

**Guardian Electronic User**

**Guide**

**834 Enrollment and Maintenance**

Version 16.0

Last Updated April 2nd, 2020

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**The Guardian Life Insurance Company of America (Guardian) is pleased to provide you with this User Guide; however, it is a work in progress and may change from time to time. Therefore, Guardian reserves the right to change this document at any time without notice. The most current version of the document will be posted to the Guardian web site as updates are made.**

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**Section 1: Introduction to Online Enrollment**

## Overview

This User Guide will assist you with your implementation of the electronic transfer of eligibility information using the HIPAA X12 005010X220A1 (HIPAA834) format. This document should not replace the original Implementation Guide available from Washington Publishing. We encourage you to refer to the HIPAA Implementation Guide for further information on any item covered or not covered by this user guide.

The format of the ANSI X12 covered in this user guide is for use by Trading Partners who are not considered covered entities under HIPAA. It covers the transmission of eligibility data for **group life, voluntary life, medical, dental, vision, prescription drug**, and **disability** coverages. Since the inclusion of life and disability coverage enrollment data deems the transaction over HIPAA expectation, Trading Partners who are covered entities and choose to use this version of our User Guide will be outside of HIPAA compliance. If you would prefer not to use this version, other methods we offer are Excel Spreadsheet and Guardian Anytime which are available on our website. Please contact us and we will work with you to determine the most efficient way to transmit eligibility data regarding life or disability coverage.

Files are required to be submitted in the HIPAA – ANSI 834A1 Version 5010 file format.

At this time there is no cost to participate in the EDI process when using the HIPAA834 file format.

To ensure privacy and security, you also need to be able to send files via Secure File Transfer Protocol (SFTP).

## What is in this Guide?

This Electronic Enrollment Guide outlines the criteria for establishing an electronic enrollment relationship with The Guardian Life Insurance Company of America, including:

* Options for submitting EDI files

Example: Full files vs Change files

* HIPAA834 file specifications and examples

## Questions

We want you to feel at ease using Electronic Enrollment submissions. If you have any questions, please feel free to contact the EDI Team Toll Free (800) 433 5982, option 1, then ext 7311 Monday through Friday between 8 a.m. and 5:00 p.m. EST or by secure e-mail at www.GuardianAnytime.com , click on “Secure Channel” on the Guardian Anytime home page and follow prompts to select Test\_EDI@glic.com to be connected with a Representative.

## Electronic Enrollment Requirements

The requirements for EDI enrollment transactions are as follows:

* Generate the required data elements that include effective and termination dates coinciding with each transaction.
* Provide employees’ and eligible dependents’ data

**(NOTE\*\*in order for dependents to have coverage, they need to be reflected on HIPAA file)**

* Submit files in an ANSI 834A1 (HIPAA)
* Send the EDI file to Guardian via SFTP (Secure File Transfer Protocol)
* Send the EDI file to Guardian on a mutually agreed upon schedule
* Exclude Medicare transactions from EDI submissions
* Collect and submit Primary Care Dentist data (PCD identification number) on all member and dependent enrollment transactions when applicable.
* Collect and submit Primary Care Physician data (PCP identification number) on all member and dependent enrollment transactions when applicable.

## Shared Expectations

Telephone inquiries between our businesses should generally be acknowledged within one business day. Guardian has the right to suspend submission of EDI files based on your inability to comply with the accepted file format, processes, expectations and requirements.

In addition, the following guidelines will help ensure a smooth EDI submission process.

**Some of our EDI process is “Real Time”, however there is some manual intervention.**

Guardian will:

* Process your file within one to two business days of the date received or notify you of our inability to use the file as submitted.
* Within one business day, identify and communicate errors that need to be resolved by the client, if the file fails the HIPAA834 validation process.

In return, we ask Clients to:

* Submit files accurately and according to the agreed-upon submission schedule.
* Correct actionable errors within two business days from the date the errors are communicated.
* Submit any file specification changes to Guardian for approval before implementing the changes, as it may result in Guardian not being able to code changes appropriately.

According to the HIPAA guidelines, Guardian and our customers must agree **not** to :

* Modify the definition, condition, or use of the data element or segment in the ANSI 834 standard transaction.
* Add any additional data elements or segments.
* Use any code or data values which are not valid in the current version of the ANSI 834 transaction.
* Change the meaning or intent of the ANSI 834 transaction.

