Standard Companion Guide Transaction Information

Instructions related to the Benefit Enrollment and Maintenance (834) and Implementation Acknowledgement for Health Care Insurance (999) Transactions Based on ASCX12 Implementation Guides, Version 5010

ASC X12N (005010X220A1) and ASC X12N (005010X231A1)

Companion Guide, Version #1.5
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Preface

Tufts Health Plan and Tufts Health Freedom Plan are accepting X12N 834 Benefit Enrollment and Maintenance transactions, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The X12N 834 version of the 5010 Standards for Electronic Data Interchange Technical Report Type 3 and Errata (also referred to as Implementation Guides) for the Benefit Enrollment and Maintenance has been established as the standard for Health Care enrollment and maintenance transaction compliance.

Please note: "*Tufts Health Plan"* and *"Tufts Health Freedom Plan*" are herein collectively referred to as "*the Plans*", or singularly as "*the Plan*".

This document has been prepared to serve as the specific companion guide to the 834 Transaction Set for Tufts Health Plan and Tufts Health Freedom Plan. This document supplements but does not contradict any requirements in the 834 Technical Report, Type 3. The primary focus of the document is to clarify specific segments and data elements that should be submitted to the Plans on the 834 Benefit Enrollment and Maintenance Transaction. This document will be subject to revisions as new versions of the 834 Benefit Enrollment and Maintenance Transaction Set compliance requirements are released.

This document has been designed to aid both the technical and business areas. It contains the Plans' specifications for the transactions as well as contact information and key points.

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Transaction Instruction (TI)

1 TI Introduction

1.1 Background

To submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Technical Report & Errata for the Benefits Enrollment and Maintenance ASC X12N 834 (005010X220A1). The Technical Reports can be ordered from the Washington Publishing Company's website at www.wpc-edi.com.

For questions relating to the Plans' ASC X12N 834 Benefit Enrollment and Maintenance Transaction or testing, please contact the Electronic Enrollment and Premium Billing Department at 1-888-880-8699.

Please note the Plans are not responsible for any software utilized by the submitter for the creation of an ASC X12N 834 or ASC X12N 999 transactions.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction instructions apply and are included in section 3 Instruction Tables.

Unique ID	Name
005010X220A1	Benefit Enrollment and Maintenance (834)
005010X231A1	Implementation Acknowledgement for Health Care Insurance (999)

3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

3.1 834 5010 Benefit Enrollment and Maintenance Specification Requirements

The Plans recommend that the submitter program their 834 5010 file to meet all health plan requirements. The following summarizes the loops and segments that are utilized by the Plans. Following the summary are the details of the 834 5010 specifications that are required by the Plans and/or required by HIPAA standards for processing. Please refer to the section 4.2.3 *Category 3: Key Points* of this document for additional technical considerations.

3.1.1 Summary of 834 Usage

005010X220A1 Benefit Enrollment and Maintenance (834)

Loops and Segments used by the Plans and/or required by HIPAA standards		
Loop ID	**Reference**	**Name**
N/A	**ISA**	Interchange Control Header
	GS	Functional Group Header
	ST	Transaction Set Header
	BGN	Beginning Segment
	***REF**	Transaction Set Policy Number
	***QTY**	Transaction Set Control Totals
1000A	**N1**	Sponsor Name
1000B	**N1**	Payer
1000C	**N1**	TPA/Broker Name
2000	**INS**	Member Level Detail
	REF	Subscriber Identifier
	REF	Member Policy Number
	REF	Member Supplemental Identifier
	***DTP**	Member Level Dates

*Denotes field that could require prior coordination with the Plans.

Loops and Segments used by the Plans and/or required by HIPAA standards		
Loop ID	**Reference**	**Name**
2100A	**NM1**	Member Name
	PER	Member Communications Numbers
	N3	Member Resident Street Address
	N4	Member Residence City, State, Zip Code
	DMG	Member Demographics
	HLH	Member Health Information
	LUI	Member Language
2100D	**NM1**	Member Employer
	PER	Member Employer Communications Numbers
	N3	Member Employer Street Address
	N4	Member Employer City, State, Zip Code
2200	**DSB**	Disability Information
	DTP	Disability Eligibility Dates
2300	**HD**	Health Coverage
	DTP	Health Coverage Dates
	REF	Health Coverage Policy Number
2310	**LX**	Provider Information
	NM1	Provider Name
2320	**COB**	Coordination of Benefits
	REF	Additional Coordination of Benefits Identifiers
	DTP	Coordination of Benefits Eligibility Dates
2330	**NM1**	Coordination of Benefits Related Entity
2700	***LS**	Additional Reporting Categories
2710	***LX**	Member Reporting Categories

*Denotes field that could require prior coordination with the Plans.

Loops and Segments used by the Plans and/or required by HIPAA standards		
Loop ID	**Reference**	**Name**
2750	***N1**	Reporting Category
	***REF**	Reporting Category Reference
	***DTP**	Reporting Category Date
2700	***LE**	Additional Reporting Categories Loop Termination
N/A	**SE**	Transaction Set Trailer
	GE	Functional Group Trailer
	IEA	Interchange Control Trailer

*Denotes field that could require prior coordination with the Plans.

