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**MEDICA®**

**Companion Guide to the**

**X12N 834 (005010X220A1)**

**Benefit Enrollment and**

**Maintenance Transaction**

***COSMOS Version***

**January 16, 2020**

**Overview**

The MEDICA X12N 834 (005010X220A1) companion guide has been written to assist you in designing and implementing 834 transaction sets to meet MEDICA's processing standards. The companion guide must be used in conjunction with the Benefit Enrollment and Maintenance (834) instructions as set forth by the National Electronic Data Interchange Transaction Set Implementation Guide (June 2010).

The MEDICA companion guide identifies key data elements from each of the transaction sets that we request you provide to us. 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 EDI transactions with MEDICA. Any elements sent that are not noted in this guide will be ignored by our destination system.

### 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 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, SSN/Employee ID, employment and retirement dates. Please note that each transaction set must begin with an employee record.

Your Electronic Eligibility Analyst will provide you with the customer number to be used in Loop 2000, REF02, where REF01 = 1L.

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

For retirees, a retirement date is to be sent 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.

Please 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.

**Loop ID - 2100A**

The key information included in Loop 2100A is themember's name, address, gender, and marital status. Please note that our eligibility system has the following field length constraints for the member's name:

* First Name: 12 bytes
* Last Name: 18 bytes

Do not include a middle name or middle initial in the first name field. In addition, we are unable to read any name suffix data in Loop 2100A, NM107. All suffix information such as Jr. or Sr. should be included within the last name field, NM103.

MEDICA requests that the following elements of the Loop 2100A, be sent with every file transmission: name, date of birth and relationship. Failure to include these fields will cause your file to error. If two out of the three values change for name, date of birth and relationship, the records will error.

### Address Processing

The MEDICA Eligibility System has the ability to store one address for each family via electronic file. Every record on your file must have the permanent address field populated. This only includes employee. The employees address will be utilized for mailing purposes. Our eligibility system has the following street and city field length constraints:

* Street address fields (2): 30 bytes each
* City field: 15 bytes

**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 or as an alternative, you may pass MEDICA’s domestic address as the mailing address and the foreign address in the Residence address for re-mailing purposes.

In order for claims, EOB's, ID cards, and other member correspondence to be mailed correctly, MEDICA requires that all foreign members--the subscriber 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).

The domestic address to be transmitted in Loop 2100C should use this format:

Member Residence Street Address (N301): *Employer’s street address*

Member Mail Street Address (N302): *Expat – ATTN*

Member Mail City (N401): *Employer’s City*

Member Mail State (N402): *Employer’s State*

Member Mail ZIP (N403): *Employer’s ZIP Code*

Or

Member Residence Street Address (N301): *PO Box 169048*

Member Mail Street Address (N302): *MEDICA Foreign Address*

Member Mail City (N401): *Duluth*

Member Mail State (N402): *MN*

Member Mail ZIP (N403): *55816*

The member’s 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 US or Canadian, leave blank

Member Residence Country Code (N404) – two or three-digit country code.

**NOTE: The 2 or 3 character foreign country code must also appear somewhere in N301, N302 or N401.**

| The code source for 2 character country codes identified within the X12N 834 5010 can be located at the following website for purchase:   * [**http://www.iso.ch/iso/en/prods-services/iso3166ma/02iso-3166-code-lists/list-en1.html**](http://www.iso.ch/iso/en/prods-services/iso3166ma/02iso-3166-code-lists/list-en1.html) | Our system also has the ability to accept 2-3 character country codes which are available from the following websites:   * [**http://unstats.un.org/unsd/methods/m49/m49alpha.htm**](http://unstats.un.org/unsd/methods/m49/m49alpha.htm) * [**http://countrycode.org/**](http://countrycode.org/)*(use the 2 or 3-digit ISO Country Code)* |
| --- | --- |

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

**SALARY DEDUCTIBLE INFORMATION:**

Both the ICM and AMT segments should only be sent if salary and/or deductible information is required, based upon the way your products were set up. **Please discuss this with your Electronic Eligibility Analyst.**

**OTHER INFORMATION:**

**Loops 2100B – 2100H:** Sending additional information on your file that will not be read or used by MEDICA is allowed, but not encouraged. If you would like to include any of these loops/segments on your file, please discuss the reasons and expectations with your electronic eligibility analyst. Also, please 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 not currently used by MEDICA – that incorrect data may prevent your file from passing validation and uploading to our system.

