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**Companion Guide to the X12N 834 (005010X220A1) Benefit Enrollment & Maintenance Transactions**

**March 24, 2020**

**Overview**

This document contains clarifications as permitted by the Health Insurance Portability and

Accountability Act of 1996 (HIPAA) Standard for Electronic Transactions. This document is not intended to convey information that exceeds the requirements or usages of data expressed in the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3 and Errata).

**This document is not intended, and should not be regarded, as a substitute for the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3 and Errata)**

The UnitedHealth Group X12N 834 (005010X220A1) companion guide:

* Is based on the government standards.
* Has been written to assist you in designing and implementing 834 transaction sets to meet UnitedHealth Group's processing requirements and standards.
* Must be used in conjunction with the Benefit Enrollment & Maintenance (834) instructions as set forth by The Accredited Standards Committee (ASC) X12 Standards for Electronic Data Interchange – Technical Report Type 3 – based on Version 5, Release 1 – dated August 2006.
* Identifies key data elements from each of the required transaction sets you provide to us.

**Note**: Wherever possible, specific reference to page number, loop ID, and segment are identified. File layout examples are also included. The recommendations made are to enable you to more effectively complete Electronic Data Interchange (EDI) transactions with UnitedHealth Group.

Remember that all qualifiers sent on the file must have the corresponding data elements. A qualifier should not be transmitted if there is no corresponding data to be sent. **Example 1:** If a D8 is sent in INS11 to indicate a Death Date will be sent in INS12 then a date must display in INS12. **Example 2:** If the **PER** segment ID is sent on your file in the 2100A Loop (**Member Communications Numbers**) then at least one contact number for the member must display (PER01–PER04).

### Header

The key information included in the header is the sender and receiver's id, the date and time stamp of the file, and the submission group name (also known as the master policy number). Your electronic eligibility analyst (EEA) will provide you with the submission group name/master policy number to be used in REF02 of the header record.

**Loop ID - 2000**

The key information included in Loop 2000 is the member level detail, such as the relationship code, status, Social Security number (SSN)/Employee ID, employment and retirement dates. Each transaction set must begin with a subscriber/employee record.

Your EEA will provide you with the customer number to be used in Loop 2000, REF02, where REF01 = 1L. For groups with multiple policy numbers, the policy number should be sent in Loop 2300, REF02, where REF01 = 1L.

An employment date is to be sent for all employees in Loop 2000, DTP03, where DTP01 = 336.

**RETIREES:** For retirees, a retirement date is to be sent for all retirees in Loop 2000, DTP03, where DTP01 =286, in addition to an employment date. It is important that a code of **RT** be sent in Loop 2000, INS08, with an A in Loop 2000, INS05.

Medicare information is not required to be sent on the eligibility file as UnitedHealth Group receives quarterly Medicare feeds from the Centers for Medicare & Medicaid Services (CMS), UnitedHealth Group will read and load the information from the eligibility file if you choose to send it complete information must be sent in INS06. Also, note that we do consider the CMS feed to be the primary information source so information on the quarterly feed may overlay what is loaded to our system from your file. If you choose to send Medicare information when a member (over age 65 or disabled) has Medicare as their primary insurer, the Medicare Part A and Part B qualifier of 338 is transmitted in Loop 2000, DTP01and the corresponding start date is sent in Loop 2000, DTP03. The appropriate Medicare indicator should be sent in Loop 2000, INS06. Multiple DTP segments can be sent for each individual member as described in the Implementation Guide.

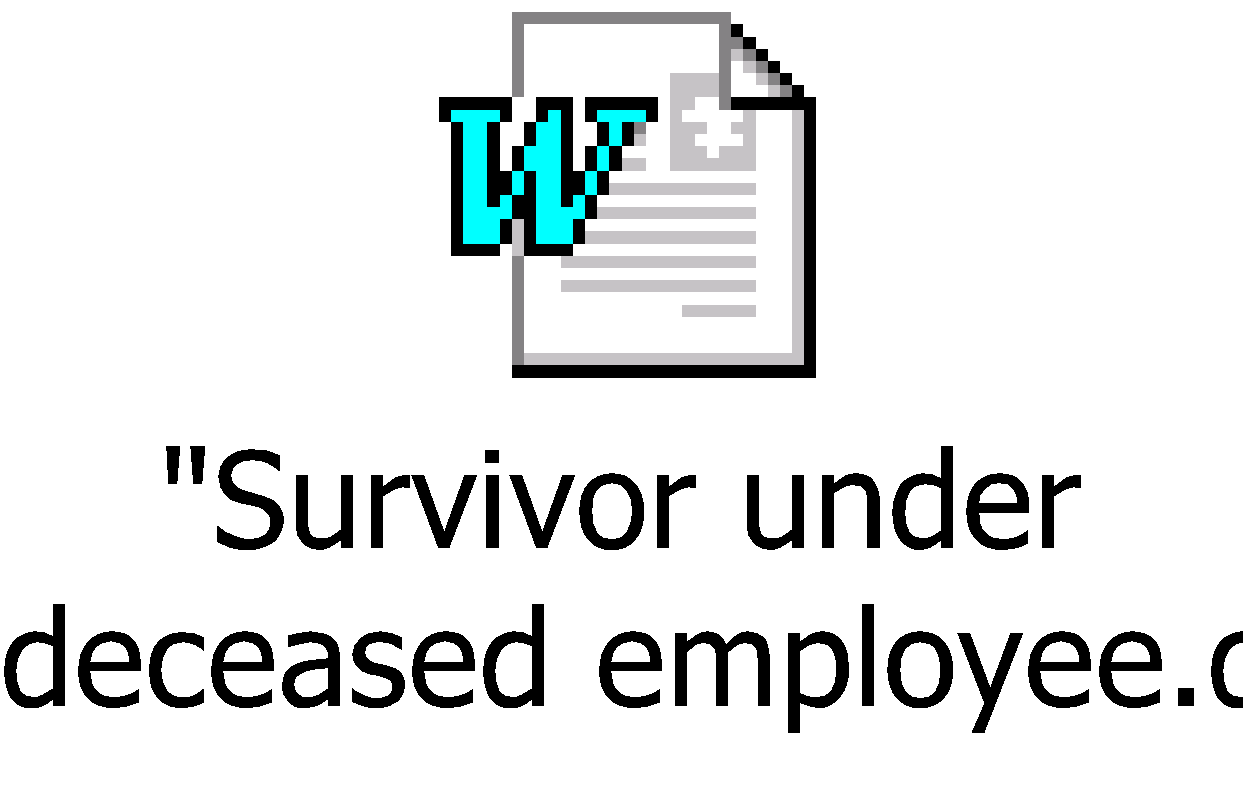
**SURVIVOR AND DEPENDENT ONLY INFORMATION**

SURVIVORS:

If your file contains coverage for surviving family members of a deceased employee, certain considerations should be taken. UnitedHealthcare will keep the surviving members enrolled under the deceased employee’s ID (usually the employee's Social Security number) since the claims and eligibility history for this family already resides under this number.

There are two methods available for sending surviving spouse coverage.

