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HIPAA Transaction

User Reference Guide to the X12N

5010

Implementation Guide

834 Benefit Enrollment and Maintenance - F

Version Number: 3.0

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# Preface

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

# Introduction

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

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

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

# General Information and Guidelines

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

## Enrollment Data Testing / Audit Policy

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

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

## Data Not Used

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

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

## General Enrollment Requirements for Cigna

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

# Date Related Business Required Rules and Guidelines

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

# Data Detail for 834 Transaction

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

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

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

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

## Segment: ST Transactional Set Header

**Loop:**

**5010 IG Page:** 31

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

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **ST**01 | Transaction Set Identifier Code | 834 |
| **ST**02 | Transaction Set Control Number | Use as defined by the IG. |
| **ST**03 | Implementation Convention Reference | Use as defined by the IG. |

## Segment: BGN Beginning Segment

**Loop:**

**5010 IG Page:** 32 - 35

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

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

## Segment: REF Transaction Set Policy Number

**Loop:**

**5010 IG Page:** 36

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

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **REF**01 | Reference Identification Qualifier | 38 - Master Policy Number  Required for our internal processing. |
| **REF**02 | Reference Identification | 00625875-F |

## Segment: N1 Sponsor Name

**Loop:**  1000A

**5010 IG Page:** 39 - 40

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

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

## Segment: N1 Payer Name

**Loop:**  1000B

**5010 IG Page:** 41 - 42

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

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **N1**01 | Entity Identifier Code | IN |
| **N1**02 | Name | CIGNA |
| **N1**03 | Identification Code Qualifier | FI |
| **N1**04 | Identification Code | 06-0303370 |

## Segment: INS Member Level Detail

**Loop:** 2000

**5010 IG Page:** 47 - 54

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

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **INS**01 | Subscriber Indicator | Y = Subscriber (Employee) or N = Non-Subscriber (Dependent) |
| **INS**02 | Individual Relationship Code | 01 = Spouse, 18 = Self, 19 = Child (all other codes are valid) |
| **INS**03 | Maintenance Type Code | 030 |
| **INS**04 | Maintenance Reason Code | XN |
| **INS**05 | Benefit Status Code | Active |
| **INS**06 | Medicare Plan Code | Leave blank |
| **INS**07 | COBRA Qualifying Event Code | Leave blank |
| **INS**08 | Employment Status | AC |
| **INS**09 | Student Status Code | Leave blank |
| **INS**10 | Handicap Indicator | Y = Handicapped, N or Null = Not Handicapped (For Dependents over max Child age only) |
| **INS**11 | Date Time Period Format Qualifier | D8 |
| **INS**12 | Insured Individual’s Death Date | Death Date of Member |
| **INS**13 | Confidentiality Code | Leave blank |
| **INS**14 | City Name | Leave blank |
| **INS**15 | State of Province Code | Leave blank |
| **INS**16 | Country Code | Leave blank |
| **INS**17 | Number | Leave blank |

## Segment: REF Subscriber Number

**Loop:**  2000

**5010 IG Page:** 55

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

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

## Segment: REF Member Policy Number

**Loop:**  2000

**5010 IG Page:** 56

**Note:** Cigna requires the group number at the subscriber and dependent level therefore always send a REF segment at this level with a REF01 qualifier of "1L" and a group number value as indicated below in the Element Note for REF02.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **REF**01 | Reference Identification Qualifier | 1L |
| **REF**02 | Insured Group or Policy Number | 00625875-F |

## Segment: REF Member Supplemental Identifier

**Loop:**  2000

**5010 IG Page:** 57 - 58

**Note:** Send a separate REF segment for each qualifier used below.

Cigna **REQUIRES** the DX and ZZ qualifiers to identify a subscriber's subgroup and class. These values should only be sent on the subscriber and should not be included in the dependent member segments. The F6 qualifier is used situationally. The need for these elements as they apply to this client is further defined below.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **REF**01 | Reference Identification Qualifier | **DX** = Our Subgroup Id  Required for our internal processing. |
| **REF**02 | Subscriber Identifier | 0001 |
| **REF**01 | Reference Identification Qualifier | **ZZ** = Our Class Id  Required for our internal processing. |
| **REF**02 | Subscriber Identifier | A001 |
| **REF**01 | Reference Identification Qualifier | **F6** = Medicare HIC Number |
| **REF**02 | Subscriber Identifier | Leave blank |

## Segment: DTP Member Level Dates

**Loop:**  2000

**5010 IG Page:** 59 - 61

**Note:** Cigna **REQUIRES** the 303, 336 and 356 qualifiers on all subscribers and the 356 qualifier on all dependent members. These qualifiers should be included in every transmission. The situational qualifier is 357.

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **DTP**01 | Reference Identification Qualifier | Send a separate DTP segment for each qualifier used below:  Values we will use:  **356 Eligibility Begin** (Required for subscribers and dependents: This date should be the effective date the member is effective with group or the original plan effective date with Cigna). Send coverage effective date.  **303 Maintenance Effective** (Required for subscribers.) This date should reflect the most recent subgroup, class or salary effective date.  **336 Employment Begin** (Required for subscribers: Subscriber's original hire date.) In the event of a rehire, this date must be the original hire date. Any changes to the hire date must be handled manually by your Eligibility Specialist.  **357 Eligibility End** (Date all coverages end for this member.). Individually terming coverages should be handled at the HD segment level. DO NOT SEND the DTP\*349 if this date is sent. |
| **DTP**02 | Date Time Period Format Qualifier | D8 |
| **DTP**03 | Date Time Period | We require the **CCYYMMDD** format. Exclude time from this field. |