## Required Paper Submissions

The following eligibility events require paper form submissions:

* GUL (Group Universal Life) enrollments/changes
* State-specific Disability (DBL) enrollments/changes
* Virginia Continued Health Benefits for Students
* Pennsylvania-Coverage for Military under Parent’s policy
* EOI – Evidence of Insurability
* Domestic Partner documentation
* Conditional Underwriting documentation
* Certification of Prior Coverage
* Loss of Group Coverage
* Student Status, unless otherwise arranged with the client  US Homeland Security Form I-9, Employment Verification Form  Dependent Eligibility Form for Connecticut.
* Dependent Eligibility Form for Massachusetts
* State ARRA Election Form
* DD214 Certificate of Release or Discharge from Active Duty
* New York Dependent Eligibility Certification Form
* Ohio Dependent Eligibility Certification Form
* Pennsylvania Dependent Eligibility Certification Form
* California (CA), Massachusetts (MA), New Hampshire (NH), New Jersey (NJ), and New York (NY) mandate an employee and dependents must have inforce Medical coverage in order to be eligible to enroll for the Critical Illness (aka Specified Disease for the state of New York). When a member and/or dependent do not have Medical with another carrier, the member and/or dependents cannot elect the Critical Illness benefit.

**Section 2: Electronic Enrollment Criteria - File Formats and File Types**

EDI is a standard format for electronically exchanging business data. An EDI file contains a string of data elements and each data element represents a fact, such as a subscriber’s name, hire date, etc. The entire string is called a data segment.

## File Formats and Types

Guardian will accept information in the following format:

|  |  |  |
| --- | --- | --- |
|  | **ANSI 834A1 (HIPAA) format Version 5010** |  |
| Transaction Type Options:   * Change file * Full File | | |

## ANSI 834 (HIPAA) Addenda Version 5010 Format

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health plans accept a standard enrollment format, ANSI 834A1 Version 5010.

The ANSI 834A1 is the national standard for electronic enrollment and maintenance health plan. The file specifics are reflected in this User Guide.

## File Transaction Types

Guardian accepts two types of files: Full Files or Transaction-only (Change) files.

1. Full Files (preferred type) and Full File Replacements must contain one record for each subscriber and any associated dependents. For each new file you send to Guardian, a compare process is run against our enrollment system to determine the

specific add, change, or termination transactions included in the file. Our processing area then processes these transactions in Guardian’s enrollment system.

1. Change files contain records for specific add, change, termination transactions, or does not contain all Guardian benefits.

Preference is given to full file transmissions because they provide an inherent audit benefit, allowing all systems to remain synchronous.

**Section 3: Definitions/Guidelines**

## Definitions:

**Dependent**: A dependent is an individual who is eligible for coverage because of his or her association with a subscriber.

**Enrollment**: As defined in the Final Rule of “Standards for Electronic Transactions”, the enrollment and disenrollment in a health plan transaction is the transmission of subscriber enrollment information to a health plan to establish or terminate insurance coverage.

**Payer/Insurer**: The payer is the party that pays claims and/or administers the insurance coverage, benefit or product. For purposes of this Guide, the payer is Guardian Life Insurance Company.

**Providers**: Health care providers are individuals and organizations that provide health care services. Health care providers can include physicians, hospitals, clinics, pharmacies, and long-term care facilities.

**Sponsor**: A sponsor is the party that ultimately pays for the coverage, benefit or product.

**Subscriber**: The subscriber is an individual eligible for coverages because of his or her association with a sponsor. Examples of subscribers include the following: employees, union member, and individuals covered under government programs, such as Medicare and Medicaid. Guardian refers to a ‘Subscriber’ as either a Member or Employee.

**Third Party Administrator (TPA)**: A sponsor may elect to contract with a TPA or other vendor to handle collecting insured member data if the sponsor chooses not to perform this function. Note: Guardian must approve a TPA before any eligibility data will be transmitted or received.

**Trading Partner**: External entity with whom business is conducted, i.e. customer, vendor, broker, third party administrator. This relationship can be formalized via a trading partner agreement. (Note: a trading partner of an entity for some purposes may be a business associate of that same entity for other purposes.