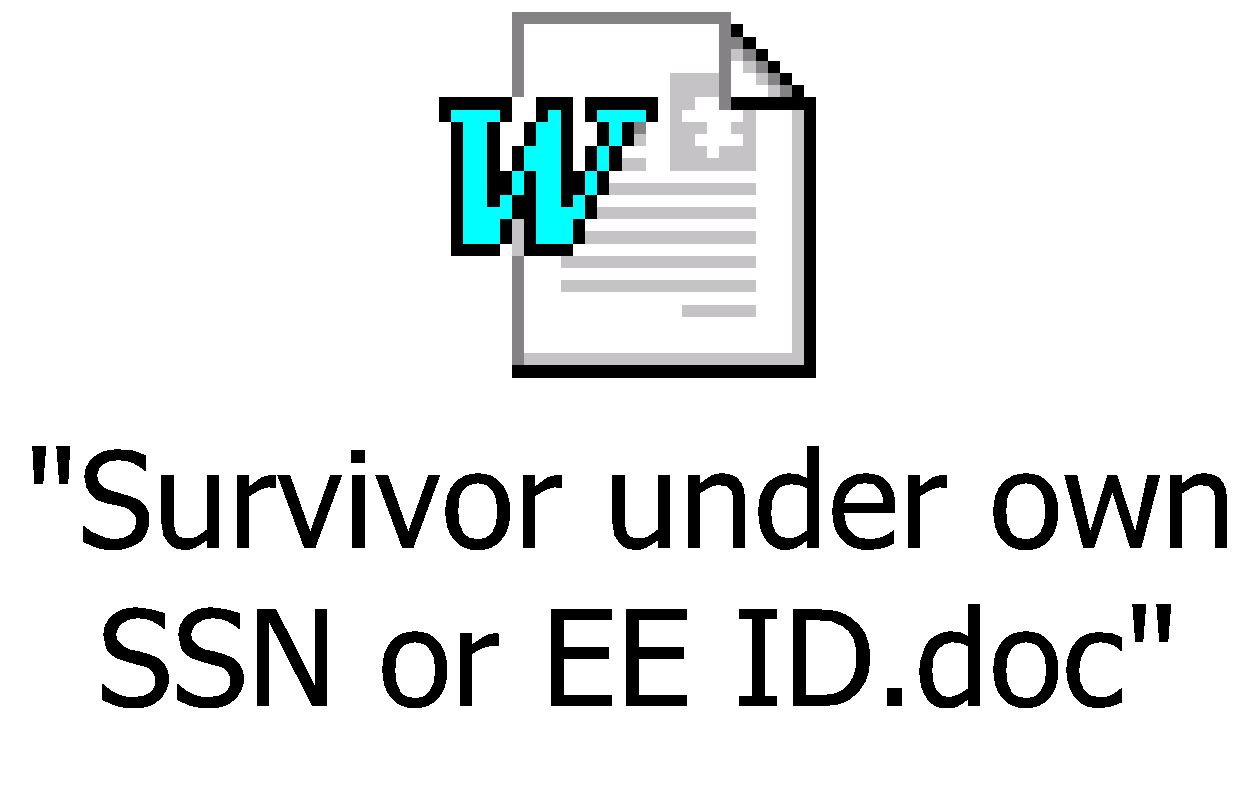
* Sending the surviving spouse/members under the deceased SSN (or EE ID). The deceased employee record is still transmitted on your file. The deceased employee record would include in Loop 2000, REF01, and the value of '6O' as per the Addenda, page 10. REF02 would be sent with the SSN (or EE ID) of the survivor. The REF6O segment should only be included in the deceased employee's record. No other members of the family should be sent with the REF6O segment. A status of S sent on all survivors in INS05 See example:



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| **LOOP ID 2000, cont.** |

**SURVIVOR AND DEPENDENT ONLY INFORMATION, continued**

* Sending the surviving spouse/members under the spouse's SSN (or EE ID), along with a cross-reference (XREF) ID equal to the deceased employee's SSN (or EE ID). The deceased employee record is not included on the file. In this situation, the surviving spouse then displays on the file as an employee record, and their SSN is sent in the REF0F segment. The REF6O segment is transmitted with the SSN of the deceased employee as a cross-reference. See example:



**Note:** If an employee was manually entered in the UnitedHealth Group system with a Date of Death (DOD) and your file continues to send the employee and dependents as active with no XREF (Payee) information, a termination date equal to the DOD will be applied to the employee and all dependents.

**DEPENDENT ONLY:**

* Dependent only coverage, when allowed by your plan, with a few exceptions is sent similar to survivor coverage as noted above, where the dependents continue to be sent under the employee/subscriber’s ID.
* All members should have in loop 2000, REF01 the value of **6O** (the numeral **6** with the alpha character **O**) as described in the Implementation Guide. REF02 would be sent with the SSN of the oldest dependent.
* If the employee is retired instead of **FT**, send a **RT** in the Employment Status Code (INS08) element.
* In INS05, send an **A** instead of **S** for survivor coverage.

**DEPENDENT ONLY using Tier Code:**

* Dependent only coverage, when allowed by your plan, with a few exceptions is sent similar to survivor coverage as noted above, where the dependents continue to be sent under the employee/subscriber’s ID.
* All members should have the same tier code in the HD Loop element 05 Implementation Guide.  If the employee is retired instead of **FT**, send a **RT** in the Employment Status Code (INS08) element.
* In INS05, send an **A** instead of **S** for survivor coverage.

**Loop ID - 2100**

The key information included in Loop 2100A is themember's name, address, gender, and marital status. The complete first and last name sent on the X12N 834 file will be housed in our eligibility system; the name printed out on ID cards may have limitations to field length and may need to be truncated to fit.

**Do not include a middle name or middle initial in the first name field unless instructed to do so by your EEA.**

UnitedHealth Group requests that the date of birth (DOB) and gender be provided on the Loop 2100A DMG segment with every file transmission. If gender is not included on the file, the gender status will be recorded as **U**, to indicate **Unknown**, unless it is already loaded into our system for that member. Failure to include required fields will cause member errors, and may prevent your file from passing validation and uploading to our system. If two out of the three values change for name, DOB of birth or relationship, the record will error – once you manually make the change/corrections in our system to match what is sent on your file the error will go away.

### ADDRESS PROCESSING

The UnitedHealth Group Eligibility System has the ability to store up to 2 addresses for each family, one permanent, and one mailing address. **Every record on your file must have the permanent address field(s) populated - this includes both employee and dependent records.** The employees address will be used for mailing purposes. The ‘Mailing Address’ segments (2100C Loop) should only be populated if they are different from the permanent address field(s). Our eligibility system has the ability to record the same element lengths for the address that you will find within the HIPAA 834 guide.

**FOREIGN ADDRESSES:**

The preferred method of handling a foreign address is to use the employer's address as the mailing address for any of your foreign subscribers. If this is not an option, in order for claims, EOBs, ID cards, and other member correspondence to be mailed correctly, UnitedHealth Group requires that all foreign members--the subscriber and all of their covered family members--be transmitted with the Subscriber's foreign address in the member residence address segment (Loop 2100A). In addition, a domestic US address must be transmitted for the members in the member mailing address segment (Loop 2100C).

**Note:** Puerto Rico and the Virgin Islands are U.S. Territories, therefore those addresses are considered domestic. However, Canadian addresses are considered foreign addresses.

The UnitedHealth Group domestic address to be transmitted in Loop 2100C is:

Member Mail Street Address (N301): PO Box 46701

Member Mail Street Address (N302): Attn UnitedHealthcare

Member Mail City (N401): Greensboro

Member Mail State (N402): NC

Member Mail ZIP (N403): 27420

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| **LOOP ID 2100, cont.** |

### ADDRESS PROCESSING – FOREIGN ADDRESSES, *continued*

The foreign address must be transmitted in the Member's Residence Street Address segment (Loop 2100A) in a specific format in order to prevent the member's record from erring during the file application. You can use any combination of the following elements to transmit the member's complete foreign address:

Member Residence Street Address (N301)

Member Residence Street Address (N302)

Member Residence City (N401)

Member Residence State (N402) – unless US or Canadian, leave blank

Member Residence ZIP (N403) – unless Canadian, or US leave blank. For Canadian postal code, use the appropriate 6-digit code with no gap or space between.

Member Residence Country Code (N404) – 2 Country code.

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| A list of 2-character country codes is available from the following website: [**http://countrycode.org/**](http://countrycode.org/)  **IMPORTANT:** The list at the website above will show both 2 and 3 digit codes – it is important that you use only the 2-digit ISO Country Code. |

**EMAIL ADDRESS**

UnitedHealthcare requires sending subscriber email addresses in the PER segment on the eligibility file. When Email addresses are sent use the below guidelines:

1. The Local Part (before the @ sign): This must contain at least one character and can contain either alpha (a-z, A-Z) and numeric (0-9) characters, spaces, and valid special characters which are Plus (+), dash (-), underscore (\_) and period (.).