**Loop ID – 2310**

The key information in Loop 2310 is the Primary Care Clinic information.

To submit MEDICA’s primary care clinic information on your 834 file for new enrollees, the provider information segment LX\*1~ must be sent on your file (see page 152) with a code of P3 sent in Loop 2310, NM101, and a code of SV in Loop 2310, NM108. The MEDICA Care Clinic number is sent in Loop 2310, NM109. This provider number must be in the standard 11-byte format.

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

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

**Loop ID – 2330 – 2750**

MEDICA can accept files with data loaded into these loops/segments, but they are not required. If you would like to include any of these loops/segments on your file, please discuss the reasons and expectations with your electronic eligibility analyst. Also, please 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 not currently used by MEDICA – 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 A (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.

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

Also 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. The 834 file is normally sent as a wrapped file. The sample file below also contains an example of the header and trailer records. This sample is best viewed using Text Pad or UltraEdit.



**File Delimiters**

MEDICA 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 (:).**

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

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

**MEDICA 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.**

**File Specifications**

MEDICA 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 System. Please note the element minimum and maximum lengths on the far right hand column. Some elements are required (R) on your file. Any elements that are situational (S) are noted as such.

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.**

| **SEG**  **ID** | | ELEMENTID | **ELEMENT**  **VALUES** | ELEMENTDESCRIPTION | **R/S** | | **ELEMENT MIN/MAX LENGTH** | | **Mapping notes** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HEADER LOOP - ISA SEGMENT - INTERCHANGE CONTROL HEADER - PAGE C.3** | | | | | | | | |  | |
| ISA | | 01 – Authorization Information Qualifier | **00** | Authorization Information Qualifier | R | | 2/2 | | **00** | |
| ISA | | 02 – Authorization Information | assigned by the customer/Third Party Administrator (TPA)  **Recommendation: 10 blank spaces.** | Authorization Information | R | | 10/10 | | **10 blank spaces** | |
| ISA | | 03 – Security Information Qualifier | **00** | Security Information Qualifier | R | | 2/2 | | **00** | |
| ISA | | 04 – Security Information | assigned by the customer/TPA  **Recommendation: 10 blank spaces.** | Security 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 TPA's Federal Tax ID.** | Interchange Sender ID  **This element must be padded with blanks**. | 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**  **(MEDICA's Federal Tax ID)** | Interchange Receiver ID  **This element must be padded with blanks.** | 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 | (assigned by the Customer and/or TPA)  **Recommendation: MEDICA prefers that you use an exclamation point (!) in this element.** | Repetition Separator  **NOTE:** this value must be different from the data element separator, component-element separator (ISA16), 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 match 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 MEDICA. An e-mail 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 MEDICA. 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: MEDICA requests that you use a colon (:) in this element.** | Component-Element Separator | R | | 1/1 | | **:** | |
|  | | | | | | | | |  | |
| **HEADER LOOP - GS SEGMENT - FUNCTIONAL GROUP HEADER - PAGE C.7** | | | | | | | | |  | |
| GS | | 01 –Functional Group Header | **BE**  **Benefit Enrollment and Maintenance (834)** | Functional identifier Code | 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 | **COS** | Application Receiver’s Code  **This code is Required.** | R | | 2/15 | | **COS** | |