## Segment: NM1 Member Name

**Loop:**  2100A

**5010 IG Page:** 62 - 63

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

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

## ~~Segment: PER Member Communication Numbers~~

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

**~~5010 IG Page:~~** ~~65 - 67~~

**~~Note:~~** ~~This segment is optional by the IG and Cigna, however the Cigna preference is to receive qualifier HP. Cigna only processes information for qualifiers EM, EX, FX, HP, and WP. If sending EX, it must follow an HP or WP communication number. Qualifier TE will be ignored.~~

|  |  |  |
| --- | --- | --- |
| **~~Reference~~**  **~~Description~~** | **~~Element Name~~** | **~~Element Note~~** |
| **~~PER~~**~~01~~ | ~~Contract Function Code~~ | ~~IP~~  ~~Required per the IG.~~ |
| **~~PER~~**~~02~~ | ~~Name~~ | ~~Not Used per the IG.~~ |
| **~~PER~~**~~03~~ | ~~Communication Number Qualifier~~ | ~~Use “EM”, “EX”, “FX”, "HP" or "WP" only.~~  ~~Used situationally in our internal processing.~~ |
| **~~PER~~**~~04~~ | ~~Communication Number~~ | ~~If sending “HP”, “WP” or “FX” send the actual phone number including area code.~~  ~~Communication numbers must be formatted as specified in the national implementation guide. To be carried accurately on our business systems, parentheses, hyphens, spaces and special characters must not be sent.~~  ~~Used situationally in our internal processing.~~ |
| **~~PER~~**~~05~~ | ~~Communication Number Qualifier~~ | ~~Use “EM”, “EX”, “FX”, "HP" or "WP" only.~~  ~~Used situationally in our internal processing.~~ |
| **~~PER~~**~~06~~ | ~~Communication Number~~ | ~~If sending “HP”, “WP” or “FX” send the actual phone number including area code.~~  ~~Communication numbers must be formatted as specified in the national implementation guide. To be carried accurately on our business systems, parentheses, hyphens, spaces and special characters must not be sent.~~  ~~Used situationally in our internal processing.~~ |
| **~~PER~~**~~07~~ | ~~Communication Number Qualifier~~ | ~~Use “EM”, “EX”, “FX”, "HP" or "WP" only.~~  ~~Used situationally in our internal processing.~~ |
| **~~PER~~**~~08~~ | ~~Communication Number~~ | ~~If sending “HP”, “WP” or “FX” send the actual phone number including area code.~~  ~~Communication numbers must be formatted as specified in the national implementation guide. To be carried accurately on our business systems, parentheses, hyphens, spaces and special characters must not be sent.~~  ~~Used situationally in our internal processing.~~ |

## Segment: N3 Member Residence Street Address

**Loop:**  2100A

**5010 IG Page:** 68

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

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **N3**01 | Address Information | Subscriber's Address line 1 (Required for subscribers, CIGNA will ignore on Deps)  **Remove all punctuation.**  Required for our internal processing. |
| **N3**02 | Address Information | Subscriber's Address line 2 (Required for subscribers, CIGNA will ignore on Deps)  **Remove all punctuation.**  Required for our internal processing. |

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

**Loop:**  2100A

**5010 IG Page:** 69 - 70

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

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

## Segment: DMG Member Demographics

**Loop:**  2100A

**5010 IG Page:** 71 – 75

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

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **DMG**01 | Date Time Period Format Qualifier | D8 |
| **DMG**02 | Date Time Period  (Date of Birth) | We require the date of birth to be formatted as **CCYYMMDD**. Exclude time from this field. |
| **DMG**03 | Gender Code | Send members gender code, “M” and “F” or “U”. |
| **DMG**04 | Marital Status Code | Leave blank |
| **DMG**05 | Composite Race or Ethnicity Information | Leave blank |
| **DMG**05 – 1 | Race or Ethnicity Code | Leave blank |
| **DMG**05 – 2 | Code List Qualifier Code | Leave blank |
| **DMG**05 – 3 | Industry Code | Leave blank |
| **DMG**06 | Citizenship Status Code | Leave blank |
| **DMG**07 | Country Code | Leave blank |
| **DMG**08 | Basis of Verification Code | Leave blank |
| **DMG**09 | Quantity | Leave blank |
| **DMG**10 | Code List Qualifier Code | Leave blank |
| **DMG**11 | Industry Code | Leave blank |

## ~~Segment: ICM Member Income~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Segment: HD Health Coverage

**Loop:**  2300

**5010 IG Page:** 140 - 142

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

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **HD**01 | Maintenance Type Code | 030 |
| **HD**02 | Maintenance Reason Code | Leave blank |
| **HD**03 | Insurance Line Code | **HLT** |
| **HD**04 | Plan Coverage Description | If ded code MHSA, send MHSA0004  If ded code MED1, send MOAP0041  If ded code MED2, send MOAP0002 |
| **HD**05 | Coverage Level Code | If benefit option is EE, send EMP  If benefit option is EEC, send ECH  If benefit option is EES or EEDP, send ESP  If benefit option is EEF or EEDPF, send FAM |
| **HD**06 | Count | Leave blank |
| **HD**07 | Count | Leave blank |
| **HD**08 | Underwriting Decision Code | Leave blank |
| **HD**09 | Yes/No Condition or response Code | Leave blank |