2. The @ sign must be present after the Local Part.

3. The Domain Name (after @ sign) must have at least one character in the Server Computer name (between the @ sign and the period), and the Suffix (the field after the period) must be at least two characters long, and must only contain alphanumeric characters.

**SALARY DEDUCTIBLE INFORMATION:**

Both the ICM and AMT segments should only be sent if salary and/or deductible information is required to be loaded in our system along with plan information – this is based upon the way your products were set up. If you are unsure, your sales account executive (SAE) or implementation manager (IM) would be able to tell you. When sending monetary amounts on the file, discuss it with your EEA.

**OTHER INFORMATION:**

**Loop 2100B – 2100H:** UnitedHealth Group can accept and load data from these loops/segments, but with the possible exception of the member’s mailing address (Loop 2100C mentioned above), they are not required by UnitedHealth Group. If you would like to include any of these loops/segments on your file, discuss the reasons and expectations with your EEA. Also, keep in mind if these loops/segments are sent, you need to follow the requirements outlined in the government’s Benefits and Enrollments (834) ASC X12 Standards. If data is sent incorrectly – even if it is in a segment or element not currently used by UnitedHealth Group – that incorrect data may prevent your file from passing validation and uploading to our system.

**Loop ID – 2300**

The key information included in Loop 2300 is the health coverage information. This loop provides UnitedHealth Group with the benefit information specific to each member. Your UnitedHealth Group Account Management Team will supply the account structure--Policy Number, Plan Variation/Report Code to you, along with the plan code and COBRA indicator. The key fields in your account structure to be included on the eligibility file are:

1. The Policy Number - should be sent as a seven-digit number, with a preceding zero if necessary.
2. The Plan Variation and Report Codes – each are four-digit numbers, and along with the coverage type, signifies which product the member is to be enrolled.
3. The Plan Code - used to signify medical coverage (TT) or medical with embedded vision coverage (VE).
4. The COBRA indicator - a two-digit code, usually TY.

All coverage types pertinent to each member's eligibility record must be transmitted on the file\*. For example, if a member is electing both medical and Rx coverage, the record transmitted on the file for this member must contain complete medical coverage information and complete Rx coverage information. Loop 2300 should be replicated for each coverage or product type, with changes made to HD03, HD04, or **HD05** as necessary.

**\*Note:** Life Coverage cannot be sent on the HIPAA (X12N) 834 format. To send Life Coverage electronically you must use the Gateway Standard Format (GSF) that you can find included in the main Electronic Eligibility Guide.

**HD04**: The values sent in HD04 should be left justified with no separation and should display in the positions listed below. If any values are not required, spaces should be sent.

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| **Plan Variation**: position 1-4;  **Report Code**: position 5-8;  **Plan Code**: position 9-10;  **COBRA Indicator**: position 11-12;  **Executive Medical Code**: position 13-15 | **Example 1:** Plan Variation Code (0001) Reporting Code (0001), Plan type (TT), and COBRA indicator (TY) should be sent as ‘**00010001TTTY**’.  **Example 2:** Plan Variation Code (0001) Reporting Code (0001), and Executive Medical (EXM) – with no Plan Code and no COBRA Indicator - should be sent as ‘**00010001 EXM**’. |

The seven-digit policy number, if it is different from the customer number, must be transmitted in Loop 2300; REF01 = 1L; and REF02 = the seven digit policy number.

**COBRA COVERAGE**

If your file includes COBRA coverage, you must include the COBRA indicator, as noted above, in Loop 2300, HD04. INS05 can still be transmitted with an A, if the member was active when they went on COBRA. We can accept a C in INS05, as long as INS08 = FT or RT. COBRA Coverage Paid-through dates should be sent in Loop 2300 - in the DTP segment, with a qualifier of **543**. If you will not be sending paid-through dates or if you use a different method for tracking COBRA member coverage end dates, discuss the available options with your EEA.

**Loop ID – 2310**

The key information in Loop 2310 is the primary physician or primary care dentist provider information.

Should you wish to include primary physician information on your 834 file for new enrollees, the provider information segment LX\*1~ must be sent on your file (see page 152).

**MEDICAL:** To submit UnitedHealthcare’s proprietary primary care physician ID, a code of P3 must be sent in Loop 2310, NM101, and a code of **SV** in Loop 2310, NM108. The UnitedHealthcare provider number is sent in Loop 2310, NM109. This provider number must be in either our standard 14-byte format or 10-byte format, depending on the medical product purchased.

* For UnitedHealthcare Navigate, OCI (Optimum Choice Inc.), OCI Preferred, MDIPA (MD Individual Practice Assoc.) or Nexus ACO (Affordable Care Organization), the 14-byte provider number consists of four preceding zeros, a seven-digit provider id, another zero, and a two-digit location code. **Example:** 00001234567001.
* For UnitedHealthcare Signature Value or Signature Value Advantage, the 10-byte provider number consists of a 6-byte PCP ID Code+4-byte PCP Facility. Add leading zeros to the Facility Code and PCP ID as needed. **Example:** The PCP number 12345-9 formatted to 10 bytes is 0123450009.

**DENTAL:** To submit UnitedHealthcare’s proprietary primary care dentist ID number for UnitedHealthcare Dental HMO, a code of **QN** must be sent in Loop 2310, NM101, and a code of SV sent in Loop 2310, NM108. The UnitedHealthcare dental provider number is sent in Loop 2310, NM109. The primary care dentist (PCD) format is a 12-byte number consisting of a six-digit practice number with six leading zeros. **Example** – 000000123456.

To submit the National Provider Identification Number (NPI), a code of P3 must be sent in Loop 2310, NM101, and a code of **XX** in Loop 2310, NM108 (refer to the Implementation Guide for more information). The National provider Identification Number is sent in Loop 2310, NM109. This provider number must be in the standard 10-byte format.

UnitedHealth Group recommends that members requesting to change their primary physician, contact member services or update their provider information directly via [www.myuhc.com](http://www.myuhc.com).

**Loop Id – 2320**

**COB INFORMATION**

It is recommended that COB information is not sent on the eligibility file. However, if you choose to send it COB data will be processed when this information is provided with the following restrictions:

* COB (Loop 2320: COB, and DTP segments) should only be sent for a member when a known COB exists (COB03 = 1 – Coordination of Benefits) – **it is recommended COB information only be sent upon initial enrollment.**
* EEMS will not overlay an existing COB indicator in our system when no information is sent on the file, or if the COB segments indicate Yes, Coordination of Benefits. EEMS will generate a warning if there is information in our system, and the vendor sends a N. (COB03 = 6)
* If Loop 2320, COB03 = 1 then Loop 2320 DTP becomes a required segment.

If you plan to send COB information, discuss this option with your electronic eligibility analyst (EEA).

**Loop ID – 2330 - 2750**

UnitedHealth Group can accept and load data from these loops/segments, but they are not required. If you would like to include any of these loops/segments on your file, discuss the reasons and expectations with your EEA. Keep in mind if these loops/segments are sent, you need to completely follow the requirements outlined in the government’s Benefits and Enrollments (834) ASC X12 Standards. If data is sent incorrectly – even if it is in a segment or element not currently used by UnitedHealth Group – that incorrect data may prevent your file from passing validation and uploading to our system.

**Loop ID – Trailer**

The trailer segments should follow the examples provided within this guide.

Note: If the segment count is not correctly stated within the SE Segment, the entire file will fail the HIPAA validation process in place on our side.

**General Information**

Appendix B (ASC X12 Nomenclature) of the Implementation Guide explains the transaction set structure of the 834 file, including descriptions of segments, data elements, levels and loops. 834 files are built using transaction sets containing segments of data related to that transaction. Each segment contains detailed data elements. In traditional file layouts, the segments would be equivalent to records and the elements are equivalent to fields within that record. Similar transaction sets are bound together as a "functional group" and then submitted together as a file transmission.