| 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 match GE02.** | Group Control Number | R | | 1/9 | | **Assigned by sender's application - leading zeros not allowed** | |
| 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 | R | | 1/12 | | **005010X220A1** | |
|  | | | | | | | | |  | |
| **HEADER LOOP - ST SEGMENT - TRANSACTION SET HEADER - PAGE 31** | | | | | | | | |  | |
| 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)  **\*This element must match SE02.** | Ex: 0001 | R | | 4/9 | | **Assigned by sender's application - must match SE02 (trailer)** | |
| ST | | 03 – Implementation Convention Reference | **005010X220A1** | Implementation Convention Reference | R | | 1/35 | | **005010X220A1** | |
|  | | | | | | | | |  | |
| **HEADER LOOP - BGN SEGMENT - BEGINNING SEGMENT - PAGE 32** | | | | | | | | |  | |
| BGN | | 01 - Transaction Set Purpose Code | **00**  The 00 indicates the first time the transaction is sent. | 00 = Original | 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 | | **Sunrise Banks** | |
| 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 | Please refer to the ASC X12 Standards for complete code listing | Not read or required by MEDICA | S | | 2/2 | | ET | |
| BGN | | 06 – Reference identification |  | Not read or required by MEDICA |  | |  | | leave blank | |
| BGN | | 07 – Transaction Type Code | Not used | Not used |  | |  | | leave blank | |
| BGN | | 08 - Action Code | 2 = Change (Update)  4 = Verify | Designates a changes only file, or a full file reconciliation.  **This element is required, but not read by MEDICA. 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 file, please discuss this with your analyst.** | R | | 1/2 | | 4 | |
| **HEADER LOOP – REF SEGMENT - TRANSACTION SET POLICY NUMBER – PAGE 36** | | | | | | | | | | |
| REF | | 01 – Master Policy Number | **38** = Master Policy Number | Master Policy Number Qualifier | R | | 2/3 | | 38 | |
| REF | | 02 - Reference Number | Master Policy Number  **NOTE**: **It is the Group Submission ID, Alpha only, Minimum of 4, Maximum Length of 8 Characters, All Capital Letters.** | Reference identification  **Your analyst will communicate this value to you**. | R | | 1/50 | | SUNBANKF | |
|  | | | | | | | | |  | |
| **1000A LOOP - N1 SEGMENT – SPONSOR NAME - PAGE 39** | | | | | | | | |  | |
| 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 | | **Sunrise Banks** | |
| 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** | |
|  | | | | | | | | |  | |
| **1000B LOOP - N1 SEGMENT – PAYER – PAGE 41** | | | | | | | | |  | |
| N1 | | 01 - Entity Identifier Code | **IN** = Insurer |  | R | | 2/3 | | **IN** | |
| N1 | | 02 - Name | MEDICA | Insurer Name | R | | 1/60 | | MEDICA | |
| N1 | | 03 - Identification Code Qualifier | **FI** = Federal Tax ID |  | R | | 1/2 | | **FI** | |
| N1 | | 04 - Identification Code | 411289245 | MEDICA Federal Tax ID | R | | 2/80 | | 411289245 | |
| **The following segments contain member data.**  **Please send all family members together, with the subscriber (employee) being sent first.** | | | | | | | | |  | |
| **2000 LOOP – INS SEGMENT – MEMBER LEVEL DETAIL – PAGE 47** | | | | | | | | |  | |
| INS | | 01 - Yes/No Condition | Y = Yes  N = No | Y = Subscriber  N = Dependent | R | | 1/1 | | **if BdmRecType = 'EMP' send Y else send N** | |
| INS | | 02 - Individual Relationship Code | 01 = Spouse  15 = Court Ordered Dependent  18 = Self  19 = Child/Dependent  23 = Sponsored Dependent  38 = Collateral Dependent  53 = Life Partner | Relationship  **Please consult with your Electronic Eligibility Analyst if you plan on using any other relationship code(s)**  Rel. Code 53 may be sent for domestic partners; however, 01 is preferred, as MEDICA does not track domestic partner status.  Rel. Code 38 should be sent for ex-spouses. | R | | 2/2 | | **If employee, send 18**  **if ConRelationship = SPS or DP send 01**  **if ConRelationship = CHL, DSC, DPC or STC, send 19** | |