**Vendors/Intermediaries**: Vendors and Intermediaries are organizations that distribute information about eligibility for specific benefits, but they do not actually administer the plan or make payments.

**Guidelines:**

## Linking a Dependent to a Subscriber

Subscribers and dependents are sent as separate occurrences of Loop ID – 2000. The initial enrollment for the subscriber must be sent before sending the initial enrollment for any of the subscriber’s dependents.

**Note:**  Whenever a dependent record is transmitted, Guardian needs the dependent record(s) to follow directly after the member record for which they belong to.

To allow linking between subscribers and dependents, use the code “0F”, Subscriber Number, in the REF segment, Loop ID – 2000. The subscriber’s unique identifier (SSN) is sent in this segment in both the subscriber’s (member/employee) and the dependent’s Loop ID – 2000. The individual’s SSN is sent and identified as such in NM108, Loop ID – 2000. This applies to both subscribers and dependents. If the SSN is used for linking, then the subscriber’s SSN is sent in both locations on the subscriber’s Loop ID – 2000. **\*\*NOTE\*\*** **any active dependents will need to be reflected on the file.**

**Volume and Salary Amounts:**

Benefits that require volume and salary amounts may be passed with a decimal value or without. (Example: Elected volume amount is $150,000.00. File should reflect 150000.00 or 15000000)

**Employment termination**

An employment termination is utilized when an employee leaves employment at the company.

If the termination date is passed at the INS level for a subscriber (member/employee) under Loop 2000, DTP segment, then all coverage for that subscriber and for all dependents linked to that subscriber will be terminated, effective on that date.

If the termination is based on 1st of the month, the termination date (last day worked) is passed at the INS level for a subscriber (member/employee) under Loop 2000 DTP segment. The benefit end date is passed at the HD level under Loop 2300, DTP segment for each specific product.

**Benefit termination – Waive of benefit**

A benefit termination, or waiver, is utilized when an employee is still actively employed at the company but does not elect the benefit.

If the termination date is passed at the HD level for any member under Loop 2300, DTP segment, then coverage for that specific insurance product for that member will be terminated, effective on that date. Coverage for other insurance products for that member will not be affected nor will the coverage for dependents linked to the member.

**Recommendation: once a termination record is passed, it can be dropped from future files.**

**Full-time to Part-time**

An employment termination is utilized when an employee is no longer eligible for the benefit but is still employed at the company (reduction in hours etc).

If the termination date is passed at the INS level for a subscriber (member/employee) under Loop 2000, DTP segment, then all coverage for that subscriber and for all dependents linked to that subscriber will be terminated, effective on that date.

If the termination is based on 1st of the month, the termination date (last day worked) is passed at the INS level for a subscriber (member/employee) under Loop 2000 DTP segment. The benefit end date is passed at the HD level under Loop 2300, DTP segment for each specific product.

**Rehire / Return to full time status**

An employee may be rehired or return to full time employment. The file should indicate the date of hire as the date the employee returned to eligible status, under Loop 2000 DTP segment. The benefit effective date is passed at the HD level under Loop 2300, DTP segment for each specific product.

**Cobra**

Guardian requires updates to the INS04, INS05 and DTP\*337 segments for members electing COBRA. Please review the example in section 6 of the user guide for more information.

## Updates Versus Full File Audits

The 834 transaction can be used to provide either updates to the enrollment database or full file audits.

An update is either an “add”, “termination”, or “change” request. The transaction only contains information about the changed members. This is identified in BGN08 by a code value of ‘2’, Change (Update)

A full file audit and full file replacement lists all current members, whether involved in a change or not. This facilitates keeping the sponsor’s and payer’s system in sync. This is not intended to contain a history of all previous enrollments. The full file audit is intended to identify all active members, at a given point in time and may or may not include terminated members based on your Trading Partner Agreement.

**Note: Guardian needs to see terminated members on the first file generated after the member’s termination has been processed.**

This type of transaction is identified by a BGN08 code value of ‘4’, Verify.

**Note: Any response back to the sponsor from the received transactions are outside the scope of the 834 and are the responsibility of the sponsor and payer**. Guardian at this time has no transaction reporting system to identify for the sponsor what changes were processed.