## Segment: DTP Health Coverage Dates

**Loop:**  2300

**5010 IG Page:** 143 - 144

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

|  |  |  |
| --- | --- | --- |
| **Reference**  **Description** | **Element Name** | **Element Note** |
| **DTP**01 | Reference Identification Qualifier | Send a separate DTP segment for each applicable qualifier used below:  348 – (Required for subscribers and dependents.) Should be sent on all transmissions of an HD segment. Send coverage effective date. Default all to 6/1/19 or actual coverage eff date.  349 – Should be used when terming a specific coverage without terming the individual's INS segment. DO NOT SEND the DTP\*357 if this date is sent.  Required for our internal processing. |
| **DTP**02 | Date Time Period Format Qualifier | D8  Required for our internal processing. |
| **DTP**03 | Date Time Period | We require the **CCYYMMDD** format. Exclude time from this field.  Required for our internal processing. |

# Sample Scenarios

The interface file should always be a snap shot of current information only and should NOT contain history. For example, if a family is moving from subgroup 0001 to subgroup 0002 effective 07/01/2015, the interface file should ONLY contain the member’s current data as of the effective date 07/01/2015. The interface will automatically term the old information at the same time it is adding the new information.

1. During the eligibility interface, changes to a member’s data are determined and implemented by a comparison between the client’s interface file data and the data that currently resides in the Facets system. If there is a difference between certain data elements in the interface file and the corresponding field in our system, our system will process the change based upon the “change” dates being sent in the file. For this reason it will be very important when sending a change to roll the appropriate dates forward in the file to the date of the change so that the correct change date is reflected in our system.
2. If for some reason interface file dates are rolled forward to a new change date, but during the comparison process no difference was found between the data elements in the file and those in our system, our system will remain as is.
3. Retroactive changes will kick out during the interface if the date being sent in the file is less than the latest change date that our system currently has on file. In this case, the client’s HR office should notify their eligibility contact regarding the need for a retroactive change. Our system will be manually corrected to reflect the earlier change date and from that point forward the interface file change date will be in sync with our system.

## Demographic Changes

The following changes are not tied to a specific date in our Facets system and will not require a new “change date” when transmitted. The new data should be populated in the appropriate data elements and the date segments should be sent equal to the latest or last change date.

Address change

Name change

Gender change

Date of Birth change

Relationship change

SSN change all SSN changes, should first be sent to your eligibility specialist to manually update in Facets prior to be sent on the file.

## Date Related Business Scenarios and Examples

Following are detailed instructions outlining how the 834 X12 interface file should look in the event of the following add and change scenarios:

Add a new subscriber

Add a new subscriber with FSA

Add a new dependent member

Subgroup change

Class change

Plan change

Salary Change

Rehires/Reinstates with NO Break in Coverage (Term info previously sent)

### Rehires/Reinstates with Break in Coverage (Term info previously sent)

Term subscriber/family at the INS level only

Term subscriber/family at the HD level only

Term dependent member only at the INS level

Term dependent member only at the HD level

Term class/plan only by including terming HD segment and the term date

Subscriber/Family Moves to Cobra (Cigna does not administer Cobra)

Dependent member(s) Only Moves to Cobra (Cigna does not administer Cobra)

**Applicable only if the client has elected this benefit with Cigna.**

Surviving Dependent member (Coverage stays under deceased subscriber)

Surviving Dependent member (Coverage stays under deceased subscriber) Example: (deceased death date along with the surviving coverage previously sent): (removed the HD records for the deceased member)

**Note: For consolidation purposes, the X12 file examples provided here will begin with Loop 2000 data and will end with Loop 2300 data. All prior or subsequent loops should be sent as needed and/or required by the Implementation Guide.**

### Adding a Subscriber/New Hire

All required loops and segments as outlined in the Implementation Guide and Section 3 of this Reference Guide should be included.

**Adding a New Subscriber Example:**

A new subscriber is being added effective 10/01/2015. Hire date is 09/15/2015.

INS\*Y\*18\*021\*\*A\*\*\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A001~

DTP\*303\*D8\***20151001~**

DTP\*336\*D8\***20150915~**

DTP\*356\*D8\***20151001**~

NM1\*IL\*1\*Doe\*James\*M\*\*\*34\*123456789~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19871112\*M~

HD\*021\*\*HLT\*MPPO0001~

DTP\*348\*D8\***20151001**~

HD\*021\*\*VIS\*VPSE0001~

DTP\*348\*D8\***20151001**~

### Adding FSA to Subscriber/New Hire

All required loops and segments as outlined in the Implementation Guide and Section 3 of this Reference Guide should be included.

**Adding a New Subscriber with an FSA enrollment/allocation Example:**

A new subscriber is being added effective 10/01/2015. Hire date is 09/15/2015.

**Important Notice: Any changes (pledge amounts and/or pledge effective dates) made during the same plan year of the effective date sent on the previous file, will not automatically be loaded, and will generate to a report for further manual investigation.**

INS\*Y\*18\*021\*\*A\*\*\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A001~

DTP\*303\*D8\***20151001~**

DTP\*336\*D8\***20150915~**

DTP\*356\*D8\***20151001**~

NM1\*IL\*1\*Doe\*James\*M\*\*\*34\*123456789~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19871112\*M~

HD\*021\*\*HLT\*MPPO0001~

DTP\*348\*D8\***20151001**~

HD\*021\*\*VIS\*VPSE0001~

DTP\*348\*D8\***20151001**~

HD\*030\*\*AH\*FSAD000120160101D2016010105000000000000A~

DTP\*348\*D8\***20160101**~

HD\*030\*\*AH\*FSAH000120160101H2016010102550000000000A~

DTP\*348\*D8\***20160101**~

### Adding a Dependent Member

All required loops and segments as outlined in the Implementation Guide and Section 3 of this Reference Guide should be included.