| INS | | 03 - Maintenance Type Code | 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. MEDICA 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 | **This element is situational and is not read by MEDICA.** |  | S | | 2/3 | | leave blank | |
| INS | | 05 – Benefit Status Code | A = Active  C = Consolidated Omnibus Budget Reconciliation Act (COBRA)  S = Surviving Insured | Status Code  **Element INS05 is currently not read by MEDICA.** | R | | 1/1 | | leave blank | |
| INS | | 06 – Medicare Status Code | SEE NEW MEDICARE ELEMENTS **INS 06-1** THROUGH **INS 06-04** | **MEDICA does not require that Medicare information be sent on the eligibility file – Medicare eligibility is handled by MEDICA Claims dept., not Electronic Eligibility.**  **Element INS06 is currently not read by MEDICA.** | 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 | Please refer to the ASC X12 Standards for complete code listing | **NOTE:** This is not a required field, even if INS06-1 is sent, however INS06-2- cannot be sent if INS06-1 is not sent. | 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  **This element is not used by MEDICA, but is required if member is being enrolled in or is enrolled with Cobra coverage.** | S | | 1/2 | | leave blank | |
| INS | | 08 – Employment Status Code | FT = Full Time | Status Code  **Required for subscriber.**  **Element INS08 is currently not read by MEDICA.** | S | | 2/2 | | FT | |
| INS | | 09 – Student Status | F = Full Time  P = Part Time  N = Not a student | Student Status indicator  **IMPORTANT:** To follow the Federal Health Care reform for adult dependent coverage, the Student Status element should no longer be sent.  **Element INS09 is currently not read by MEDICA.** | S | | 1/1 | | leave blank | |
| INS | | 10 – Handicap Indicator | Y = Yes  N = No  **NOTE:** If **Y** is sent in this element ensure **INS09** is set to **N** | **Element INS10 is currently not read by MEDICA. See Exception Processing section in the guide.** | S | | 1/1 | | If conrelationship = CHL, DSC, DPC or STC and ConIsDisabled = Y send Y  else send N | |
| INS | | 11 – Date Indicator | D8 | **This is required if a Death Date will be sent in the next element.** | S | | 2/3 | | If EepDateDeceased or ConDeathDate is not blank, send D8 | |
| INS | | 12 – Death Date | CCYYMMDD | **Element INS12 is currently not read by MEDICA. Please send this date in the termination date DTP349.** | S | | 1/35 | | EepDateDeceased or ConDeathDate | |
| *MEDICA does not read or use elements* ***INS13*** *–* ***INS17*** *so they are not typically sent.*  *\*shaded elements are not typically sent with data* | | | | | | | | |  | |
| **2000 LOOP – REF SEGMENT - SUBSCRIBER NUMBER – PAGE 55** | | | | | | | | |  | |
| REF | | 01 - Subscriber Number | **0F** = Subscriber Number | Subscriber Number Qualifier | R | | 2/3 | | **0F** | |
| REF | | 02 - Reference Number | 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:** Subscriber’s SSN number must be used here. | R | | 1/50 | | **EepSsn** | |
|  | | | | | | | | |  | |
| **2000 LOOP – REF SEGMENT – MEMBER POLICY NUMBER – PAGE 56** | | | | | | | | |  | |
| REF | | 01 - Member Policy Number | **1L** = Customer Number | Reference Identification Qualifier | R | | 2/3 | | **1L** | |
| REF | | 02 – Reference Identification | **(assigned by MEDICA)** | **DIV and 5-digit group number. Example: MSP12345 or MTK12345** | R | | 1/30 | | See column D on the “SUN1015\_SunriseBanks\_Medica\_Account\_Structure\_with\_mapping\_20210924” | |
|  | | | | | | | | |  | |
|  | | | | | | | | |  | |
| **2000 LOOP – REF SEGMENT – MEMBER Supplemental Identifier Number– PAGE 57** | | | | | | | | |  | |
| REF | 01 – Member Identification Number | | ZZ- Mutually Defined | Reference Identification Qualifier  This element has no specific purpose and can be used for any special needs. | | S | | 2/3 | | ZZ |
| REF | 02 – Description | | For REF01= ZZ, the information in REF03 will not feed to our system.  Mutually defined field used as needed.  **NOTE:** Please discuss use of this field with your Electronic Eligibility Analyst. | If REF01 = ZZ, 6 bytes maximum. Utility field that will be used for any special needs. | | S | | 1/80 | | If conrelationship = CSO send Q else leave blank |