## Loop Usages

Loop usage within the 834 transaction can be confusing. Please read carefully the loop requirements in terms of context or location within the transaction. The usage designator of a loop’s beginning segment indicates the usage of the loop (Required, Situational). Segments within a loop cannot be sent without the beginning segment of that loop. If the first segment is required, the loop must occur at least once unless it is in a Situational loop that is not being used. **Note: Guardian does use and needs some of the Situational loops, which is clearly noted in the Companion Guide.**

## Product Identifiers

The 834 allows three locations for insurance product identifiers, such as policy numbers and group numbers.

Guardian requires the sponsor’s plan number to be reflected in the Transaction set policy number, the Member policy number, and in the Health coverage policy number REF02 segments.

## Delimiters

Guardian requires the use of the following delimiters:

\* (Asterisk) – Data Element Separator

~ (Tilde) – Segment Terminator

> (Greater Than Sign) – Repetition Separator

## Formats

Dates: All 834 dates are 8-character dates in the format of CCYYMMDD. The ONLY date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment.

Social Security Numbers: SSN should be sent as a nine-digit number with no dashes or spaces.

Because of the mechanics of our file automation process we ask that filenames not contain hyphens (-), “special “characters, or spaces. A simple alpha-numeric file name is relatively descriptive of the file will almost always suffice.

## Special Characters

The following special characters are accepted. Please note that a “space” is allowed, however a “tab” would not be.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A...Z | 0...9 | ! | “ | & | ’ | ( | ) | + | \* |
| , | - | . | / | : | ; | ? | = |  | (space) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a...z | % | ~ | @ | [ | ] | \_ | { |
| } |  | | | < | > | # | $ |  |

## Start-up

* Test files are to be sent to our test FTP site (which is identified in our plan specifications). An EDI connection set up team member will evaluate the files for complete and valid information. \*NOTE\* all test files must contain actual production data in order for testing be done properly.

* The test file will then go through our validation process to confirm formatting is accurate and complete in accordance of HIPAA law.

* Once validation is confirmed, the test file will be compared to our current eligibility system to assure accurate data in our production environment. If any discrepancies are found with either validation or compare, feedback will be supplied and a new test file may be requested for further evaluation.

* No live files will be accepted via e-mail.

* When testing has been successfully completed and verified, the EDI connection set up team member will provide formal sign off via email back to your organization. You will be provided with the production FTP information after sign off has been obtained.

**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** |
| 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 | 611289303  **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 |
| 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 | 611289303 |
| 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.** | 00573972 |

## 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** | RAINBOW DESIGN SERVICES |
| 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.** | 611289303 |

## 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, DSC, 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, DSC, 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.** | 00573972 |

## 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  Send 0001  ZZ  Send 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 = if EecDateOfRetirement is not blank send EecDateOfRetirement or if EEcEmplStatus = ‘T’ and eecTermReason = ‘202’ send eecdateof termination  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 |
| 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 not available, do not send 34 in NM108 |

## 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 or EE primary email |
| 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  EM |
| PER06 | 364 | Communication number | **X** | AN | 1/**256** | Required | 1 | Complete communications number including country or  area code when applicable. | Send EE Primary Email Address |

## 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 |
| 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 |

## ICM – Member Income – Loop 2100A

**User Option (Usage):** Situational

To supply information to determine benefit eligibility, deductibles, and retirement and investment contributions

**This segment is required by Guardian when submitting Disability and Life Benefits.**

**Example:**

ICM\*7\*35000.00\*40\*20070101~

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| ICM01 | 594 | Frequency code    7 = Annual | M | ID | 1/1 | Required | 1 | Code indicating frequency or type of payment | 7 |
| ICM02 | 782 | Monetary amount | M | R | 1/18 | Required | 1 | Monetary amount. **Wage amount‐ decimal is required (see example). Wage must correspond with frequency**  **code.** | EecAnnSalary |
| ICM03 | 380 | Quantity | O | R | 1/15 | Situational | 1 | Numeric value of quantity. **Work Hours Count – Weekly hours worked. This is**  **REQUIRED when reporting**  **Disability and Life benefits** | EecWeeklyHours |
| ICM04 | 310 | Location Identifier | O | AN | 1/30 | Situational | 1 | Code which identifies a specific location. **Used to reflect the effective date of the Salary. This field is required by Guardian in order to update our system accurately without manually reaching out for the date.** | dsi\_fnlib\_GetAnnSalary\_EffDate\_WithStartDate |
| ICM05 | 1214 | Salary Grade | O | AN | 1/5 | Situational | 1 | The salary grade code assigned by the employer. **Send in blank** | Leave blank |