**Adding a Dependent Member Example:**

A dependent (Spouse) is being added to an existing subscriber effective 11/01/2015.

INS\*Y\*18\*001\*\*A\*\*\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A001~

DTP\*356\*D8\*20150201~

DTP\*303\*D8\*20150201~

DTP\*336\*D8\*20150201~

NM1\*IL\*1\*Doe\*James\*M\*\*\*34\*123456789~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19871112\*M~

HD\*001\*\*HLT\*MPPO0001~

DTP\*348\*D8\*20150201~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8**\***20150201**~**

INS\*N\*01\*021\*\*A\*~

REF\*0F\*123456789~

REF\*1L\*00001234~

DTP\*356\*D8\***20151101**~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

DMG\*D8\*19901101\*F~

HD\*021\*\*HLT\*MPPO0001~

DTP\*348\*D8\***20151101**~

HD\*021\*\*VIS\*VPSE0001~

DTP\*348\*D8\***20151101**~

### Sub Group Change

When a subscriber moves from one subgroup to another, all required loops and segments should be included along with the changes as noted below. All dependent members currently covered should be included in the transmission and should also reflect the changes as noted below.

1. For the subscriber: in Loop 2000, where REF01 = DX, change REF02 to the new subgroup id
2. For the subscriber: in Loop 2000, where DTP01 = 303, change DTP03 to the date of the subgroup change
3. For the subscriber and each dependent member: include all HD segments in Loop 2300 that now apply due to the subgroup change
4. For the subscriber and each dependent member: in Loop 2300, where DTP01 = 348, change DTP03 to the date of the subgroup change

When processed, this change will term the old subgroup and plans one day prior to the subscriber 's change date as reflected in Loop 2000, DTP01=303. The new subgroup information will be added using the new change date as reflected in Loop 2000, DTP01=303. The plan information will be added using the new change date as reflected in Loop 2300, DTP01= 348. Therefore, in this scenario, the Loop 2000 and Loop 2300 change dates SHOULD match to avoid any gaps in coverage.

**Subgroup Change Example:**

Subscriber and spouse are moving to Subgroup 0002 effective 09/01/2015.

INS\*Y\*18\*001\*\*A\*\*\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\***0002**~

REF\*ZZ\*A001~

DTP\*356\*D8\*20150201~

DTP\*303\*D8\***20150901**~

DTP\*336\*D8\*20150201~

NM1\*IL\*1\*Doe\*James\*M\*\*\*34\*123456789~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19871112\*M~

HD\*001\*\*HLT\*MPPO0001~

DTP\*348\*D8\***20150901**~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\***20150901**~

INS\*N\*01\*001\*\*A\*E~

REF\*0F\*123456789~

REF\*1L\*00001234~

DTP\*356\*D8\*20150201~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

DMG\*D8\*19901101\*F~

HD\*001\*\*HLT\*MPPO0001~

DTP\*348\*D8\***20150901**~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\***20150901**~

### Class Change

When a subscriber moves from one class to another, all loops and segments we require should be included along with the changes as noted below. All dependent members currently covered should be included in the transmission and should also reflect the changes as noted below.

1. For the subscriber: in Loop 2000, where REF01 = ZZ, change REF02 to the new class id
2. For the subscriber: in Loop 2000, where DTP01 = 303, change DTP03 to the date of the class change
3. For the subscriber and each dependent member: include all HD segments in Loop 2300 that now apply due to the class change
4. For the subscriber and each dependent member: in Loop 2300, where DTP01 = 348, change DTP03 to the date of the class change

When processed, this change will term the old class and plans one day prior to the subscriber's change date as reflected in Loop 2000, DTP01=303. The new class information will be added using the new change date as reflected in Loop 2000, DTP01=303. The plan information will be added using the new change date as reflected in Loop 2300, DTP01=348. Therefore, in this scenario, the Loop 2000 and Loop 2300 change dates SHOULD match to avoid any gaps in coverage.

**Class Change Example:**

Subscriber and spouse are moving to Class A002 effective 06/01/2015.

INS\*Y\*18\*001\*\*A\*E\*\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\***A002**~

DTP\*356\*D8\*20150201~

DTP\*303\*D8\***20150601**~

DTP\*336\*D8\*20150201~

NM1\*IL\*1\*Doe\*James\*M~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19600403\*M~

HD\*001\*\*HLT\*MPPO0001~

DTP\*348\*D8\***20150601**~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\***20150601**~

INS\*N\*01\*001\*\*A\*E~

REF\*0F\*123456789~

REF\*1L\*00001234~

DTP\*356\*D8\*20150201~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

DMG\*D8\*19901101\*F~

HD\*001\*\*HLT\*MPPO0001~

DTP\*348\*D8\***20150601**~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\***20150601**~

### Plan Change

When a subscriber moves from one Plan to another, all loops and segments we require should be included along with the changes as noted below. All dependent members currently covered should be included in the transmission and should also reflect the changes as noted below.

1. For the subscriber and each dependent member: in Loop 2300 include all HD segments that now apply due to the Plan change.
2. For the subscriber and each dependent member: in Loop 2300, where DTP01 = 348, change DTP03 for the plan that is changing to the date of the plan change.

When processed, this change will term the old plans one day prior to the change date as reflected in Loop 2300, DTP01=348.