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| 2100A LOOP – NM1 SEGMENT – MEMBER NAME – PAGE 62 | | | | | | | | | | |  |
| 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 - Name Last | | |  | | | Last Name  **NOTE: A suffix such as ‘JR’ or ‘SR’ should be included after the member’s last name within this element, as the NM107 is not read by MEDICA.**  **Due to our system constraints, any name greater than 18 bytes in length will be truncated. No punctuation should be included.**  **\*\*Reminder, no punctuation should be used in this element, and all data should be sent in UPPER CASE LETTERS.** | | R | 1/60 | **EepNameLast or ConNameLast** |
| NM1 | 04 - Name First | | |  | | | First Name  **NOTE: Due to system constraints, any name greater than 12 bytes in length will be truncated.**  **Do not include a middle name or middle initial in this element.** **\*\*Reminder, no punctuation should be used in this element, and all data should be sent in UPPER CASE LETTERS.** | | R | 1/35 | **EepNameFirst or ConNameFirst** |
| NM1 | 05 - Name Middle | | |  | | | Middle Name or Initial  **NOTE: Due to system constraints, only the first initial of the middle name will be read. \*\*Reminder, no punctuation should be used in this element, and all data should be sent in UPPER CASE LETTERS.** | | S | 1/25 | **EepNameMiddle or ConNameMiddle** |
| NM1 | 06 - Name Prefix | | |  | | | **Currently not read by MEDICA.** | | S | 1/10 | **leave blank** |
| NM1 | 07 - Name Suffix | | |  | | | **Currently not read by MEDICA.** | | S | 1/10 | **EepNameSuffix or ConNameSuffix - if Z in Ulti, send as blank** |
| NM1 | 08 - Identification Code | | | **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 needed for every member and are now a required field for both employees and dependents 45 and older.  **NOTE:** Tax ID Number (TIN), 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. Please talk to your Electronic Eligibility Analyst if you have questions.   *If a ‘34’ is sent in NM108, then NM109 becomes a required element.* | | S | 1/2 | 34 |
| NM1 | 09 – Identification Code Qualifier | | |  | | | Member’s SSN – dependent or subscriber  **NOTE: For MEDICA purposes if this element is used it must be all numeric and exactly 9-digits. The Member’s SSN must be unique to each specific member. SSN’s must not be duplicated between the Dependent and Subscriber or between Dependents.**  **Sending a dummy SSN in this element is not Allowed.**  **If a ‘34’ is sent in NM108, then NM109 becomes a required element.** | | S | 2/80 | **eepSSN or ConSSN   If dependent SSN is not available, do not send 34 in NM108** |
| *\*shaded elements are not typically sent* | | | | | | | | | | |  |
| **2100A LOOP – PER SEGMENT – MEMBER COMMUNICATIONS NUMBERS – PAGE 65** | | | | | | | | | | |  |
| PER | 01 - Contact Function Code | | | **IP** = Insured Party | | | IP = Insured Home Address | | S | 2/2 | IP |
| PER | 02 - Name | | | Not used. | | |  | |  |  | Leave blank |
| PER | 03 - Communication Number Qualifier | | | HP = Home Phone Number | | | Home Telephone Number code.  **NOTE:** Although other communications numbers can be sent, only HP will be read and loaded by MEDICA. HP should be used for both Home and Cellular phone numbers. | | R | 2/2 | HP |
| PER | 04 - Communication Number | | |  | | | Home or Cellular Telephone Number  **Must be 10 digits in length with no spaces or punctuation.** | | R | 1/256 | EepPhoneHomeNumber |
| PER | 05 - Communication Number Qualifier | | | EM = Email | | | Email Address | |  | 2/2 | EM |
| PER | 06 - Communication Number | | |  | | | Email Address  **Can be up to 50 digits in length.** | |  | 1/256 | eepAddressEMail |
| *\*shaded elements are not typically sent* | | | | | | | | | | |  |
| **2100A LOOP – N3 SEGMENT – MEMBER RESIDENCE STREET ADDRESS – PAGE 68** | | | | | | | | | | |  |