Loops and Segments NOT used by the Plans and/or required by HIPAA standards		
Loop ID	**Reference**	**Name**
N/A	**DTP**	File Effective Date
1100C	**ACT**	TPA/Broker Account Information
2100A	**EC**	Employment Class
	ICM	Member Income
	AMT	Member Policy Amounts
2100B	**NM1**	Incorrect Member Name
	DMG	Incorrect Member Demographics
2100C	**NM1**	Member Mailing Address
	N3	Member Mail Street Address
	N4	Member Mail City, State, Zip Code
2100E	**NM1**	Member School
	PER	Member School Communication Numbers
	N3	Member School Street Address
	N4	Member School City, State, Zip Code
2100F	**NM1**	Custodial Parent
	PER	Custodial Parent Communication Numbers
	N3	Custodial Parent Street Address
	N4	Custodial Parent City, State, Zip Code
2100G	**NM1**	Responsible Person
	PER	Responsible Person Communication Numbers
	N3	Responsible Person Street Address
	N4	Responsible Person City, State, Zip Code
2100H	**NM1**	Drop Off Location
	N3	Drop Off Location Street Address

Loops and Segments NOT used by the Plans and/or required by HIPAA standards		
Loop ID	**Reference**	**Name**
	N4	Drop Off Location City, State ,Zip Code
2300	**AMT**	Health Coverage Policy
	REF	Prior Coverage Months
	IDC	Identification Card
2310	**N3**	Provider Address
	N4	Provider City, State, Zip Code
	PER	Provider Communication Numbers
	PLA	PCP Change Reason
2330	**N3**	Coordination of Benefits Related Entity Address
	N4	Coordination of Benefits Other Insurance Company City, State, Zip Code
	PER	Administrative Communications Contact

3.1.2 Detailed 834 Specifications

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
ISA (Interchange Control Header Segment)						
	ISA	**Interchange Control Header**	**R**	**Required for structural compliance**		
	ISA01	Authorization Information Qualifier	R	Required for structural compliance		The Plans use "00"
	ISA02	Authorization Information	R	Required for structural compliance		Submitter-specific ID number or 10-space placeholder.
	ISA03	Security Information Qualifier	R	Required for structural compliance		The Plans use "00"
	ISA04	Security Information	R	Required for structural compliance		Submitter-specific ID number or 10-space placeholder.
	ISA05	Interchange ID Qualifier	R	Required for structural compliance		Submitter-specific ID qualifier.
	ISA06	Interchange Sender ID	R	Required for structural compliance		Submitter-specific sender ID number.
	ISA07	Interchange ID Qualifier	R	Required for structural compliance		The Plans use "01" DUNS (Dun & Bradstreet).
	ISA08	Interchange Receiver ID	R	Required for structural compliance		The Plans' DUNS number is "170558746". The number must be 15 bytes, therefore add six spaces to the end of the number.
	ISA09	Interchange Date	R	Required for structural compliance		Enter the date using the format YYMMDD.

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	ISA10	Interchange Time	R	Required for structural compliance		Enter the time using the format HHMM.
	ISA11	Repetition Separator	R	Required for structural compliance		The Plans use "^"
	ISA12	Interchange Control Version Number	R	Required for structural compliance	00501	
	ISA13	Interchange Control Number	R	Required for structural compliance		Sender-specific control number. Note: ISA13 and IEA02 must be identical.
	ISA14	Acknowledgement Requested	R	Required for structural compliance	0	The Plans do not provide a TA1 but will send functional acknowledgements.
	ISA15	Usage Indicator	R	Required for structural compliance	T P	T = Test P = Production
	ISA16	Component Element Separator	R	Required for structural compliance		Enter separator character.
GS (Functional Group Header)						
	GS	**Functional Group Header**	**R**	**Required for structural compliance**		
	GS01	Functional Identifier Code	R	Required for structural compliance	BE	
	GS02	Application Sender's Code	R	Required for structural compliance		Submitter-specific number
	GS03	Application Receiver's Code	R	Required for structural compliance		The Plans' DUNS number is "170558746"

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	GS04	Date	R	Required for structural compliance		Enter the date using the format CCYYMMDD.
	GS05	Time	R	Required for structural compliance		Enter the time using the format HHMM.
	GS06	Group Control Number	R	Required for structural compliance		Submitter-specific number Note: GS06 must be identical to GE02.
	GS07	Responsible Agency Code	R	Required for structural compliance	X	
	GS08	Version/Release/Industry Identifier Code	R	Required for structural compliance	005010X220A1	Note: ST03 and GS08 must be identical.
ST (Transaction Set Header)						
	ST	**Transaction Set Header**	**R**	**Required for structural compliance**		
	ST01	Transaction Set Identifier Code	R	Required for structural compliance	834	
	ST02	Transaction Set Control Number	R	Required for structural compliance		Note: ST02 and SE02 must be identical.
	ST03	Implementation Convention Reference	R	Required for structural compliance	005010X220A1	Note: ST03 and GS08 must be identical.
	BGN	**Beginning Segment**	**R**	**Required for structural compliance**		
	BGN01	Transaction Set Purpose Code	R	Required for structural compliance	00, 15, 22	

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	BGN02	Reference Identification	R	Required for structural compliance		
	BGN03	Date	R	Required for structural compliance		Format CCYYMMDD
	BGN04	Time	R	Required for structural compliance		Format HHMM
	BGN06	Reference Identification	S	Not required for structural compliance		Required when BGN01 = 15 or 22.
	BGN08	Action Code	R	Required for structural compliance	2 – Change RX - Full 4– Verify	For updates: Use “2” for change files. Use “RX” for full files. For reconciliations: Use “4” for comparison only.
	***REF**	**Transaction Set Policy Number**	**S**	**Not required for structural compliance**		
	*REF01	Reference Identification Qualifier	R	Required if submitting REF segment	38	
	*REF02	Reference Identification	R	Required if submitting REF segment		The 8-digit employer group ID assigned by the Plans. A separate file must be sent for each assigned group ID when sent in this field. Note: the Plans recommend sending the group ID in Loop 2000 or 2300.
	***QTY**	**Transaction Set Control Totals**	**S**	**Not required for structural compliance**		

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	*QTY01	Quantity Qualifier	R	Required if submitting QTY segment	DT ET *TO	DT/ET is handled the same for all submitters. *Use of TO for ACA/Intermediary processing requires prior coordination.
	*QTY02	Quantity	R	Required if submitting QTY segment		Total Dependent INS Total Employee INS Total INS or *Total Employees for ACA & Intermediary processing
1000A	**N1**	**Sponsor Name**	**R**	**Required for structural compliance**		
	N101	Entity Identifier Code	R	Required for structural compliance	P5	
	N102	Name	S	Not required for structural compliance		In order to process the file, the Plans require that this data element be sent. Prior coordination is required if the value being sent changes.
	N103	Identification Code Qualifier	R	Required for structural compliance	24, 94, FI	
	N104	Identification Code	R	Required for structural compliance		
1000B	**N1**	**Payer**	**R**	**Required for structural compliance**		
	N101	Entity Identifier Code	R	Required for structural compliance	IN	