Below is an overview of the construction of the 834 file layout, with headers, trailers, transactions sets, and segment detail.

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|  | **HEADERS** | **ISA** | **INTERCHANGE HEADER** | | | | | | | |  |  |
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|  |  | **GS** | **FUNCTIONAL GROUP HEADER** | | | | |  | **FUNCTIONAL GROUP** |  |  |
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|  |  | **TRANSACTION SET** | **ST** | **TRANSACTION SET HEADER** | | | |  |  |  |
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|  |  |  |  | **DETAIL SEGMENTS** | |  |  |  |  |  |
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|  |  |  |  | **DETAIL SEGMENTS** | |  |  |  |  |  |
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|  | **TRAILERS** |  | **SE** | **TRANSACTION SET TRAILER** | | | |  |  |  |
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|  |  | **GE** | **FUNCTIONAL GROUP TRAILER** | | | | |  |  |  |
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|  | **IEA** | **INTERCHANGE TRAILER** | | | | | | | |  |  |

Attached is a sample of the transaction set included in an 834 file. Carriage returns (inserted after each tilde (~) have been included for ease of viewing the file, however the 834 file should normally be sent as a wrapped file – with no carriage returns. The sample file below also contains an example of the header and trailer records. This sample is best viewed using a text editor such as Notepad or UltraEdit.



**File Delimiters**

UnitedHealth Group requests that you use the following delimiters on your 834 file. If used as delimiters, these characters (\* ~ :) must not be submitted within the data content of the transaction sets.

**Data Element**: The first element separator following the ISA will define what Data Element Delimiter is used throughout the entire transaction. **The recommended Data Element Delimiter is an asterisk (\*).**

**Segment:** The last position in the ISA will define what Segment Element Delimiter is used throughout the entire transaction. **The recommended Segment Delimiter is a tilde (**~**).**

**Repetition Separator:** ISA11 will define the Repetition Separator. **The recommended Segment Delimiter is an exclamation point (**!**).**

**Component-Element:** Element ISA16 will define what Component-Element Delimiter is used throughout the entire transaction. **The recommended Component-Element Delimiter is a colon (:).**

UnitedHealth Group prefers that only the following displayable characters be used as delimiters when submitting data to us:

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| --- | --- | --- | --- | --- | --- |
| ~ | tilde | > | greater than sign | ] | right bracket |
| \* | asterisk | < | less than sign | [ | left bracket |
| ! | exclamation | . | period | } | right brace |
| " | quotation | , | comma | { | left brace |
| & | ampersand | : | colon | \ | backslash |
| ' | apostrophe | ; | semi-colon | / | forward slash |
| () | parentheses | ? | question mark | | | pipe |
| + | plus sign | = | equals sign | \_ | underscore |
| - | minus sign | % | percent sign |  |  |

**UnitedHealth Group strongly discourages the use of non–printable characters such as a carriage return or a line feed because they can cause problems during the transmission or conversion process and may prevent your file from passing validation and uploading to our system.**

**File Specifications**

UnitedHealth Group has put together the following grid to assist you in designing and programming the information we need in order to apply your 834 file into our Electronic Eligibility Management System. The element minimum and maximum lengths on the far right hand column. Any elements, which are required to be on your file, are marked as required (R). Any elements that are Situational (S) are noted as such. In some situations, elements marked with an **S** may become required depending on the plan requirements or because of information you have sent for the member. **Example:** A **Retirement Date** (2000 LOOP – DTP\*286) is not required for all members, however if a member is sent with 2000 Loop INS08 = RT (Retired) then the **Retirement Date** becomes a required field.

R = Required

S = Situational

**Some of the examples used within this table are bolded for clarity and emphasis only.**

**No text should be bolded in your file submission.**

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| **HEADER LOOP - ISA SEGMENT - INTERCHANGE CONTROL HEADER - PAGE C.3**  **Example:** ISA\*00\* \*00\* \*30\**123456789012345*\*30\*411289245 \*110222\*1146\*!\*00501\*123456789\*0\*P\*:~ | | | | | |  |
| **SEG**  **ID** | ELEMENTID | **ELEMENT**  **VALUES** | ELEMENTDESCRIPTION | **R/S** | **ELEMENT MIN/MAX LENGTH** | **Mapping notes** |
| ISA | 01 – Interchange Control Header | **00** | Authorization Information Qualifier | R | 2/2 | **00** |
| ISA | 02 – Authorization Information | Assigned by the customer and/or third-party administrator (TPA)  **Recommendation: 10 blank spaces.** | Authorization Information | R | 10/10 | **10 blank spaces** |
| ISA | 03 – Security Information Qualifier | **00** | Authorization Information Qualifier | R | 2/2 | **00** |
| ISA | 04 – Security Information | (assigned by the Customer and/or TPA)  **Recommendation: 10 blank spaces.** | Authorization information | R | 10/10 | **10 blank spaces** |
| ISA | 05 – Interchange ID Qualifier | (assigned by the Customer and/or TPA)  **Recommendation: 30, which means US Federal Tax ID.** | Interchange ID Qualifier | R | 2/2 | **30** |
| ISA | 06 - Interchange Sender ID | (assigned by the Customer and/or TPA)  **Recommendation: If ISA05**  **= 30, this should be the customer or TPAs Federal Tax ID.** | Interchange Sender ID  **This element must be left justified and padded with blanks to a total of 15 bytes**. | R | 15/15 | **CmmFedtaxId** |
| ISA | 07 – Interchange ID Qualifier | **30** (US Federal tax ID) | Interchange ID Qualifier | R | 2/2 | **30** |
| ISA | 08 – Interchange receiver ID | **411289245**  **(UnitedHealth Group’s Federal Tax ID)** | Interchange Receiver ID  **This element must be left justified and padded with blanks to a total of 15 bytes.** | R | 15/15 | **411289245** |
| ISA | 09 – Interchange Date | YYMMDD | Interchange Date | R | 6/6 | Current date |
| ISA | 10 – Interchange Time | HHMM | Interchange Time | R | 4/4 | Current time |
| ISA | 11 – Repetition Separator | **Recommendation: UnitedHealthcare prefers that you use an exclamation point (!) in this element.** | 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 from the data element separator, component element separator, and the segment terminator.** | R | 1/1 | **!** |
| ISA | 12 – Interchange Control Version Number | **00501** | Interchange Control Version Number | R | 5/5 | **00501** |
| ISA | 13 – Interchange Control Number | (assigned by the Customer and/or TPA)  **\*This must be identical to the associated Interchange Trailer IEA02.** | Interchange Control Number | R | 9/9 | **Assigned by sender's application - must match IEA02 (trailer)** |
| ISA | 14 – Acknowledgement Requested | **0** = No Acknowledgement requested  **1** = Interchange Acknowledgement Requested**.** | Acknowledgement Requested  **\*This element is required, but not read by UnitedHealthcare. An email notice of the file application is automatic. If a 997 report is requested, it requires special programming to be submitted by your analyst.** | R | 1/1 | **0** |
| ISA | 15 – Usage Indicator | **P** = Production Data  **T** = Test Data | Usage Indicator  **\*This element is required, but not read by UnitedHealthcare. You must notify your analyst if you are switching between test files and production files.** | R | 1/1 | **P = Production - use for scheduled and OE sessions T = Test - use for all other sessions** |
| ISA | 16 – Component Element Separator | (assigned by the Customer and/or TPA)  **Recommendation: UnitedHealthcare requests that you use a colon (:) in this element.** | Component Element Separator | R | 1/1 | **:** |