**Plan Change Example:**

Subscriber and spouse are changing from medical plan MPPO0001 to plan MOAP0003 effective 07/01/2015.

INS\*Y\*18\*001\*\*A\*E\*\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A001~

DTP\*356\*D8\*20150203~

DTP\*303\*D8\*20150203~

DTP\*336\*D8\*20150203~

NM1\*IL\*1\*Doe\*James\*M~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19600403\*M~

HD\*001\*\*HLT\***MOAP0003**~

DTP\*348\*D8\***20150701**~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150203~

INS\*N\*01\*001\*\*A\*E~

REF\*0F\*123456789~

REF\*1L\*00001234~

DTP\*356\*D8\*20150203~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

DMG\*D8\*19901101\*F~

HD\*001\*\*HLT\***MOAP0003**~

DTP\*348\*D8\***20150701**~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150203~

### Salary Change

When a subscriber’s salary changes, all loops and segments we require should be included along with the changes as noted below. All dependent members currently covered should be included in the transmission and should also reflect the changes as noted below.

1. For the subscriber: in Loop 2000, where DTP01 = 303, change DTP03 to the date of the salary change
2. For the subscriber: in Loop 2100A, if applicable change ICM01 to the new frequency code associated to the new salary amount
3. For the subscriber: in Loop 2100A, change ICM02 to the new salary amount

When processed, this change will term the old salary information one day prior to the subscriber's change date as reflected in Loop 2000, DTP01=303. The new salary information will be added using the new change date as reflected in Loop 2000, DTP01=303. The coverage information will be compared using the new change date as reflected in Loop 2300, DTP01= 348. Therefore, in this scenario, the Loop 2000 and Loop 2300 change dates SHOULD match to avoid any gaps in coverage.

**Salary Change Example:**

Subscriber’s salary changed from $580.00 per week to $34,000 per year effective 07/15/2015.

INS\*Y\*18\*001\*\*A\*E\*\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A001~

DTP\*356\*D8\*20150203~

DTP\*303\*D8\***20150715**~

DTP\*336\*D8\*20150203~

NM1\*IL\*1\*Doe\*James\*M~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19600403\*M~

ICM\***7**\***34000**~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150715~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150715~

INS\*N\*01\*001\*\*A\*E~

REF\*0F\*123456789~

REF\*1L\*0001234-S~

DTP\*356\*D8\*20150203~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

DMG\*D8\*19901101\*F~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150715~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150715~

### Rehires/Reinstates with NO Break in Coverage (Term info previously sent)

When a subscriber is rehired or reinstated with no break in coverage AFTER the termination information has already been sent to us, all loops and segments we require should be included in the transmission along with the changes as noted below. All dependent members currently covered should be included in the transmission and should also reflect the changes as noted below.

**NOTE:** **This option MUST be used when reinstating a subscriber with no break in coverage to a DIFFERENT sub group, class or plan than prior to the term.**

1. For the subscriber and each dependent member: in Loop 2000, the previously reported reason for termination should be removed from INS07
2. For the subscriber: in Loop 2000, where DTP01 = 303, DTP03 should be sent equal to the day after the previously sent term date for this member
3. For the subscriber and each dependent member: in Loop 2000, the previously reported term date in a DTP segment where DTP01 = 357 should NOT be included
4. For the subscriber and each dependent member: include all HD segments in Loop 2300 that apply as of the date of the reinstatement
5. For the subscriber and each dependent member: in Loop 2300, where DTP01 = 348, DTP03 for each coverage should be sent equal to the day after the previously sent term date for each member

When processed, this change will add coverage one day after the previously updated termination date and will result in continuous coverage with no break. If a difference in the sub group, class or plan was sent, the new information will be added as of the reinstatement date.

**Rehire with No Break in Coverage Example:**

Subscriber was reinstated with no break in coverage. 04/14/2015 term information previously sent and updated.

INS\*Y\*18\***025**\*\*A\*E\*\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A002~

DTP\*356\*D8\*20150203~

DTP\*303\*D8\***20150415**~

DTP\*336\*D8\*20150203~

NM1\*IL\*1\*Doe\*James\*M~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19600403\*M~

HD\*025\*\*HLT\*MOAP0001~

DTP\*348\*D8\***20150415**~

HD\*025\*\*VIS\*VPSE0001~

DTP\*348\*D8\***20150415**~

INS\*N\*01\***025**\*\*A\*E~

REF\*0F\*123456789~

REF\*1L\*00001234~

DTP\*356\*D8\*20150203~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

DMG\*D8\*19901101\*F~

HD\*025\*\*HLT\*MOAP0001~

DTP\*348\*D8\***20150415**~

HD\*025\*\*VIS\*VPSE0001~

DTP\*348\*D8\***20150415**~

### Rehires/Reinstates with Break in Coverage (Term info previously sent)

When a subscriber is rehired or reinstated with a break in coverage AFTER the termination information has already been sent to us, all loops and segments we require should be included in the transmission along with the changes as noted below. All dependent members currently covered should be included in the transmission and should also reflect the changes as noted below.

1. For the subscriber: in Loop 2000, send DTP segment where DTP01 = 303 as the reinstatement date
2. For the subscriber and each dependent member: include all HD segments in Loop 2300 that now apply due to the reinstatement
3. For the subscriber and each dependent member: in Loop 2300, where DTP01 = 348, change DTP03 to the reinstatement date

When processed, this change will add new records for this subscriber (and any applicable dependent members) using the reinstatement date and will accurately reflect the break in coverage.