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	N102	Name	S	Not required for structural compliance		Populate with “Tufts Health Plan” or “Tufts Health Freedom Plan”
	N103	Identification Code Qualifier	R	Required for structural compliance	94, FI	
	N104	Identification Code	R	Required for structural compliance		
1000C	**N1**	**TPA/Broker Name**	**S**	**Not required for structural compliance**		
	N101	Entity Identifier Code	R	Required if submitting N1 segment	BO TV	
	N102	Name	R	Required if submitting N1 segment		Populate with TPA/Broker Name
	N103	Identification Code Qualifier	R	Required if submitting N1 segment	94, FI	
	N104	Identification Code	R	Required if submitting N1 segment		
2000	**INS**	**Member Level Detail**	**R**	**Required for structural compliance**		
	INS01	Yes/No Condition or Response Code	R	Required for structural compliance	Y N	“Y” = subscriber “N” = dependent
	INS02	Individual Relationship Code	R	Required for structural compliance		See section 6.5.1 Relationship Codes for recommended values and code crosswalk table.

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	INS03	Maintenance Type Code	R	Required for structural compliance	001 030 021 024 025	When sending a transaction file for updates, use values “001, 021, 024, 025” When sending a full file for updates, use value “030”
	INS04	Maintenance Reason Code	S	Not required for structural compliance		See section 6.5.2 Maintenance Reason Codes for complete list and for the Plans’ usage.
	INS05	Benefit Status Code	R	Required for structural compliance	A, C, S, or T	
	INS06	Medicare Plan Code	S	Not required for structural compliance		
	INS06-1	Medicare Plan Code	R	Not required for structural compliance	A, B ,C, D, E	
	INS06-2	Eligibility Reason Code	S	Not required for structural compliance	0, 1, 2	
	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code	S	Not required for structural compliance		
	INS08	Employment Status Code	S	Not required for structural compliance	AC, AO AU, FT L1, PT RT,TE	Must send with subscriber records only.

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	INS09	Student Status Code	S	Not required for structural compliance		Federal Healthcare Reform extends coverage to non-spouse dependents until the end of month of the dependent's 26th birthday; therefore no value should be sent in this position.
	INS10	Yes/No Condition or Response Code	S	Not required for structural compliance	N Y	Send "Y" if non-spouse dependent is 26 years of age or older and is disabled. The Plans will independently verify disability and approve/deny coverage.
	REF	**Subscriber Identifier**	**R**	**Required for structural compliance**		
	REF01	Reference Identification Qualifier	R	Required for structural compliance	0F	
	REF02	Reference Identification	R	Required for structural compliance		Subscriber's ID (usually employee's SSN). This value can also be a unique Tufts Health Plan /Tufts Health Freedom Plan - assigned number.
	REF	**Member Policy Number**	**S**	**Not required for structural compliance**		
	REF01	Reference Identification Qualifier	R	Required if submitting REF segment	1L	

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	REF02	Reference Identification	R	Required if submitting REF segment		The 8-digit employer group ID assigned by the Plans. This value is required for processing. It can also be sent in Loop 2300.
	REF	**Member Supplemental Identifier**	**S**	**Not required for structural compliance**		
	REF01	Reference Identification Qualifier	R	Required if submitting REF segment		The Plans use values “Q4” or “6O” to identify another member ID, use “ZZ” to identify an internal employer ID and “F6” to identify member’s Health Insurance Claim (HIC) Number.
	REF02	Reference Identification	R	Required if submitting REF segment		
	***DTP**	**Member Level Dates**	**S**	**Not required for structural compliance**		
	*DTP01	Date/Time Qualifier	R	Required if submitting DTP segment	*336 *337 *357	*Use of 336, 337 & 357 require prior coordination. Note: the Plans do not use any other DTP qualifiers in this segment.

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	*DTP02	Date Time Period Format Qualifier	R	Required if submitting DTP segment	D8	
	*DTP03	Date Time Period	R	Required if submitting DTP segment		*Employer Begin/ *Employer End/ Termination effective date. Format CCYYMMDD
2100A	**NM1**	**Member Name**	**R**	**Required for structural compliance**		
	NM101	Entity Identifier Code	R	Required for structural compliance		The Plans use "IL"
	NM102	Entity Type Qualifier	R	Required for structural compliance	1	
	NM103	Name Last or Organization Name	R	Required for structural compliance		Member's last name
	NM104	Name First	S	Not required for structural compliance		Member's first name is required by the Plans in order to process the member's record.
	NM105	Name Middle	S	Not required for structural compliance		Member's middle initial
	NM107	Name Suffix	S	Not required for structural compliance		Member's suffix
	NM108	Identification Code Qualifier	S	Not required for structural compliance		The Plans use "34"

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	NM109	Identification Code	S	Not required for structural compliance		Member SSN is required by the Plans in accordance with IRS Sec. 6055 reporting requirements.
	PER	**Member Communications Numbers**	**S**	**Not required for structural compliance**		**The Plans store one phone instance of PER.**
	PER01	Contact Function Code	R	Required if submitting PER segment	IP	
	PER03	Communication Number Qualifier	R	Required if submitting PER segment		The Plans use "HP, TE, CP, WP & EM"
	PER04	Communication Number	R	Required if submitting PER segment		
	PER05	Communication Number Qualifier	S	Not required for structural compliance		The Plans use "HP, TE, CP, WP & EM"
	PER06	Communication Number	S	Not required for structural compliance		
	PER07	Communication Number Qualifier	S	Not required for structural compliance		The Plans use "HP, TE, CP, WP & EM"
	PER08	Communication Number	S	Not required for structural compliance		
	N3	**Member Residence Street Address**	**S**	**Not required for structural compliance**		**Always send both the N3 and N4 segments for all address changes.**