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| **HEADER LOOP - GS SEGMENT - FUNCTIONAL GROUP HEADER - PAGE C.7**  **Example:** GS\*BE\**TPA OR CUSTNAME*\*CES\*20110222\*1148\*123456789\*X\*005010X220A1~ | | | | | |  |
| **SEG**  **ID** | ELEMENTID | **ELEMENT**  **VALUES** | ELEMENTDESCRIPTION | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| GS | 01 – Functional identifier Code | **BE**  **Benefit Enrollment and Maintenance (834)** | Functional identifier Code this code is identified and can be located in section 1.2 Version Information of the X12 Benefit Enrollment and Maintenance guide. | R | 2/2 | **BE** |
| GS | 02 – Application Sender’s code | (assigned by the Customer and/or TPA)  **Recommendation: The TPA name or customer name, up to 15 digits.** | Application Sender’s code | R | 2/15 | **CmmFedtaxId** |
| GS | 03 – Application Receiver’s Code | **CES** | Application Receiver’s Code  **This code is assigned by UnitedHealthcare**. | R | 2/15 | **CES** |
| GS | 04 – Date | YYYYMMDD | Today’s date | R | 8/8 | Current date |
| GS | 05 – Time | HHMM | Today’s time | R | 4/8 | Current time |
| GS | 06 – Group Control Number | (assigned by the Customer and/or TPA)  **\*This element must be identical to the same data element in the associated function group trailer, GE02. No leading zeros can be sent in GS06.** | Group Control Number | R | 1/9 | **Assigned by sender's application** |
| GS | 07 – Responsible Agency Code | **X** = Accredited Standards Committee | Responsible Agency Code | R | 1/2 | X |
| GS | 08 – Version / Release/ Industry Identifier Code | **005010X220A1** | Version / Release/ Industry Identifier Code. This is from The Accredited Standards Committee (ASC) X12 Standards for Electronic Data Interchange – Technical Report Type 3 – based on Version 5, Release 1 – dated August 2006. | R | 1/12 | **005010X220A1** |

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| **HEADER LOOP - ST SEGMENT - TRANSACTION SET HEADER - PAGE 31**  **Example:** ST\*834\*0001\*005010X220A1~ | | | | | |  |
| **SEG**  **ID** | ELEMENTID | **ELEMENT**  **VALUES** | ELEMENTDESCRIPTION | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| ST | 01 - Transaction Set Identifier Code | **834** | Benefit Enrollment and Maintenance | R | 3/3 | **834** |
| ST | 02 - Transaction Set Control number | (Assigned by the Customer and/or TPA)  **\*The Transaction Set Control Number in ST02 and SE02 must be identical.** | Ex: 0001 | R | 4/9 | **Assigned by sender's application - must match SE02 (trailer)** |
| ST | 03 – Implementation Convention Reference | **005010X220A1**  **\*This field contains the same value as GS08.** |  | R | 1/35 | **005010X220A1** |

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| **HEADER LOOP - BGN SEGMENT - BEGINNING SEGMENT - PAGE 32**  **Example:** BGN\*00\**CUSTOMER OR TPA NAME*\*20110222\*0248\*CT\*\*\*2~ | | | | | |  |
| **SEG**  **ID** | ELEMENTID | **ELEMENT**  **VALUES** | ELEMENTDESCRIPTION | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| BGN | 01 - Transaction Set Purpose Code | **00** = Original  The "00" indicates the first time the transaction is sent. | UnitedHealthcare recommends using “00” for all transactions. | R | 2/2 | **00** |
| BGN | 02 - Reference Number | (assigned by the Customer and/or TPA)  **Recommendation: The TPA name or customer name, up to 30 digits.** | Sender Organization Name | R | 1/30 | **Palm Beach Tan Inc** |
| BGN | 03 - Date | YYYYMMDD | Date file was created | R | 8/8 | Current date |
| BGN | 04 - Time | HHMM | Time file was created | R | 4/8 | Current time |
| BGN | 05 – Time Code | **AT** = Alaska Time  **CT** = Central Time  **ET** = Eastern Time  **LT** = Local Time  **MT** = Mountain Time  **PT** = Pacific Time  **HT** = Hawaii-Aleutian Time  **Refer to the ASC X12 Standards for complete code listing.** | Not read or required by UnitedHealthcare | S | 2/2 | ET |
| BGN | 06 – Reference Identification |  | Not read or required by UnitedHealthcare | S | 1/50 | leave blank |
| BGN | 07 – Transaction Type Code | **Not used** |  |  |  | leave blank |
| BGN | 08 - Action Code | **2** = Change (Update)  **4** = Verify | Designates a changes only file, or full file reconciliation.  **This element is required, but not read by UnitedHealthcare.**  **You must use a separate submission ID for full and changes files in the Header, REF\*38. If you will be sending both a full and changes files, discuss this with your analyst.** | R | 1/2 | 4 |

*\*shaded elements are not typically sent*

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| HEADER LOOP - REF SEGMENT - TRANSACTION SET POLICY NUMBER - PAGE 36 **Example:** REF\*38\**SAMPLEF*~ | | | | | |  |
| **SEG**  **ID** | ELEMENTID | **ELEMENT**  **VALUES** | ELEMENTDESCRIPTION | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| REF | 01 - Reference Identification Qualifier | **38** | Master Policy number | R | 2/3 | **38** |
| REF | 02 - Reference Identification | Assigned by UnitedHealthcare.  **It is the group submission ID, alpha only, minimum of 4, maximum length of eight characters, all capital letters.** | Your analyst will communicate this value to you. | R | 1/30 | **PALMBTF** |

* Header Loop – DTP segment – File Effective Date – page 37. Ignored by UnitedHealthcare.
* Header Loop – QTY segment – Transaction Set Control Totals – page 38. Ignored by UnitedHealthcare.

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| **1000A LOOP - N1 SEGMENT – SPONSOR NAME - PAGE 39**  **Example:** N1\*P5\**FULL TPA OR FULL CUSTOMER NAME*\*FI\**123456789012345*~ | | | | | |  |
| **SEG**  **ID** | ELEMENTID | **ELEMENT**  **VALUES** | ELEMENTDESCRIPTION | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| N1 | 01 – Entity Identifier Code | **P5** = Plan Sponsor |  | R | 2/3 | **P5** |
| N1 | 02 - Name | (assigned by the Customer and/or TPA) | **Recommendation: The full TPA name (if a TPA is used) or the full customer name of the Federal Tax ID sent in 1000A Loop N104. May be up to 60 digits.** | R | 1/60 | **Palm Beach Tan** |
| N1 | 03 - Identification Code Qualifier | **FI** = Federal Tax ID |  | R | 1/2 | **FI** |
| N1 | 04 - Identification Code | (assigned by the Customer and/or TPA) | The Federal Tax ID of the TPA or Customer Named above in N102. | R | 2/80 | **CmmFedtaxId** |

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| **1000B LOOP - N1 SEGMENT – PAYER – PAGE 41**  **Example:** N1\*IN\*UnitedHealth Group\*FI\*411289245~ | | | | | |  |
| **SEG**  **ID** | ELEMENTID | **ELEMENT**  **VALUES** | ELEMENTDESCRIPTION | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| N1 | 01 - Entity Identifier Code | **IN** = Insurer |  | R | 2/3 | **IN** |
| N1 | 02 - Name | UNITEDHEALTH GROUP | Insurer Name | R | 1/60 | UNITEDHEALTH GROUP |
| N1 | 03 - Identification Code Qualifier | **FI** = Federal Tax ID |  | R | 1/2 | **FI** |
| N1 | 04 - Identification Code | 411289245 | UnitedHealthcare Federal Tax ID | R | 2/80 | 411289245 |

* 1000C LOOP – N1 segment – TPA/Broker Name – page 43. **Ignored** by UnitedHealthcare.
* 1000C LOOP – ACT segment – TPA/Broker Account Information – page 45. **Ignored** by UnitedHealthcare.