**Rehire with Break in Coverage:**

Subscriber and spouse were previously termed 04/14/2015 and are now being reinstated 05/15/2015. Term information was previously sent and updated. \*\*If the family is being reinstated greater than the client’s reinstatement rules – Send the DTP01 = 356, DTP01 = 303 and the DTP\*348 to match the new effective date. If the family is still within the client’s reinstatement rules – Send the DTP01 = 356 as the previous date sent and the DTP01 = 303 and DTP01 = 348 to reflect the new effective dates.

INS\*Y\*18\***025**\*\*A\*E\*\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A001~

DTP\*356\*D8\*20150203~

DTP\*303\*D8\***20150515**~

DTP\*336\*D8\*20150203~

NM1\*IL\*1\*Doe\*James\*M~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19600403\*M~

HD\*025\*\*HLT\*MOAP0001~

DTP\*348\*D8\***20150515**~

HD\*025\*\*VIS\*VPSE0001~

DTP\*348\*D8\***20150515**~

INS\*N\*01\***025**\*\*A\*E~

REF\*0F\*123456789~

REF\*1L\*00001234~

DTP\*356\*D8\*20150203~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*~

DMG\*D8\*19620924\*F~

HD\*025\*\*HLT\*MOAP0001~

DTP\*348\*D8\***20150515**~

HD\*025\*\*VIS\*VPSE0001~

DTP\*348\*D8\***20150515**~

### Subscriber/Family Termination (at the INS level)

The effective date fields should be sent with same effective date as on the previous interface file. This effective date could, therefore, either be the original effective date or a date equal to the last change to a given family unit. All other appropriate loops, segments and elements should be sent as normal along with the termination information as outlined below:

**Subscriber/Family Term:**

1. For the subscriber and each dependent member: in Loop 2000, send DTP segment where DTP01 = 357 as the benefit termination date (Note: this date should take into account any termination date provisions. ie- End of Month)
2. For the subscriber and each dependent member: in Loop 2000, include the reason for the term using a value in INS07 (this is required if Cigna is handling the Cobra notifications).
3. For the subscriber and each dependent member: include all current HD segments in Loop 2300

When processed, the term date will filter down to term their plans.

**Subscriber Term (INS Level) Example:**

Subscriber terms 07/31/2015.

INS\*Y\*18\*024\*08\*A\*E\***1**\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A001~

DTP\*356\*D8\*20150203~

DTP\*303\*D8\*20150203~

DTP\*336\*D8\*20150203~

DTP\***357**\*D8\***20150731**~

NM1\*IL\*1\*Doe\*James\*M~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19600403\*M~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150203~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150203~

INS\*N\*01\*024\*08\*A\*E\***1**~

REF\*0F\*123456789~

REF\*1L\*00001234~

DTP\*356\*D8\*20150203~

DTP\***357**\*D8\***20150731**~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

DMG\*D8\*19901101\*F~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150203~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150203~

### Subscriber/Family Termination (at the HD level)

The effective date fields should be sent with same effective date as on the previous interface file. This effective date could, therefore, either be the original effective date or a date equal to the last change to a given family unit. All other appropriate loops, segments and elements should be sent as normal along with the termination information as outlined below:

**Subscriber/Family Term:**

1. For the subscriber and each dependent member: in Loop 2000, include the reason for the term using a value in INS07
2. For the subscriber and each dependent member: include all current HD segments in Loop 2300
3. For the subscriber and each dependent member: in Loop 2300, send a DTP segment with each transmitted HD segment where DTP01 = 349 as the benefit termination date (Note: this date should take into account any termination date provisions. ie- End of Month)

**Subscriber Term (HD Level) Example:**

Subscriber terms 08/31/2015.

INS\*Y\*18\*001\*08\*A\*E\***1**\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A001~

DTP\*356\*D8\*20150203~

DTP\*303\*D8\*20150203~

DTP\*336\*D8\*20150203~

NM1\*IL\*1\*Doe\*James\*M~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19600403\*M~

HD\*024\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150203~

DTP\*349\*D8\***20150831**~

HD\*024\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150203~

DTP\*349\*D8\***20150831**~

INS\*N\*01\*001\*08\*A\*E\***1**~

REF\*0F\*123456789~

REF\*1L\*00001234~

DTP\*336\*D8\*20150203~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

DMG\*D8\*19620924\*F~

HD\*024\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150203~

DTP\*349\*D8\***20150831**~

HD\*024\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150203~

DTP\*349\*D8\***20150831**~

### Dependent member Only Term at the INS level:

1. For the terming dependent member: in Loop 2000, send DTP segment where DTP01 = 357 as the benefit termination date (Note: this date should take into account any termination date provisions. ie- End of Month)
2. For the terming dependent member: in Loop 2000, include the reason for the term using a value in INS07
3. For the terming dependent member: include all current HD segments in Loop 2300

When processed, the dependent member’s term date will filter down to term their plans as well.

**Dependent member Only Term (INS Level) Example:**

Dependent member spouse terms 06/15/2015.

INS\*Y\*18\*001\*\*A\*E\*\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A001~

DTP\*356\*D8\*20150203~

DTP\*303\*D8\*20150203~

DTP\*336\*D8\*20150203~

NM1\*IL\*1\*Doe\*James\*M~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19600403\*M~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150203~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150203~

INS\*N\*01\*024\*01\*A\*E\***5**~

REF\*0F\*123456789~

REF\*1L\*00001234~

DTP\*356\*D8\*20150203~

DTP\***357**\*D8\***20150615**~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

DMG\*D8\*19901101\*F~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150203~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150203~

### Dependent member Only Term at the HD Level

1. For the terming dependent member: in Loop 2000, INS07 should equal the reason for the term
2. For the subscriber and all non-terming dependent members: send all HD segments as normal
3. For the terming dependent member: include all current HD segments in Loop 2300
4. For the terming dependent member: in Loop 2300, send a DTP segment with each transmitted HD segment where DTP01 = 349 as the benefit termination date (Note: this date should take into account any termination date provisions. ie- End of Month)

When processed, the term date on ALL 2300 Loops will translate into a “member term”.