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	N301	Address Information	R	Required if submitting N3 segment		Residence address line 1 of subscriber – limit input to 24 characters.
	N302	Address Information	S	Not required for structural compliance		Residence address line 2 of subscriber – limit input to 24 characters. Required if a second address line exists
	N4	**Member Residence City, State, Zip Code**	**S**	**Not required for structural compliance**		**Always send both the N3 and N4 segments for all address changes.**
	N401	City Name	R	Required if submitting N4 segment		Residence city of subscriber
	N402	State or Province Code	S	Required if submitting N4 segment		Residence state of subscriber. Required when the address is in the USA, including its territories or Canada.
	N403	Postal Code	S	Required if submitting N4 segment		The Plans recommend the 9 digit postal code if available. This information is used by the Plans to validate service area as appropriate. Required when the address is in the USA, including its territories or Canada.

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	N404	Country Code	S			Required when the address is outside the USA.
	N405	Location Qualifier	S	Not required for structural compliance		
	N406	Location Identifier	S	Not required for structural compliance		
	N407	Country Subdivision Code	S	Not required for structural compliance		Required when sending an address outside of the USA or Canada and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc.
	DMG	**Member Demographics**	**S**	**Not required for structural compliance**		
	DMG01	Date Time Period Format Qualifier	R	Required if submitting DMG segment	D8	
	DMG02	Date Time Period	R	Required if submitting DMG segment		Member's date of birth is required by the Plans in order to process the record.
	DMG03	Gender Code	R	Required if submitting DGM segment	F M U	A value of "F" or "M" is required by the Plans in order to process the record.
	DMG04	Marital Status Code	S	Not required for structural compliance		

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	DMG05	Composite Race or Ethnicity Information	S	Not required for structural compliance		The Plans strongly recommend sending DMG05. Use DMG05-1 or use DMG05-2 and DMG05-3.
	DMG05-1	Race or Ethnicity Code	S	Not required for structural compliance	7, 8, A, B, C, D, E, F, G, H, I, J, N, O. P, Z	See section 6.5.5 Race or Ethnicity Codes for code descriptions
	DMG05-2	Code List Qualifier Code	S	Not required for structural compliance	RET	
	DMG05-3	Industry Code	S	Not required for structural compliance		
	DMG06	Citizenship Status Code	S	Not required for structural compliance		
	DMG10	Code List Qualifier Code	S	Not required for structural compliance		
	DMG11	Industry Code	S	Not required for structural compliance		
	HLH	**Member Health Information**	**S**	**Not required for structural compliance**		
	HLH01	Health-Related Code	R	Required if submitting HLH segment	N, S, T, U, or X	
	HLH02	Height	S	Not required for structural compliance		Height reported in inches
	HLH03	Weight	S	Not required for structural compliance		Weight reported in pounds
	LUI	**Member Language**	**S**	**Not required for structural compliance**		**The Plans strongly recommend sending the LUI segment.**
	LUI01	Identification Code Qualifier	S	Not required for structural compliance		The Plans use LD

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	LUI02	Identification Code	S	Not required for structural compliance		See section 6.5.3 Member Language Codes for information on how to obtain a complete list of the NISO Z39.53 Language Codes. Note: the Plans validate that the code sent is a valid HIPAA value.
	LUI03	Description	S	Not required for structural compliance		
	LUI04	Use of Language Indicator	S	Not required for structural compliance	5 6 7 8	The Plans use “7” as first choice, “5” as second choice “8” as third choice and “6” as fourth choice.
2100D	**NM1**	**Member Employer**	**S**	**Not required for structural compliance**		
	NM101	Entity Identifier Code	R	Required if submitting NM1 segment	36	
	NM102	Entity Type Qualifier	R	Required if submitting NM1 segment	1 2	
	NM103	Name Last or Organization Name	S	Not required for structural compliance		
	NM104	Name First	S	Not required for structural compliance		
	NM105	Name Middle	S	Not required for structural compliance		
	NM107	Name Suffix	S	Not required for structural compliance		

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	NM108	Identification Code Qualifier	S	Not required for structural compliance	24 34	
	NM109	Identification Code	S	Not required for structural compliance		
	PER	**Member Employer Communications Numbers**	**S**	**Not required for structural compliance**		
	PER01	Contact Function Code	R	Required if submitting PER segment	EP	
	PER03	Communication Number Qualifier	R	Required if submitting PER segment		The Plans use “TE, WP & EM”
	PER04	Communication Number	R	Required if submitting PER segment		
	PER05	Communication Number Qualifier	S	Not required for structural compliance		The Plans use “TE, WP & EM”
	PER06	Communication Number	S	Not required for structural compliance		
	PER07	Communication Number Qualifier	S	Not required for structural compliance		The Plans use “TE, WP & EM”
	PER08	Communication Number	S	Not required for structural compliance		
	N3	**Member Employer Street Address**	**S**	**Not required for structural compliance**		
	N301	Address Information	R	Required if submitting N3 segment		Employer address line 1
	N302	Address Information	S	Not required for structural compliance		Employer address line 2.

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	N4	**Member Employer City, State, Zip Code**	**S**	**Not required for structural compliance**		
	N401	City Name	R	Required if submitting N4 segment		Residence city of employer
	N402	State or Province Code	S	Required if submitting N4 segment		Residence state of employer. Required when the address is in the USA, including its territories or Canada.
	N403	Postal Code	S	Required if submitting N4 segment		Required when the address is in the USA, including its territories or Canada.
	N404	Country Code	S	Not required for structural compliance		Required when the address is outside the USA.
2200	**DSB**	**Disability Information**	**S**	**Not required for structural compliance**		
	DSB01	Disability Type Code	R	Required if submitting DSB segment	1 2 3 4	Send “1, 2 or 3” if dependent is disabled. The Plans will verify disability and approve/deny coverage. The Plans use for ‘non-spousal type’ dependents over age 26.
	DSB07	Product/Service ID Qualifier	S	Not required for structural compliance	DX, ZZ	Required when a value is being reported in the DSB08 element.