**The following segments contain member data. Send all family members together, with the subscriber (employee) being sent first.**

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| **2000 LOOP – INS SEGMENT – MEMBER LEVEL DETAIL - page 47**  **Example:** INS\*Y\*18\*030\*\*A\*\*\*FT~ | | | | | |  |
| **SEG**  **ID** | ELEMENTID | **ELEMENT**  **VALUES** | ELEMENTDESCRIPTION | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| INS | 01 - Yes/No Condition or Response Code | **Y** = Subscriber **N** = Dependent | Indicates status of the insured. A **Y** value indicates that the insured is a subscriber; an **N** value indicates the insured is a dependent. | R | 1/1 | **if BdmRecType = 'EMP' send Y else send N** |
| INS | 02 - Individual Relationship Code | **Standard relationship Codes:**  **01** = Spouse  **09** = Adopted Child  **17** = Stepson or Stepdaughter  **18** = Self  **19** = Child/Dependent  **Unique Relationship Codes** *(\*see note)***:**  **15** = Court Ordered Dependent  **23** = Sponsored Dependent  **38** = Collateral Dependent  **53** = Life Partner  **Consult with your EEA if you plan to use any relationship code(s) not listed.** | Relationship  **\*Unique Relationship Codes:** It is important to discuss the use of these codes with the account manager (AM) and EEA prior to their use – some Relationship Codes must be installed in our claims system with age bands and should not be used unless they have been set up correctly per the plan policy.  **Adopted Child (09):** The adopted child relationship is mapped to the Step Child relationship in the UnitedHealthcare eligibility system and will display the **SC** relationship code on any reporting.  **Spouse/life partner note:** The Spouse Relationship Code (**01**) is used to indicate legal marriages between either same sex or opposite sex couples.  The Life Partner Relationship Code (**53**) is used for same sex or opposite sex Domestic Partner relationships if allowed by your plan. | R | 2/2 | **If employee, send 18**  **if ConRelationship = SPS, send 01**  **if ConRelationship = DP, send 53**  **if ConRelationship = CHL, DPC or STC, send 19** |
| INS | 03 - Maintenance Type Code | **001** = Change **021** = Addition **024** = Cancellation or Term **025** = Reinstatement **030** = Audit or Compare | 001 = Change to existing coverage 021 = Add a Subscriber or Dependent 024 = Cancel or Termination of Subscriber or Dependent 025 = Reinstatement 030 = Full Population Audit  **May be hard-coded to 030 for all members. UnitedHealthcare will compare your file with our system, and will add, term, reinstate, or change a member's eligibility regardless of which code is in this element.** | R | 3/3 | 030 |
| INS | 04 - Maintenance Reason Code | **Refer to the ASC X12 Standards for complete code listing.** | Code identifying the reason for the maintenance change  **Note:** This element is Situational, and only required if you are specifically told to send on the file. | S | 2/3 | leave blank |

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| **2000 LOOP – INS SEGMENT – MEMBER LEVEL DETAIL - page 47, continued**  **Example:** INS\*Y\*18\*030\*\*A\*\*\*FT~ | | | | | |  |
| **SEG**  **ID** | ELEMENTID | **ELEMENT**  **VALUES** | ELEMENTDESCRIPTION | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| INS | 05 - Benefit Status Code | **A** = Active **C** = Consolidated Omnibus Budget Reconciliation Act (COBRA) **S** = Surviving Insured  **T** = Tax Equity and Fiscal Responsibility Act (TEFRA) | Benefit Status Code  **Note:** If any code, other than **A**, will be sent, discuss with your EEA. Surviving dependents and COBRA members often require additional information to be sent on the file. | R | 1/1 | A |
| INS | 06 - Medicare Status Code | SEE NEW MEDICARE ELEMENTS INS 06-1 THROUGH INS 06-4 | * UnitedHealthcare does not require that Medicare information be sent on the eligibility file | S |  | leave blank |
| INS | 06-1 - Medicare Plan Code | **A** = Medicare Part A **B** = Medicare Part B **C** = Medicare Part A and B **D** = Medicare – part Unknown **E** = No Medicare | Medicare Indicator | S | 1/1 | leave blank |
| INS | 06-2 - Eligibility Reason Code | **0** = Age **1** = Disability **2** = End Stage Renal Disease (ESRD) | Code Specifying reason for eligibility | S | 1/1 | leave blank |
| INS | 07 - COBRA Qualifying Event | **1** = Termination **2** = Reduction in Hours **3** = Medicare **4** = Death **5** = Divorce **7** = Ineligible Child **8** = Bankruptcy of a Retired Employee **9** = Layoff **10** = Leave of Absence **ZZ** = Mutually Defined | COBRA Qualifying Event Code  **Note:** This element becomes required if INS05 = **C** (COBRA); however this element is not used by UnitedHealthcare. | S | 1/2 | leave blank |

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| **2000 LOOP – INS SEGMENT – MEMBER LEVEL DETAIL - page 47, continued**  **Example:** INS\*Y\*18\*030\*\*A\*\*\*FT~ | | | | | |  |
| **SEG**  **ID** | ELEMENTID | **ELEMENT**  **VALUES** | ELEMENTDESCRIPTION | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| INS | 08 - Employment Status Code | **FT** = Full Time **RT** = Retired **PT** = Part Time  **Note:**  Not all Qualifiers are listed. **Discuss any other qualifiers you will be using with your EEA.** | Employment Status Code   **Required for subscriber.** | S | 2/2 | FT |
| INS | 09 - Student Status Code | **F** = Full Time **P** = Part Time **N** = Not a student | Student Status indicator  Only used for describing non-spouse dependents whose age requires a qualifying condition for enrollment (e.g. being an active student) **Do not send a Student Status Code if you are sending a Y in INS 10 for the Handicap Indicator.**  **Note:** A student verification letter is automatically generated if a ‘child’ dependent changes to a ‘student’ relationship in our system. To avoid this verification letter do not send the Student Status element.  **IMPORTANT:** To follow the Federal Health Care reform for adult dependent coverage, the Student Status element should no longer be sent unless the dependent is over the age of 26. | S | 1/1 | Leave blank |
| INS | 10 - Handicap Indicator | **Y** = Yes *(see note below)* **N** = No  **Note:** If "**Y**" is sent in this element ensure **INS09** is set to "**N**" | Handicapped status indicator. Used for describing non-spouse dependents whose coverage may be terminated due to age restrictions.  **Y** = Yes the member is handicapped  **N** = No the member is not Handicapped | S | 1/1 | If conrelationship = CHL, DPC or STC and ConIsDisabled = Y, send Y, else send N |
| INS | 11 - Date Time Period Format Qualifier | **D8** | This is required if a Death Date will be sent in the next element. The Death Date is used in survivor situations. | S | 2/3 | If EepDateDeceased or ConDeathDate is not blank, send D8 |
| INS | 12 - Insured Individual Death Date | **CCYYMMDD** | Date Time Period Death date of subscriber | S | 1/35 | EepDateDeceased or ConDeathDate |

*\*shaded elements are not typically sent*

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| **2000 LOOP – REF SEGMENT - SUBSCRIBER IDENTIFIER - page 55**  **Example:** REF\*0F\**123456789* | | | | | |  |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| REF | 01 – Reference identification Qualifier | **0F** = Subscriber Number | This segment must contain a unique Subscriber ID number. This identifier is used for linking the subscriber with dependents. |  | 2/3 | **0F** |
| REF | 02 - Subscriber Identifier | Primary Subscriber’s SSN (ID)   **Note:** This element must be numeric only, and a maximum of nine digits. This same subscriber ID must be used for all covered family members of this subscriber. | Reference identification  **IMPORTANT**: If anything other than the subscriber’s SSN number is used, discuss with your EEA. | R | 1/50 | **EepSsn** |

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| **2000 LOOP – REF SEGMENT – MEMBER POLICY NUMBER - page 56**  **Example:** REF\*1L\**0123456*~ | | | | | |  |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| REF | 01 - Reference Identification Qualifier | **1L** = Customer Number | Reference Identification Qualifier | R | 2/3 | **1L** |
| REF | 02 - Insured Group or Policy Number | **(assigned by UnitedHealthcare)** | **Numeric 7-Digit UnitedHealthcare Customer Number for your group.  Example: 0123456** | R | 1/30 | **0922200** |