| N3 | 01 - Address Line 1 | | |  | | | Address Line 1  **NOTE: This element is required for all members. \*\*Reminder, no punctuation should be used in this element, and all data should be sent in UPPER CASE LETTERS.**  **Subscribers and dependents must all appear with a ‘permanent’ address on your file. The employees address will be utilized for mailing purposes.**  **Due to system constraints, any address greater than 30 bytes in length will be truncated.** | | | | **EepAddressLine1** | R | 1/55 |
| N3 | 02 - Address Line 2 | | |  | | | Address Line 2  **NOTE: The member’s second line of street address (apt number, PO box, care of address, etc.)**  **\*\*Reminder, no punctuation should be used in this element, and all data should be sent in UPPER CASE LETTERS**  **Due to system constraints, any address greater than 30 bytes in length will be truncated.** | | | | **EepAddressLine2** | S | 1/55 |
|  | | | | | | | | | | |  |
| **2100A LOOP – N4 SEGMENT – MEMBER RESIDENCE CITY, STATE, ZIP CODE – PAGE 69** | | | | | | | | | | |  |
| N4 | 01 - City | | |  | | | City  **NOTE: This element is required for all members. \*\*Reminder, no punctuation should be used in this element, and all data should be sent in UPPER CASE LETTERS.**  **Both subscribers and their dependents must appear with a permanent city on your file.**  **Due to system constraints, any city names greater than 15 bytes in length will be truncated.** | | | | **EepAddressCity** | R | 2/30 |
| N4 | 02 - State | | |  | | | State  **NOTE: A valid 2-digit state code is required for all domestic addresses.** **\*\*Reminder, no punctuation should be used in this element, and all data should be sent in UPPER CASE letters.** | | | | **EepAddressState** | R | 2/2 |
| N4 | 03 - Postal Code | | |  | | | ZIP Code (+ 4)  **NOTE: The 5-digit 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 appear as one continuous nine-digit number, with no dashes or spaces.** | | | | **EepAddressZipCode** | R | 3/15 |
| N4 | 04 - Country Code | | | **Should be left blank.**  **NOTE: If the member’s country is anything other than the U.S., refer to the alpha-2 country codes from Part 1 of ISO 3166, or the two or three-digit country codes referred to in the Loop 2100 information in the beginning of this guide.** | | | Code identifying the country  **\*\* See special instructions for members with foreign addresses in the instructions in the beginning of this companion guide.** | | | | Leave blank | S | 2/3 |
|  | | | | | | | | | | |  |
| **2100A LOOP – DMG SEGMENT – MEMBER DEMOGRAPHICS – PAGE 71** | | | | | | | | | | |  |
| DMG | 01 - Date/Time Format Qualifier | | | D8 | | |  | | R | 2/3 | **D8** |
| DMG | 02 - Date/Time Period | | | YYYYMMDD | | | Date of Birth | | R | 1/35 | **EepDateOfBirth or Condateofbirth** |
| DMG | 03 - Gender Code | | | M = Male  F = Female | | | Gender | | 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 | | R | 1/1 | **if eepMaritalStatus = S send I**  **if eepMaritalStatus is blank or Z send U**  **else send eepMaritalStatus** |
|  | | | | | | | | | | |  |
|  | | | | | | | | | | |  |
| **2300 LOOP – HD SEGMENT – HEALTH COVERAGE – PAGE 140** | | | | | | | | | | |  |
| HD | 01- Maintenance Type Code | 030 = Audit or Compare  **NOTE:** Not all Qualifiers are listed – Please refer to the ASC X12 Standards for complete code listing**.** | | | | | Maintenance Type Code  **NOTE:** MEDICA will compare the information sent on the file with any information already loaded in our system. Our recommendation is to have this element hard-coded to 030 for all members. | R | | 3/3 | 030 |
| HD | 02- Maintenance Reason Code | Not Used. | | | | |  |  | |  |  |
| HD | 03- Insurance Line Code | HLT = Health | | | | | Insurance Line Code  MM is the standard code used for Medical, however the following codes may be also used to indicate Medical Coverage:  EPO, HLT, HMO, LTC, LTD, POS , or PPO  **Note: A separate complete 2300 loop must be sent for each separate coverage type selected.** | R | | 2/3 | HLT |
| HD | 04- Plan Coverage Description | Not Used. | | | | |  |  | |  | Leave blank |