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	DSB08	Medical Code Value	S	Not required for structural compliance		
	DTP	**Disability Eligibility Dates**	**S**	**Not required for structural compliance**		
	DTP01	Date/Time Qualifier	R	Required if submitting DTP segment	360 or 361	
	DTP02	Date Time Period Format Qualifier	R	Required if submitting DTP segment	D8	
	DTP03	Date Time Period	R	Required if submitting DTP segment		Disability effective date or end date. Format CCYYMMDD
2300	**HD**	**Health Coverage**	**S**	**Not required for structural compliance**		
	HD01	Maintenance Type Code	R	Required if submitting HD segment	001 025 002 026 021 030 024 032	The Plans recommend “001, 021, 024, 025, 030” Note: The Plans treat “026” the same as “001” and treat “002” the same as “024”
	HD03	Insurance Line Code	R	Required if submitting HD segment		
	HD04	Plan Coverage Description	S	Not required for structural compliance		

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	HD05	Coverage Level Code	S	Not required for structural compliance		See section 6.5.4 Coverage Level Codes for the Plans' recommended values and code crosswalk table. This data element is required by the Plans to be sent on all subscriber transactions in order to process the record.
	DTP	**Health Coverage Dates**	**R**	**Required for structural compliance**		
	DTP01	Date/Time Qualifier	R	Required for structural compliance		The Plans use "303, 348, 349"
	DTP02	Date Time Period Format Qualifier	R	Required for structural compliance	D8	
	DTP03	Date Time Period	R	Required for structural compliance		Coverage effective date or coverage end date. Format CCYYMMDD
	REF	**Health Coverage Policy Number**	**S**	**Not required for structural compliance**		
	REF01	Reference Identification Qualifier	R	Required if submitting REF segment		The Plans use "1L"

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	REF02	Reference Identification	R	Required if submitting REF segment		The 8-digit employer group ID assigned by the Plans. This value is required for processing. Group ID can also be sent in Loop 2000.
2310	**LX**	**Provider Information**	**S**	**Not required for structural compliance**		
	LX01	Assigned Number	R	Required if submitting LX segment		The Plans use “1”
	NM1	**Provider Name**	**R**	**Required if submitting the LX segment**		
	NM101	Entity Identifier Code	R	Required if submitting the LX segment		The Plans use “P3”
	NM102	Entity Type Qualifier	R	Required if submitting the LX segment		The Plans use “1”
	NM103	Name Last or Organization Name	S	Not required for structural compliance		Provider last name
	NM104	Name First	S	Not required for structural compliance		Provider first name
	NM105	Name Middle	S	Not required for structural compliance		Provider middle name
	NM107	Name Suffix	S	Not required for structural compliance		
	NM108	Identification Code Qualifier	S	Not required for structural compliance		The Plans use “XX”

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	NM109	Identification Code	S	Not required for structural compliance		Required if submitting NM108. The Plans strongly recommend that the 10 digit NPI be sent with all HMO & POS new additions.
	NM110	Entity Relationship Code	R	Required for structural compliance	25 26 72	
2320	**COB**	**Coordination of Benefits**	**S**	**Not required for structural compliance**		
	COB01	Payer Responsibility Sequence Number Code	R	Required if submitting COB segment	P S T U	
	COB02	Resource Identification	S	Not required for structural compliance		Policy Number
	COB03	Coordination of Benefits Code	R	Required if submitting COB segment	1 5 6	
	COB4	Service Type Code	S	Not required for structural compliance	1, 35, 48, 50, 54, 89, 90, A4, AG, AL, BB	Required when detailed COB coverage information is agreed to be exchanged.
	REF	**Additional Coordination of Benefits Identifiers**	**S**	**Not required for structural compliance**		

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	REF01	Reference Identification Qualifier	R	Required if submitting REF segment	60, 6P, SY, or ZZ	
	REF02	Reference Identification	R	Required if submitting REF segment		Alternate Policy Number
	DTP	**Coordination of Benefits Eligibility Dates**	**S**	**Not required for structural compliance**		
	DTP01	Date/Time Qualifier	R	Required if submitting DTP segment	344 or 345	
	DTP02	Date Time Period Format Qualifier	R	Required if submitting DTP segment	D8	
	DTP03	Date Time Period	R	Required if submitting DTP segment		COB effective date end date. Format CCYYMMDD
2330	**NM1**	**Coordination of Benefits Related Entity**	**S**	**Not required for structural compliance**		
	NM101	Entity Identifier Code	R	Required if submitting NM1 segment	IN, 36 or GW	
	NM102	Entity Type Qualifier	R	Required if submitting NM1 segment	2	
	NM103	Coordination of Benefits Insurer Name	S	Not required for structural compliance		Carrier Name
	NM108	Identification Code Qualifier	S	Not required for structural compliance	FI	Required when a value is being sent in NM109.
	NM109	Coordination of Benefits Insurer Identification Code	S	Not required for structural compliance		Carrier Tax ID Required when a value is being sent in NM108.