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| **2000 LOOP – DTP SEGMENT – MEMBER LEVEL DATES - page 59**  **Example:** DTP\*336\*D8\**20000101*~ | | | | | |  |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| DTP | 01 - Date Time Qualifier | **286** – Retirement  **336** – Employment Begin  **Multiple DTP segments are allowed. For example, a retiree needs DTP01=336 and DTP01=286.** | * **286 – Retirement date for retirees - This date is required for retired employees sent on the file.**  **Note:** Although this is a required field for subscribers sent with an INS08 status of RT, retirees your group may be set up to only apply this date when we initially receive the retiree information for this member. Discuss this with your EEA. * **336 – Employment Begin Date**  **Note:** This date is required for all employees. | R | 3/3 | **286 = if EecEmplStatus = ‘T’ and eecTermReason = ‘202’ send eecdateof termination**  **336 = EecDateOfLastHire** |

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| **2000 LOOP – DTP SEGMENT – MEMBER LEVEL DATES - page 59, continued**  **Example:** DTP\*336\*D8\**20000101*~ | | | | | |  |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| DTP | 02 - Date Time Period Format Qualifier | **D8** | Date/Time qualifier | R | 2/3 | D8 |
| DTP | 03 - Status Information Date | **CCYYMMDD** | Date of Event referred to in DTP01 | R | 1/35 | **286 = if EecDateOfRetirement is not blank send EecDateOfRetirement or if EecEmplStatus = ‘T’ and eecTermReason = ‘202’ send eecdateof termination**  **336 = EecDateOfLastHire** |

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| **2100A LOOP – NM1 SEGMENT – MEMBER NAME - page 62**  **Example:** NM1\*IL\*1\**LASTNAME*\**FIRSTNAME*\**MIDDLENAME*\*\*\*34\**123456789*~ | | | | | |  |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| NM1 | 01 - Entity Identifier Code | **IL** = Insured or Subscriber | Use code IL for all members on the file | R | 2/3 | IL |
| NM1 | 02 - Entity Type Qualifier | **1** = Person | Person | R | 1/1 | 1 |
| NM1 | 03 - Last Name | Last Name | Last Name  **Notes**   * If sent in the last name field, the hyphen ( - ), apostrophe ( ' ) will load directly into our system as is. The following characters will be converted to a space in our system: Period ( . ), comma ( , ), slash ( / ), asterisk ( \* ), tilde ( ~ ), left parentheses ( ( ), right parentheses ( ) ), pound sign ( # ), percentage ( % ), greater than ( > ), less than ( < ), and quote( " ). | R | 1/60 | **EepNameLast or ConNameLast** |
| NM1 | 04 - First Name | First Name | First Name | R | 1/35 | **EepNameFirst or ConNameFirst** |

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| **2100A LOOP – NM1 SEGMENT – MEMBER NAME - page 62, continued**  **Example:** NM1\*IL\*1\**LASTNAME*\**FIRSTNAME*\**MIDDLENAME*\*\*\*34\**123456789*~ | | | | | |  |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| NM1 | 05 - Middle Name | Middle Name or Initial | Middle Name or Initial  No punctuation should be included in this element. | S | 1/25 | **EepNameMiddle or ConNameMiddle** |
| NM1 | 06 - Name Prefix | Not Used | Prefix to individual name | S | 1/10 | **leave blank** |
| NM1 | 07 - Name Suffix | Member Name Suffix | Suffix to individual name | S | 1/10 | **EepNameSuffix or ConNameSuffix - if Z in Ulti, send as blank** |
| NM1 | 08 - Identification Code Qualifier | **34** = SSN | Only send if you have the member’s SSN to send in NM109.  **Note:**  Due to federal and state legislation, segments NM108 and NM109 are required for every member.   **Note:** TIN (Tax ID Number) or duplicate or 'dummy' SSNs are not permitted. If a Dependent’s SSN is not yet available, NM108 and NM109 should be left off the file for this member, but sent as soon as the actual SSN number is available. Talk to your EEA if you have questions.   *If a ‘34’ is sent in NM108, then NM109 becomes a required element.* | R | 1/2 | 34 |
| NM1 | 09 - Identifier |  | **Member’s SSN – dependent or subscriber**  If a **34** is sent in NM108, then NM109 becomes a required element. | R | 2/80 | **eepSSN or ConSSN   If dependent SSN is not available, do not send 34 in NM108** |

*\*shaded elements are not typically sent*

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| **2100A LOOP – PER SEGMENT – MEMBER COMMUNICATIONS NUMBERS - page 65**  **Example:** PER\*IP\*\*HP\**1234567890*\*WP\**1235678901*\*EM\**FLASTNAME@EMAIL.COM*~ | | | | | |  |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| PER | 01 - Contact Function Code | **IP** = Insured Party | IP = Insured Home Address | R | 2/2 | IP |
| PER | 02 - Name | **not used** |  |  |  | Leave blank |
| PER | 03 - Communication Number Qualifier | **AP** = Alternate Telephone **CP** = Cellular Phone **EM** = Electronic Mail **HP** = Home Phone Number **TE** = Telephone **WP** = Work Phone Number | Communication Number Qualifier  **If either PER03 or PER04 is present, then the other is required - If PER01 or PER02 were sent PER03 and PER04 become required elements.** | R | 2/2 | HP |
| PER | 04 - Communication Number |  | Communication Number   * **If a phone number is sent in this element it must be exactly 10 digits in length, no spaces or punctuation should be included.** | R | 1/256 | EepPhoneHomeNumber |
| PER | 05 - Communication Number Qualifier | **AP** = Alternate Telephone **CP** = Cellular Phone **EM** = Electronic Mail **HP** = Home Phone Number **TE** = Telephone **WP** = Work Phone Number | Communication Number Qualifier  **If either PER05 or PER06 is present, then the other is required.** | S | 2/2 | EM |
| PER | 06 - Communication Number |  | Communication Number   * **If an email address is sent in this element, there is a maximum of 100 bytes allowed.** | S | 1/256 | eepAddressEMail |

*\*shaded elements are not typically sent*

**NOTE REGARDING FIELD LENGTH:** Groups that are processing on UnitedHealthcare’s Integrated Administration (IA) platform –also known as NICE– have a more limited field length to house the member’s address. The total combined length of Address Line 1 and Address Line 2 cannot exceed 30 bytes – any addresses that are longer will be automatically truncated to 30-bytes. Your EEA will advise you of these limits if they apply to you.

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| **2100A LOOP – N3 SEGMENT – MEMBER RESIDENCE STREET ADDRESS - page 68**  **Example:** N3\**1234 HOME ADDRESS*\**APT 1*~ | | | | | |  |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| N3 | 01 - Subscriber Address Line |  | **Address Line 1**  **Note:** This element is required for all members. No punctuation should be included. **Subscribers and dependents must all display with a ‘permanent’ address on your file.** The employees address will be used for mailing purposes.  **Note:** If the address is larger than 32 bytes it should be split between address 1 and address 2 and cannot exceed a total of 64 bytes between both fields. Use abbreviations to fit 32 bytes on one line or separate into 2 lines. | R | 1/32  *See Note for some field length limitations* | **EepAddressLine1** |
| N3 | 02 - Subscriber Address Line |  | **Address Line 2**  **Note:** The member’s second line of street address (apt number, PO box, care of address, etc.) No punctuation should be included. | S | 1/32 | **EepAddressLine2** |