**Dependent member Only Term (HD Level) Example:**

Dependent member spouse terms 06/15/2015.

INS\*Y\*18\*001\*\*A\*E\*\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A001~

DTP\*356\*D8\*20150203~

DTP\*303\*D8\*20150203~

DTP\*336\*D8\*20150203~

NM1\*IL\*1\*Doe\*James\*M~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19600403\*M~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150203~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150203~

INS\*N\*01\*001\*01\*A\*E\***5**~

REF\*0F\*123456789~

REF\*1L\*00001234~

DTP\*356\*D8\*20150203~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

DMG\*D8\*19901101\*F~

HD\*024\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150203~

DTP\***349**\*D8\***20150615**~

HD\*024\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150203~

DTP\***349**\*D8\***20150615**~

### Plan Only Term

1. For the subscriber and all dependent members: include all current HD segments in Loop 2300
2. For the members with the terming product: in Loop 2300, include a DTP segment where DTP01 = 349 as the benefit termination date on the terming HD segments (Note: this date should take into account any termination date provisions. ie- End of Month)

When processed, the product level term date will term that plan only.

**Important Note:** The termed HD Loop MUST be included in each transmission until the actual termination date.

**Plan Only Term Example:**

Vision plan VPSE0001 is terming 06/05/2015 on the subscriber and dependent member spouse.

INS\*Y\*18\*001\*\*A\*E\*\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A001~

DTP\*356\*D8\*20150203~

DTP\*303\*D8\*20150203~

DTP\*336\*D8\*20150203~

NM1\*IL\*1\*Doe\*James\*M~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19600403\*M~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150203~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150203~

DTP\***349**\*D8\***20150605**~

INS\*N\*01\*001\*\*A\*E\*~

REF\*0F\*123456789~

REF\*1L\*00001234~

DTP\*356\*D8\*20150203~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

DMG\*D8\*19620924\*F~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150203~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150203~

DTP\***349**\*D8\***20150605**~

### Subscriber/Family Moves to Cobra (Cigna does not administer Cobra)

When a subscriber moves to Cobra, all loops and segments we require should be included along with the changes as noted below. All dependent members covered by Cobra should be included in the transmission and should also reflect the changes as noted below.

For the subscriber and each dependent member: in Loop 2000, INS05 should equal C

1. **For the subscriber and each dependent member: in Loop 2000, INS07 should be populated**
2. **For the subscriber and each dependent member: in Loop 2000, where DTP01 = 303 should be the Cobra Begin date**
3. **For the subscriber and each dependent member: in Loop 2000, where DTP01 = 357 for the future 18 or 36 month Cobra End Date (if the client sends terminations in Loop 2000)**
4. **For the subscriber and each dependent member: include all HD segments in Loop 2300 that now apply due to the move to Cobra**
5. **For the subscriber and each dependent member: in Loop 2300, where DTP01 = 348, change to the Cobra Begin Date**
6. **For the subscriber and each dependent member: in Loop 2300, include for each HD segment a DTP segment where DTP01 = 349 for the future 18 or 36 month Cobra End Date (if the client sends terminations in Loop 2300)**

When processed, this change will term the participant’s current active plans one day prior to the subscriber's change date. The new Cobra information will be added using the Cobra Begin Date as reflected in Loop 2300, DTP01=348 and the Cobra End Date as reflected in Loop 2300, DTP01=349. In this scenario, the Loop 2000 and Loop 2300 effective dates SHOULD match to avoid any gaps in coverage.

**Important Note:** If Cobra should end earlier than the project 18 or 36 month future Cobra End date, the family MUST be sent with an adjusted Cobra End Date (DTP segment where DTP01 = 357 in Loop 2000) or (DTP segment where DTP01 = 349 in Loop 2300).

**Subscriber/Family Moves to Cobra Example:**

Subscriber and spouse are moving to Cobra effective 06/15/2015.

INS\*Y\*18\*001\*\***C**\*E\***1**\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A003~

DTP\*356\*D8\*20150203~

DTP\*303\*D8\***20150615**~

DTP\*336\*D8\*20150203~

NM1\*IL\*1\*Doe\*James\*M~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19600403\*M~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\***20150615**~

DTP\*349\*D8\***20161215**~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\***20150615**~

DTP\*349\*D8\***20161215**~

INS\*N\*01\*001\*\***C**\*E\***1**~

REF\*0F\*123456789~

REF\*1L\*00001234~

DTP\*356\*D8\*20150203~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

DMG\*D8\*19901101\*F~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\***20150615**~

DTP\*349\*D8\***20161215**~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\***20150615**~

DTP\*349\*D8\***20161215**~

### Dependent member(s) Only Moves to Cobra (Cigna does not administer Cobra)

When a dependent(s) moves to Cobra, all loops and segments we require should be included along with the changes as noted below. First a termination for the dependents(s) on the subscriber record should be sent. On the next following file, the dependent should be sent as a subscriber (ie – spouse = subscriber, then child = dependent OR eldest child = subscriber, then younger child = dependent).