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
2700	***LS**	**Additional Reporting Categories**	**S**	**Not required for structural compliance**		**Prior coordination with the Plans is required to send this information.**
	*LS01	Loop Identifier Code	R	Required if submitting LS segment	2700	
2710	***LX**	**Member Reporting Categories**	**S**	**Not required for structural compliance**		**Prior coordination with the Plans is required to send this information.**
	*LX01	Assigned Number	R	Required if submitting LX segment		Sequential number of LX loops for this member.
2750	***N1**	**Reporting Category**	**S**	**Not required for structural compliance**		**Prior coordination with the Plans is required to send this information.**
	*N101	Entity Identifier Code	R	Required if submitting N1 segment	75	
	*N102	Name	R	Required if submitting N1 segment	PRE AMT 1 PRE AMT TOTAL TOT RES AMT APTC AMT CSR ELIG CAT CSR FED AMT CSR STATE AMT OTH PAY AMT1 OTH PAY AMT2 SEP REASON CARRIER TO BILL ADDL MAINT REASON SIC ELIG EE COUNT 1 LIFE IND	

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	***REF**	**Reporting Category Reference**	**S**	**Not required for structural compliance**		**Prior coordination with the Plans is required to send this information.**
	*REF01	Reference Identification Qualifier	R	Required if submitting REF segment	00, 17, 18, 19, 26, 3L, 6M, 9V, 9X, GE, LU, PID, XX1, XX2, YY, ZZ	
	*REF02	Reference Identification	R	Required if submitting REF segment		
	***DTP**	**Reporting Category Date**	**S**	**Not required for structural compliance**		**Prior coordination with the Plans is required to send this information.**
	*DTP01	Date/Time Qualifier	R	Required if submitting DTP segment	007	
	*DTP02	Date Time Period Format Qualifier	R	Required if submitting DTP segment	D8 RD8	
	*DTP03	Date Time Period	R	Required if submitting DTP segment		Format CCYYMMDD
2700	***LE**	**Additional Reporting Categories Loop Termination**	**S**	**Not required for structural compliance**		**Prior coordination with the Plans is required to send this information.**
	*LE01	Loop Identifier Code	R	Required if submitting LE segment	2700	

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
SE (Transaction Set Trailer)						
	SE	**Transaction Set Trailer**	**R**	**Required for structural compliance**		
	SE01	Number of Included Segments	R	Required for structural compliance		Total number of segments included in transaction set including ST and SE segments.
	SE02	Transaction Set Control Number	R	Required for structural compliance		Identifying control number that must be unique within the transaction set. Note: Value must be identical to ST02.
GE (Functional Group Trailer)						
	GE	**Functional Group Trailer**	**R**	**Required for structural compliance**		
	GE01	Number of Transaction Sets Included	R	Required for structural compliance		Total number of transactions sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element.

Loop ID	Segment ID	Segment Name/Data Element Name	Usage	Usage Explanation	Valid Values	Comments
	GE02	Group Control Number	R	Required for structural compliance		Assigned number originated and maintained by the sender. Submitter-specific number. Note: Value must be identical to GS06.
IEA (Interchange Control Trailer Segment)						
	IEA	**Interchange Control Trailer**	**R**	**Required for structural compliance**		
	IEA01	Number of Included Functional Groups	R	Required for structural compliance		A count of the number of functional groups included in an interchange. Submitter-specific number
	IEA02	Interchange Control Number	R	Required for structural compliance		Submitter-specific number A control number assigned by the interchange sender, which is identical to ISA13.

3.2 Implementation Acknowledgement for Health Care Insurance (999)

005010X231A1 Implementation Acknowledgement for Health Care Insurance (999)

The Plans will create a 999 Acknowledgement Transaction for the trading partner (alternatively, an employer group or intermediary utilized by employer groups for enrollment related transactions). Please refer to the Implementation Guide for this transaction. The requirements to establish the 999 are further defined during the EDI implementation process. This acknowledgement is available for FTP and WEBUI submitters.

4 TI Additional Information

4.1 Business Scenarios

This section is not applicable to the Plans.

4.2 Payer Specific Business Rules and Limitations

4.2.1 Category 1: General Instructions

The process for initiating the electronic submissions to the Plans is as follows:

- At the request of the Plans' Sales/Marketing department, the Plans provide the trading partner with the 834 Companion Guide, which includes the file layout and file submission options, along with our File Exchange Request Form (FERF).
- The EDI Analyst and the Sales Department contact the trading partner to review the specifications, enrollment processing and test procedures.
- The Electronic Enrollment/Reconciliation Data Form (see section 6.4
    - *Electronic Enrollment/Reconciliation Data Form*) and the FERF, are completed by the trading partner and sent to the EDI Analyst. They can be faxed to (617) 923-5898 or sent via email to the assigned analyst.
- The Plans and the trading partner prepare an Implementation timeline and test plan. It typically takes 2-4 months to complete the testing cycle and begin implementation. **Note: trading partner responsiveness can directly impact the timeline**.
- The trading partner prepares the programming necessary to create the
    - 834 5010 transaction in accordance with the 834 5010 Implementation
    - Guide, Errata and the Plans' specific requirements defined in the
    - 834 5010 Companion Guide. The EDI Analyst is then notified when the file is ready for testing.
- Working with the EDI Analyst, the trading partner executes its program with a sample of enrollment data to generate a test file. The trading partner should plan to submit a minimum of four test files to ensure success. This number may increase, depending on how successful the trading partner is in satisfying each test scenario.
- Testing includes structural compliance as well as the quality content of actual transactions. In addition, the final test is used to verify the submission method.
- A full file reconciliation is initiated midway through the testing process (usually commenced once structural compliancy testing is successful). The reconciliation process enables the trading partner and the Plans to synchronize their databases in preparation for the electronic submissions. **Note:** additional reconciliations may be requested, if necessary.

- For trading partners that use the Plans' web application to update their membership, once the reconciliation process begins, the ability to update membership using this application will be suppressed. Trading partner access to on-line billing and enrollment roster will still be available.

- Testing is complete when both the trading partner and the Plans are satisfied with the test results. Note: the reconciliation must also be completed which includes resolution of all data discrepancies. At that time, the EDI Analyst sends written confirmation to the trading partner. Based on the agreed upon mode of submission, the appropriate file submission information will be sent.

- Until 5010 production status for electronic submissions is granted, the trading partner must continue to use their existing enrollment process when sending production data to the Enrollment Department.

4.2.2 Category 2: File Types

Update Files

The Plans can accept either of the following:

- Transaction files (additions, terminations and changes since the last file submission)

OR

- Full files with terminations (all members covered by the Plans for that trading partner).