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| **2100A LOOP – N4 SEGMENT – MEMBER RESIDENCE CITY, STATE, ZIP CODE - page 69**  **Example:** N4\**HOMETOWN*\**MN*\**557461234*~ | | | | | |  |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| N4 | 01 - Subscriber City Name |  | **City   Note:**  This element is required for all members. No punctuation should be included.  **Both subscribers and their dependents must display with a permanent city on your file.** | R | 2/30 | **EepAddressCity** |
| N4 | 02 - Subscriber State Code |  | **State   Note**: A valid 2-digit state code is required for all domestic addresses. Must be sent in upper-case letters. | R | 2/2 | **EepAddressState** |
| N4 | 03 - Subscriber ZIP Code |  | **ZIP Code (+ 4)   Note:** The 5-digit US ZIP code is a required element for domestic addresses; the ZIP code extension is optional.  The ZIP code and zip extension (if extension is sent) must display as one continuous 9-digit number, no dashes, or spaces. | R | 3/15 | **EepAddressZipCode** |
| N4 | 04 - Country Code |  | **Code identifying the country**  **Note:** This is required if the member’s country is anything other than the United States of America. **(DO NOT SEND ‘US’ COUNTRY CODE)** | S | 2/3 | Leave blank |

*\*shaded elements are not typically sent*

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| **2100A LOOP – DMG SEGMENT – MEMBER DEMOGRAPHICS - page 71**  **Example:** DMG\*D8\**19700901*\*M\*I~ | | | | | |  |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| DMG | 01 - Date Time Period Format Qualifier | **D8** | Code indicating the date format sent in DMG02 | R | 2/3 | **D8** |
| DMG | 02 - Member Date of Birth | YYYYMMDD | Member's DOB | R | 1/35 | **EepDateOfBirth or Condateofbirth** |
| DMG | 03 - Gender Code | **M** = Male **F** = Female  **U** = Unknown\* | Gender  **Note**: If you have an OptumRx carve-in, the value of **U** is not an option until OptumRx completes a system update in Q4 2020. | R | 1/1 | **EepGender or congender** |
| DMG | 04 - Marital Status Code | **M** = Married **U** = Unmarried/Unknown **I** = Single  **Note:**  Not all Qualifiers are listed –the above qualifiers are preferred, however other qualifiers can be sent. | Marital Status | S | 1/1 | **if eepMaritalStatus = S send I**  **if eepMaritalStatus is blank or Z send U**  **else send eepMaritalStatus** |

*\*shaded elements are not typically sent*

* 2100A LOOP – EC segment – Employment Class – page 76. WILL BE LOADED to UnitedHealthcare’s system if included on file

*\*shaded elements are not typically sent*

* 2100B LOOP – DMG segment – Incorrect Member Demographics – page 89. **Ignored** by UnitedHealthcare.

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| **2300 LOOP – HD SEGMENT – HEALTH COVERAGE - page 140**  **Example:** HD\*030\*\*MM\*00010001TT\*EMP~ | | | | | |  |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| HD | 01 - Maintenance Type Code | 001 = Change 021 = Add 024 = Cancel or Term 025 = Reinstatement 030 = Audit or Compare  **Note:**  Not all Qualifiers are listed – refer to the ASC X12 Standards for complete code list. | Maintenance Type Code  **Note:**  UnitedHealthcare will always compare the information sent on the file with any information already loaded in our system, so this element can be hard-coded to **030** for all members. | R | 3/3 | 030 |
| HD | 02 - Insurance Line Code | **Not Used** |  |  |  | Leave blank |
| HD | 03 - Insurance Line Code | HLT = Health MM = Major Medical PPO = Preferred Provider Organization PDG = Prescription | Insurance Line Code  **Note:**  A separate complete 2300 loop must be sent for each separate coverage type selected. | R | 2/3 | HLT  DEN |

*Continued on next page*

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| **2300 LOOP – HD SEGMENT – HEALTH COVERAGE - page 140, continued**  **Example:** HD\*030\*\*MM\*00010001TT\*EMP~ | | | | | |  |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| HD | 04 - Plan Coverage Description | **UnitedHealth Group's Customer Specific Structure/Plan and Report Codes**  **Note:** The plan variation and report codes can be found in a copy of the account structure for this group. Your assigned client services manager (CSM) can provide you with a copy of the structure. **UnitedHealthcare-assigned Plan Variation, Report Code, Medical Plan Type (TT or VE), COBRA indicator (TY or TT), and Executive Medical code (if applicable).** **Examples:** 00010001TT  **Note:** The plan type should be set to ‘TT' for medical coverage unless otherwise instructed by your analyst. |  | R | 1/50 | See HD04 Value column on account structure |
| HD | 05 - Coverage Level Code | CHD = Children Only ECH = Employee and Children EMP = Employee Only ESP = Employee and Spouse FAM = Family SPC = Spouse and Children SPO = Spouse Only | The code indicates which members of the family are covered for this particular coverage.   **Note:** This element is required for ALL subscribers; however, the coverage tier used by UnitedHealth Group is derived based on the active family members in our system. | S | 3/3 | If EedBenOption = EE, send EMP  if EedBenOption = EES or EEDP, send ESP  if EedBenOption = EEC, send ECH  if EedBenOption = EEF or EEDPF, send FAM |

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| **2300 LOOP – DTP SEGMENT – HEALTH COVERAGE DATES - page 143**  **Example:** DTP\*348\*D8\*20110101~ | | | | | |  |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |  |
| DTP | 01 - Date/Time Qualifier | 348 = Benefit Begin 349 = Benefit End | The Benefits Begin date is the current eligibility line’s effective date (start date.)  **Note:**  **A DTP\*348 segment (Benefit Begin Date)** **must be sent for each coverage type.**   **If DTP01=349** (Benefit End Date, or Coverage End Date) **should only be sent if a member is terminating this coverage type with UnitedHealthcare.** Coverage end dates may not be sent more than 30 days in advance of the actual termination date, and once a termination date has been sent and all coverage types for that member have been terminated, that member must be dropped from the next file. You may not continue to send terminated members on your file. **The termination date must be equal to or greater than the date sent for the Coverage Start Date** (DTP\*348)**.** | R | 3/3 | **348 = EedBenStartDate**  **349 = EedBenStopDate** |
| DTP | 02 - Date Time Period Format Qualifier | **D8** | D8 = YYYYMMDD | R | 2/3 | D8 |
| DTP | 03 - Coverage Period | **YYYYMMDD** | Date referred to by the DTP01. | R | 1/35 | **348 = EedBenStartDate**  **349 = EedBenStopDate** |

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| **TRAILER LOOP – SE SEGMENT – TRANSACTION SET TRAILER – PAGE 186**  **Example:** SE\*19\*0001~ | | | | | |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |
| SE | 01 – Number of Included Segments | Segment Count | **Number of segments included in a transaction set, including the ST and SE segments. (It does not include the ISA, IEA, GS, and GE segments.) No leading zeros can be sent in SE01.** | R | 1/10 |
| SE | 02 – Transaction Set Control number | **Must equal ST02 element.** | Ex. 0001  **\*The transaction set control numbers in ST02 and SE02 must be identical.** | R | 4/9 |

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| **TRAILER LOOP – GE SEGMENT – FUNCTIONAL GROUP TRAILER – PAGE C.9**  **Example:** GE\*1\*123456789~ | | | | | |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |
| GE | 01 – Functional Group Header | **The number in this element must reflect the number of transaction sets (ST/SE sets) on the file.** | Number of Transaction Sets Included | R | 1/6 |
| GE | 02 – Group Control number | (assigned by the Customer and/or TPA) | Group Control Number  **\*This must be identical to what is sent in GS06. No leading zeros can be sent in GE02.** | R | 1/9 |

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| **TRAILER LOOP – IEA SEGMENT – INTERCHANGE CONTROL TRAILER – PAGE C.10**  **Example:** IEA\*1\*123456789~ | | | | | |
| **SEG**  **ID** | ELEMENT **ID** | **ELEMENT**  **VALUES** | ELEMENT **DESCRIPTION** | **R/S** | **ELEMENT MIN/MAX LENGTH** |
| IEA | 01 – Interchange Control trailer | (assigned by the Customer and/or TPA)  This number will usually be **1**. | Number of Included Functional groups. **No leading zeros can be sent in IEA01.** | R | 1/5 |
| IEA | 02 – Interchange control number | Assigned by the customer and/or TPA). | Interchange Control Number  **\*This must be identical to what is sent in ISA13.** | R | 9/9 |