## HLH – Member Health Information – Loop 2100A

**User Option (Usage):** Situational

To provide Health information

**This segment is REQUIRED when indicated on Plan Specifications**

**Example:**

HLH\*T~

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| HLH01 | 1212 | Health‐Related code    N = None    T= Tobacco use | O | ID | 1/1 | Situational | 1 | Code indicating a specific health situation | If EepIsSmoker or ConIsSmoker = Y send T, else send N |

## 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  DEN = Dental    STD = Short Term Disability    AH = Basic Life  AJ = Basic AD&D    FAC = Voluntary Life    HLT = Voluntary AD&D    LTC = Voluntary Long Term Disability    AG = Voluntary Critical Illness/Specified Disease    EPO = Accident    POS = Hospital Indemnity | 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 = DEN send DEN  If EedDedCode = STD send STD  If EedDedCode = GLIFE send one record with AJ and one record with AH  If EedDedCode = LIFEE send one record with FAC and one record with HLT  If EedDedCode = LTD send LTC  If EedDedCode = AOFF send EPO  If EedDedCode = HI1K, HI2K send POS  If DbnDedCode = DEN send DEN  If DbnDedCode = LIFES send one dependent record with FAC and one dependent record with HLT  If DbnDedCode = LIFEC send one dependent record with FAC and one dependent record with HLT  If DbnDedCode = CIS send AG  If DbnDedCode = AOFF send EPO  If DbnDedCode = HI1K, HI2K send POS  If EedDedCode = CI send AG  If EedDedCode = CI and employee has ACTIVE child dependents send AG records for each ACTIVE child dependent (client doesn't add ded code to child dependent record in UltiPro)  For example Tammy Campbell has the CI deduction code and 2 Active Child Dependents in UltiPro. The file will need to send 1 AG record for Tammy and 1 AG record for each of her Children (for a total of 2 Child AG records) |
| 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 or DbnDedCode = LIFEE, LIFEC, LIFES, send EedBenAmt for both the FAC and HLT records  if eeddedcode or DbnDedCode = CI, CIS, send EedBenAmt for AG records  if eeddedcode = CI and they have ACTIVE Child Dependents, send 50% of EedBenAmt for all Child dependent AG records  For example if Tammy Campbell has a benefit amount of 10,000 for her CI deduction code each child dependent AG record will need to have a benefit amount of 5,000  Else leave blank |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **ID** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | **Rep** | **Comments/Description** |  |
| HD05 | 1207 | Coverage Level Code    CHD = Children only    ECH = Employee and Children    EMP = Employee only    ESP = Employee and Spouse    FAM = Family    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 eeddedcode = GLIFE send EMP on both the AJ and AH records  if eeddedcode = STD, LTD, send EMP  if eeddedcode = DEN, HI1K, HI2K, AOFF and EedBenOption = EE send EMP  if eeddedcode = DEN, HI1K, HI2K, AOFF and EedBenOption = EES send ESP  if eeddedcode = DEN, HI1K, HI2K, AOFF and EedBenOption = EEC send ECH  if eeddedcode = DEN, HI1K, HI2K, AOFF and EedBenOption = EEF send FAM  Send the values below on Dependent Records  if eeddedcode = LIFEE send EMP on both the FAC and HLT records  if eeddedcode = CI send EMP  if DbnDedCode = LIFES, send SPO on the Spouse record for both the FAC and HLT records  if DbnDedCode = CIS send SPO on Spouse record  if DbnDedCode = LIFEC, send CHD on child/children records for both the FAC and HLT records  if eeddedcode = CI and they have ACTIVE Child Dependents send CHD on each ACTIVE Child Dependent AG Record |

## 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  349 = EedBenStopDate |

## 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** | 00573972 |

## 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.