Both types of files will be updated directly into the Plans' membership system. This automated process enables the Plans to:

- Process most transactions without manual intervention (add new members, post terminations and update existing members).
- Produce a confirmation report of transactions performed through this process.
- Produce a report of transactions that require manual intervention and follow up.
- Confirm that the trading partner's list of the Plans' enrollees is consistent with our records.

The Plans recommend that trading partners submit weekly or bi-weekly update files. Please refer to section 3.1.2 *Detailed 834 Specifications* as well as the File Exchange Request form (FERF) for details on how to send each type of file submission.

Reconciliation Files

In addition to the frequent files that are submitted for updating eligibility, the Plans require that a periodic full file be submitted for reconciliation purposes. The electronic reconciliation file enables us to systematically compare the data on the trading partner's file to the enrollment data maintained in our system and permits us to identify any discrepancies.

This crosschecking allows the Plans and the trading partner to identify members with different enrollment information. The process will also identify all transactions that might not have been submitted and will also identify all open and unresolved issues.

The following types of discrepancies will be identified and reported:

- Member is reported as actively enrolled by the trading partner, but is not active with the Plans.
- Member is actively enrolled in our system, but is not reported as active by the trading partner.
- Member coverage information differs between the trading partner and the Plans (including date of birth, relationship code, plan type and address).

The reconciliation process does not make any updates to the Plans' system. All identified discrepancies are reported to the appropriate party at the trading partner. The Plans and the trading partner work together to resolve the identified discrepancies.

It is recommended that trading partners submit a quarterly file for reconciliation purposes.

Note: For full file submitters the weekly file will be re-submitted for reconciliation purposes, based on the agreed upon frequency.

4.2.3 Category 3: Key Points

- The Plans will accept 834 5010 Benefit Enrollment and Maintenance Transaction for commercial business only. Enrollment data for the Plans' commercial Medicare members must be submitted via existing processes.
- The Plans accept both transaction files and full files for updates, however, each type must be sent in separate files, using a different file type indicator in the file name and the correct BGN08 code.
  - **Transaction files for updates are preferred** (additions, changes and terminations since the last file submission). If using this method BGN08 = 2, INS03 (Maintenance Type Code) use values 001, 021, 024 and 025. In addition, send the appropriate value in HD01 (Health Coverage).
  - **Full files with terminations for updates are also accepted**. If using this method BGN08 = 2 or RX, INS03 (Maintenance Type Code) use value 030. In addition, send the appropriate value in HD01 (Health Coverage).
- Reconciliation files are full files that should be sent with BGN08 = 4 and INS03 = 030 and HD01 = 030. These full files are used for periodic reconciliations.
- When submitting files, identification of the type of file (Update or Reconciliation file) is part of the submission procedure. Refer to the Submission Instructions provided for the agreed upon method.
- The Plans adhere to the structural specifications for required and situational fields as stated in the 834 5010 Implementation Guide. If the incoming 834 structure does not comply (i.e., it does not contain all required segments or data elements, or the value sent is not a valid HIPAA 5010 value), the file will fail in the validation process, as it is a non-compliant file. In this situation, an EDI Analyst will contact the submitter typically within one business day after receipt of file. The entire file will need to be corrected and resubmitted.

- No more than 10,000 INS segments should be submitted in a single 834 transaction.
- If sending multiple ST, SE segments in a file; the BGN08 value should be set to the same value within each ST, SE. The Plans will validate type of file.
- Only one ISA/IEA segment per one file submission should be sent.
- Subscriber information must precede dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission.
- Membership data should be sorted by subscriber ID, with the subscriber listed first, followed by spouse and then by dependents in date of birth order (oldest to youngest).
- The Plans require the following situational data in order to effectively process enrollment files: date of birth, gender, group Id, member SSN, and member's first name. For detailed information, please refer to Tufts Health Plan/Tufts Health Freedom Plan section 3.1 *834 5010 Benefit Enrollment and Maintenance Specification Requirements*.
- Under IRS Section 6055 reporting requirements, health insurance issuers providing coverage through fully-insured group health plans must report information to the IRS and to covered individuals (using Form1095-B) so that the individual may report on their income tax statements they had qualifying coverage (referred to as minimum essential coverage). Reporting of tax identification numbers or TINs (typically social security numbers or SSNs) for all covered individuals is required by the IRS to verify an individual's coverage. The IRS regulations require that health plans make reasonable attempts to obtain TINs from all covered member for whom TINs are missing.
- For most trading partners, the only date used in Loop 2000 (Member Level Dates) is with DTP01 = 357 (eligibility end). The Plans use this information to terminate Plan coverage for those individuals noted. However, prior approval is required if using this qualifier to report terminations.
- Loop 2000 (Member Identification Number), if submitting more than one Q4 and 6O qualifier in the same transaction; the Plans will accept the last qualifier only.
- The 8-digit trading partner ID (group number) should be submitted in Loop 2000, REF02, (in Member Policy Number) or in Loop 2300, REF02) (in Health Coverage Policy Number). In certain situations and with prior approval, the Plans will accept the 8-digit group ID in the REF02 of the Transaction Set Policy Number when REF01= 38.
- To best serve the healthcare needs of our members, we strongly recommend the inclusion of Race or Ethnicity Information in Loop 2100A DMG05 and Member Language in Loop 2100A LUI on the EDI enrollment files.
- When moving from one Plan group ID to another Plan group ID, use Loop 2300 HD01 (Health Coverage).
- Always send Loop 2300 (Health Coverage) and send Loop 2100A (Member Address) with subscriber records. This information is necessary in order for the Plans to effectively process subscriber transactions.