1. For the terming dependent member: in Loop 2000, send DTP segment where DTP01 = 357 as the benefit termination date (Note: this date should take into account any termination date provisions, ie. - End of Month)
2. For the terming dependent member: in Loop 2000, include the reason for the term using a value in INS07
3. For the terming dependent member: include all current HD segments in Loop 2300

**File 1 - Dependent member Only Term (INS Level) Example:**

Dependent member spouse terms 06/15/2015.

When processed, the dependent member’s term date will filter down to term their plans as well.

**File 2 - Dependent member(s) Only Moves to Cobra Example:**

Spouse is moving to Cobra effective 07/01/2015.

When processed, the dependent and plan information will be added using the Cobra Begin Date as reflected in Loop 2300, DTP01=348 and the Cobra End Date as reflected in Loop 2000, DTP01=357 or in Loop 2300, DTP01=349.

**Important Note:** If Cobra should end earlier than the project 18 or 36 month future Cobra End date, the dependent member MUST be sent with an adjusted Cobra End Date (DTP segment where DTP01 = 357 in Loop 2000) or (DTP segment where DTP01 = 349 in Loop 2300).

**FILE 1**

INS\*Y\*18\*001\*\*A\*E\*\*\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A001~

DTP\*356\*D8\*20150203~

DTP\*303\*D8\*20150203~

DTP\*336\*D8\*20150203~

NM1\*IL\*1\*Doe\*James\*M~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19600403\*M~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150203~

INS\*N\*01\*024\*01\*A\*E\***5**~

REF\*0F\*123456789~

REF\*1L\*00001234~

DTP\*356\*D8\*20150203~

DTP\***357**\*D8\***20150615**~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

DMG\*D8\*19901101\*F~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150203~

**FILE 2**

INS\*Y\*18\*001\*\***C**\*E\***1**\*FT~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\***A003**~

DTP\*356\*D8\***20150701**~

DTP\*303\*D8\***20150701**~

DTP\*336\*D8\***20150701**~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19901101\*F~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\***20150701**~

DTP\*349\*D8\***20161231**~

### Surviving Dependent member (Coverage stays under deceased subscriber)

**Applicable only if the client has elected this benefit with Cigna.**

When a surviving dependent member retains coverage under the deceased subscriber, all loops and segments we require should be included along with the changes as noted below. All covered surviving dependent members should be included in the transmission and should also reflect the changes as noted below.

1. For the deceased subscriber: in Loop 2000, INS05 should equal A
2. For the deceased subscriber: in Loop 2000, INS07 should equal 4
3. For the deceased subscriber and each dependent member: in Loop 2000, where DTP01 = 356, populate with the last date sent
4. For the deceased subscriber: in Loop 2300, include all current HD segments
5. For the deceased subscriber: in Loop 2300, for each HD segment include a DTP segment where DTP01 = 349 for date the deceased subscriber’s coverage ends
6. For each surviving dependent member: include all HD segments in Loop 2300 that apply to the surviving dependent member
7. For each surviving dependent member: in Loop 2300, where DTP01 = 348, populate with the last date sent on existing plans or the plan effective date on new plans

When processed, this change will term the deceased subscriber’s current active coverage and will reflect the date of death. The surviving dependent member(s)’ coverage will continue

**Surviving Dependent member (Coverage stays under deceased subscriber) Example (first time sending the deceased death date along with the surviving coverage):**

Subscriber is deceased as of 05/27/2015 and spouse’s coverage continues as a surviving dependent member.

INS\*Y\*18\*001\***03**\*A\*E\***4**\*FT\*\*\***D8\*20150527**~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A001~

DTP\*356\*D8\*20150203~

DTP\*303\*D8\*20150203~

DTP\*336\*D8\*20150203~

NM1\*IL\*1\*Doe\*James\*M~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19600403\*M~

HD\*024\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150203~

DTP\*349\*D8\***20150527**~

HD\*024\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150203~

DTP\*349\*D8\***20150527**~

INS\*N\*01\*001\*\***S**\*E\*~

REF\*0F\*123456789~

REF\*1L\*00001234~

DTP\*356\*D8\*20150203~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

DMG\*D8\*19901101\*F~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150203~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150203~

**Surviving Dependent member (Coverage stays under deceased subscriber) Example (deceased death date along with the surviving coverage previously sent):** (removed the HD records for the deceased member)

Subscriber is deceased as of 05/27/2015 and spouse’s coverage continues as a surviving dependent member.

INS\*Y\*18\*001\***03**\*A\*E\***4**\*FT\*\*\***D8\*20150527**~

REF\*0F\*123456789~

REF\*1L\*00001234~

REF\*DX\*0001~

REF\*ZZ\*A001~

DTP\*356\*D8\*20150203~

DTP\*303\*D8\*20150203~

DTP\*336\*D8\*20150203~

NM1\*IL\*1\*Doe\*James\*M~

PER\*IP\*\*HP\*6369370451\*WP\*3145251464~

N3\*5042 Residence Street~

N4\*Festus\*MO\*63028~

DMG\*D8\*19600403\*M~

INS\*N\*01\*001\*\***S**\*E\*~

REF\*0F\*123456789~

REF\*1L\*00001234~

DTP\*356\*D8\*20150203~

NM1\*IL\*1\*Doe\*Jane\*\*\*\*987654321~

DMG\*D8\*19901101\*F~

HD\*001\*\*HLT\*MOAP0001~

DTP\*348\*D8\*20150203~

HD\*001\*\*VIS\*VPSE0001~

DTP\*348\*D8\*20150203~