EepDateOfBirth  We require the date of birth to be formatted as **CCYYMMDD**. Exclude time from this field. |
| **DMG**03 | Gender Code | EepGender  M = Male, F = Female |
| **DMG**04 | Marital Status Code | eepMaritalStatus  M = Married, D = Divorced, I = Single, W = Widowed |

## ~~Segment: ICM Member Income~~

**~~Loop:~~**  ~~2100A~~

**~~5010 IG Page:~~** ~~79 - 80~~

**~~Note:~~** ~~Anthem requires this segment for all members who have salary based coverage.~~

|  |  |  |
| --- | --- | --- |
| **~~Reference~~**  **~~Description~~** | **~~Element Name~~** | **~~Element Note~~** |
| **~~ICM~~**~~01~~ | ~~Frequency Code~~ | ~~We prefer the salary sent as an annual amount (Code 7). We, however, will accept the following frequency codes:~~  ~~1 - Weekly~~  ~~2 - Biweekly~~  ~~3 - Semimonthly~~  ~~4 - Monthly~~  ~~7 - Annual~~  ~~H - Hourly~~ |
| **~~ICM~~**~~02~~ | ~~Monetary Amount~~ | ~~The amount value cannot be greater than 999999999.99.~~ |
| **~~ICM~~**~~03~~ | ~~Work Hours Count~~ | ~~Use situationally as defined by the IG. Will not be used in our internal processing.~~ |
| **~~ICM~~**~~04~~ | ~~Location Identifier~~ | ~~Use situationally as defined by the IG. Will not be used in our internal processing.~~ |
| **~~ICM~~**~~05~~ | ~~Salary Grade~~ | ~~Use situationally as defined by the IG. Will not be used in our internal processing.~~ |

## ~~Segment: NM1 Member Mailing Address~~

**~~Loop:~~**  ~~2100C~~

**~~5010 IG Page:~~** ~~92 - 93~~

**~~Note:~~** ~~Anthem can accept mailing address information on the subscriber and dependents however it is not required. Dependent addresses are not loaded in. If possible, the address should be abbreviated to fit into the first 40 characters. Anthem does not accept foreign addresses.~~

|  |  |  |
| --- | --- | --- |
| **~~Reference~~**  **~~Description~~** | **~~Element Name~~** | **~~Element Note~~** |
| **~~NM1~~**~~01~~ | ~~Entity Code~~ | ~~31 Use situationally as defined by the IG.~~ |
| **~~NM1~~**~~02~~ | ~~Entity Type Qualifier~~ | ~~1~~ |

## ~~Segment: N3 Member Mail Street Address~~

**~~Loop:~~**  ~~2100C~~

**~~5010 IG Page:~~** ~~94~~

**~~Note:~~** ~~Anthem can accept mailing address information on the subscriber and dependents however it is not required. Dependent addresses are not loaded in. If possible, the address should be abbreviated to fit into the first 40 characters. Anthem does not accept foreign addresses.~~

|  |  |  |
| --- | --- | --- |
| **~~Reference~~**  **~~Description~~** | **~~Element Name~~** | **~~Element Note~~** |
| **~~N3~~**~~01~~ | ~~Address Information~~ | ~~We will truncate this field and only use the first 40 characters.~~  **~~Remove all punctuation.~~**  ~~Used situationally in our internal processing.~~ |
| **~~N3~~**~~02~~ | ~~Address Information~~ | ~~We will truncate this field and only use the first 40 characters.~~  **~~Remove all punctuation.~~**  ~~Used situationally in our internal processing.~~ |

## ~~Segment: N4 Member Mail City, State, Zip Code~~

**~~Loop:~~**  ~~2100C~~

**~~5010 IG Page:~~** ~~95 - 96~~

**~~Note:~~** ~~Anthem can accept mailing address information on the subscriber and dependents however it is not required. Anthem does not accept foreign addresses.~~

|  |  |  |
| --- | --- | --- |
| **~~Reference~~**  **~~Description~~** | **~~Element Name~~** | **~~Element Note~~** |
| **~~N4~~**~~01~~ | ~~City Name~~ | ~~We will truncate this field and only use the first 19 characters.~~  **~~Exclude all punctuation.~~** |
| **~~N4~~**~~02~~ | ~~State Code~~ | ~~Populate as described in the Implementation Guide.~~ |
| **~~N4~~**~~03~~ | ~~Zip Code~~ | ~~The first five digits of a zip code are required for our internal processing. Use only the first five digits of the zip code.~~ |
| **~~N4~~**~~04~~ | ~~Country Code~~ | ~~We do not accept foreign addresses. Use situationally as defined by the IG. Will not be used in our internal processing.~~ |
| **~~N4~~**~~05~~ | ~~Location Qualifier~~ | ~~Not Used.~~ |
| **~~N4~~**~~06~~ | ~~Location Identifier~~ | ~~Not Used.~~ |
| **~~N4~~**~~07~~ | ~~Country Subdivision Code~~ | ~~Use situationally as defined by the IG. Will not be used in our internal processing.~~ |

## Segment: HD Health Coverage

**Loop:**  2300

**5010 IG Page:** 140 - 142

**Note:** This segment is **required** by Anthem. Even though the Implementation Guide states adding a new coverage must never be assumed to result in the automatic termination of a prior coverage, our administration system **DOES require** this assumption.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **HD**01 | Maintenance Type Code | 030 |
| **HD**02 | Maintenance Reason Code | Leave blank |
| **HD**03 | Insurance Line Code | **HLT** |
| **HD**04 | Plan Coverage Description | If deduction code = MED75,MED80, MEEXE, MEG, MEGPR, MEGRG send OH2550M001  If deduction code = MEGRS, MES send OH2550M002 |
| **HD**05 | Coverage Level Code | If EedBenOption = EE send EMP  if eedBenOption = EE1 send E1Dee  if EedBenOption = Family send FAM  \*HD05 only need sent on EE records. |

## Segment: DTP Health Coverage Dates

**Loop:**  2300

**5010 IG Page:** 143 - 144

**Note:** Anthem **REQUIRES** a 348 qualifier for all coverages in each transmission, even when terminating the coverage.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **DTP**01 | Reference Identification Qualifier | Send a separate DTP segment for each applicable qualifier used below:  348 – (Required for subscribers and dependents.) Should be sent on all transmissions of an HD segment. Send coverage effective date. Default all to 08/01/2019 or actual coverage eff date.  349 – Should be used when terming a specific coverage without terming the individual's INS segment. DO NOT SEND the DTP\*357 if this date is sent.  Required for our internal processing. |
| **DTP**02 | Date Time Period Format Qualifier | D8  Required for our internal processing. |
| **DTP**03 | Date Time Period | We require the **CCYYMMDD** format. Exclude time from this field.  Required for our internal processing. |

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