| 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.  **\*\*These elements will map to our Standard Class codes below, if the group has non-standard class codes in addition to the standard, please review the 2300 Loop- REF Segment- Prior Coverage Months\*\***  **Standard Class codes:**  **EMP= 01 Class code**  **ESP= 02 Class code**  **ECH= 03 Class code**  **FAM= 04 Class code**  **This is a required field.** | | | | If eedbenoption = EEPP, EEVPL send EMP  If eedbenoption = EE1PP, EE1VPL and conrelationship = SPS or DP send ESP  If eedbenoption = EE1PP, EE1VPL and conrelationship = CHL, DSC, DPC or STD send ECH  If eedbenoption = EEFPP, EEFVPL send FAM | R | 3/3 |
| *\*shaded elements are not typically sent* | | | | | | | | | | |  |
| **2300 LOOP – DTP SEGMENT – HEALTH COVERAGE DATES – PAGE 143** | | | | | | | | | | |  |
| DTP | 01- Date/Time Qualifier | 348 = Benefit Begin  349 = Benefit End  **NOTE:**  All other qualifies will note be read and will not be used by MEDICA. IF SENT, THEY WILL BE IGNORED. | | | | **The Benefits Begin date is the current eligibility line’s effective date (start date.)**  **Note: DTP01=348 must be sent for each coverage type.**  **DTP01=349 (benefit end date, or coverage end date) should only be sent if a member is terminating this coverage type. 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.** | | R | | 3/3 | **348** |
| DTP | 02- Date/Time Format Qualifier | D8 | | | | D8 = YYYYMMDD | | R | | 2/3 | D8 |
| DTP | 03- Date/Time Period | YYYMMDD | | | | Date referred to by the DTP01. | | R | | 1/35 | **348 = EedBenStartDate – default to 1/1/2022** |
| DTP | 01- Date/Time Qualifier | 348 = Benefit Begin  349 = Benefit End  **NOTE:**  All other qualifies will note be read and will not be used by MEDICA. IF SENT, THEY WILL BE IGNORED. | | | | **The Benefits Begin date is the current eligibility line’s effective date (start date.)**  **Note: DTP01=348 must be sent for each coverage type.**  **DTP01=349 (benefit end date, or coverage end date) should only be sent if a member is terminating this coverage type. 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.** | | R | | 3/3 | **349** |
| DTP | 02- Date/Time Format Qualifier | D8 | | | | D8 = YYYYMMDD | | R | | 2/3 | D8 |
| DTP | 03- Date/Time Period | YYYMMDD | | | | Date referred to by the DTP01. | | R | | 1/35 | **EedBenStopDate** |
|  | | | | | | | | | | |  |
| 2300 LOOP – REF SEGMENT – Health Coverage Policy Number – PAGE 146 | | | | | | | | | | |  |
| REF | 01 - Reference Identification Qualifier | | 17 = Client Reporting Category | | Code qualifying the Reference Identification in REF02.  Must use 17 | | | | | | 17 | S | 2/3 | |
| REF | 02- Reference Identification | | Class Code | | Enter the Class Code to be used – see your MEDICA Account Manager or Eligibility Analyst for non-standard class code values. Both Standard and Non-Standard class codes can be used in this field when Standard Class codes cannot be passed in 2300 HD 05 loop.  Example: 01, 02, 03, 04, 10, 11 etc…  **Due to system requirements, class code is 2 bytes in length.** | | | | | | If eedbenoption = EEPP, EEVPL send 01  If eedbenoption = EE1PP, EE1VPL send 02  If eedbenoption = EEFPP, EEFVPL send 04 | S | 1/30 | |
|  | | | | | | | | | | |  |
| *\*shaded elements are not typically sent* | | | | | | | | | | |  |
| **TRAILER LOOP – SE SEGMENT – TRANSACTION SET TRAILER – PAGE 184** | | | | | | | | | | |  |
| 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.** | | R | 1/10 |  |
| SE | 02 – Transaction Set Control number | | | **Must equal ST 02 element.** | | | Ex. 0001  **\*The transaction set control numbers in ST02 and SE02 must be identical.** | | R | 4/9 |  |
| **TRAILER LOOP – GE SEGMENT – FUNCTIONAL GROUP TRAILER – PAGE C.9** | | | | | | | | | | |  |
| 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.** | | | | **leading zeros not allowed** | R | 1/9 |
|  | | | | | | | | | | |  |
| **TRAILER LOOP – IEA SEGMENT – INTERCHANGE CONTROL TRAILER – PAGE C.10** | | | | | | | | | | |  |
| IEA | 01 – Interchange Control trailer | | | (assigned by the Customer and/or TPA)  **This number will usually be 1.** | | | Number of Included Functional groups | | 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 |  |