- Always send Loop 2100A, N3 and N4 for initial enrollment and on all address changes.
- The Plans follow the live/work rule; an employee must live, work or reside in the service area to be eligible to enroll.
- The ten (10) digit NPI number assigned by the National Provider and Payer Enumeration System (NPPES) should be submitted in Loop 2310, NM109, (Identification Code) with all new additions.
- The Plans recommend that the trading partner submit the data for Coordination of Benefits (COB) if it is available.
- Date of birth and subscriber ID changes as well as effective date and termination date changes should be sent via paper or fax and prior to the corrected electronic enrollment file. **Note:** These types of changes / corrections must first be manually corrected.
- As a submitter, your role in the EDI process is critical. Please refer to section 4.2.4 *Category 4: Understanding Your Role and Responsibilities*.

4.2.4 Category 4: Understanding Your Role and Responsibilities

Your role in the Electronic Data Interchange (EDI) process is very important. The Plans' ability to process enrollment information depends on the trading partner providing accurate and timely data.

Please read the following carefully. **Submission of your first production file means that you agree to the terms and conditions outlined below**.

After the Plans grant EDI production status, please make sure you do the following:

- Send only records for those members who have selected Tufts Health Plan or Tufts Health Freedom Plan and are eligible for coverage.
- Send termination records when coverage ends.
- Once a termination date has been sent for a member(s), these members should be removed from the following eligibility files.
- An updated (new) effective date is required with qualifying events that result in coverage changes (such as group ID, subgroup ID and coverage level).
- Make sure all member data is accurate (including demographic information, effective enrollment dates, spelling, etc.).
- Send member data and respond to discrepancy reports in a timely manner.
- Retain copies of all necessary supporting member documentation.
- Please contact your EDI Analyst if changes have been made to your system that affects the creation of your eligibility file or transmission of the file. The Plans will then determine if structural or submission testing is necessary.

The Plans will process the member data submitted, issue member ID cards, and provide services based on the data sent and in accordance with the trading partner's benefit plan. In addition, the Plans will investigate situations where the data is questioned and take appropriate steps to correct any errors.

Information Flows and EDI Processing

- When the trading partner submits employee address and phone number changes electronically, the Plans suppress the employees' ability to change this information directly with us. Employees who attempt to make address or phone number changes through the Plans' Member Services department or by visiting the Plans' websites will be directed back to their trading partner. This step should eliminate the processing of inconsistent information.

  In addition to the above, if the Plans receive any returned mail, the member's address record will not be updated. Instead, the mail will be sent to the member's trading partner for verification purposes and should then be verified and included with the next file submission.
- The Plans will process primary care physician (PCP) and fitness center designations electronically only for new members. Existing members who wish to change their PCP and/or fitness center designation should contact our Member Services department or visit www.tuftshealthplan.com or www.thfp.com.
- The Plans enforce a 60-day retroactivity policy for all enrollment transactions.
- Members whose coverage terminates on the first day of the month are covered through midnight of the last day of the previous month. All other terminations are processed accordingly.
- Newborn additions to existing family plans must be submitted on the employer's file. Employees who attempt to add newborns by calling the Plans Member Services department will be directed back to their trading partner.
- The Plans do not screen for qualifying events, this is the responsibility of the trading partner. The Plans are not responsible for identifying spelling errors or typographical errors prior to enrolling a member. Any necessary corrections may occur after the member ID card has been sent by the Plans or received by the member.

5 TI Change Summary

Revision	Revision Date	Comments
1.0	07/2011	Version 5010
1.1	08/2011	1.1 corrected transaction name; 6.54 removed EPO; 6.6.2 corrected document name
1.2	08/2012	6.1 removed test data statement, minor updates to text in same section.
1.3	05/2015	3.1.1 changed fields in the "Used" & "Not Used" sections. 3.1.2 removed Header REF segment and Loop 2330 N3, N4 & PER segments; added Header QTY, 1000C N1, 2100A HLH, 2100D (NM1, PER, N3 & N4), 2700 LS, 2710 LX, 2750 (N1, REF & DTP), and 2700 LE segments; added comments to Header ISA14, 2000 INS09, 2100A (NM109, PER & DMG), 2320 (COB02 & REF02), and 2330 (NM103 & NM109) segments; 4.2.3 and 4.2.4 added clarifying effective date information; 4.2.3 added clarifying SSN information; removed compact disk reference throughout document.
1.4	12/2015	Cobranded document
1.5	06/2016	3.1.2 added comments to Loop 2100A DMG05 and LUI 4.2.3 added statement regarding usage of DMG05 and LUI segment. 6.5.5 added code table

6 Communications/Connectivity (C/C) Instruction

6.1 Testing Process

Test data is not used in our production environment. Test files should contain no more than 100 records (unless otherwise requested).

The procedures for testing the process are as follows:

1. *Test Files:* The trading partner supplies the first test file(s) to the Plans via secure email. The trading partner should send the test files via the mutually agreed upon mode of submission once structure has been satisfied. **Please note:** the EDI Analyst will request additional test files, as needed for each phase of testing and until all testing is successfully completed.
2. *Structural Compliance Testing:* The EDI Analyst examines the initial test file(s) for structural compliance and data quality as defined in the 834 Implementation Guide and in accordance with the Plans' specifications. In addition, employer specific business requirements are validated. A summary of findings is generally provided within 5 business days. Once file structure has been approved, scenario testing and file submission testing can begin. Additionally, the data reconciliation can be initiated.
3. *Scenario Testing:* These test files should include samples of additions, changes and terminations (see definitions of these terms below) for each group/subgroup and plan type. The test data should include the following types of records:
   - Additions (new subscriber, new dependent to an existing plan).
   - Changes (plan type, group number, and demographic changes).
   - Terminations (entire family and a termination of a single dependent) using the end-date field.

   The Plans will provide a hard copy report of the required test case scenarios to assist with the verification process. It is critical that this document be filled out and returned with each test file submitted. The test data report ensures that:
   - The turnaround time of 5 business days can be met.
   - The EDI Analyst will be able to thoroughly examine the test cases submitted for each scenario on the file and determine the need for subsequent tests.
4. *File Submission Testing:* The Plans assign and communicate the test login and password for this process. Once the trading partner is able to login to our test environment, we coordinate an end-to-end test whereby the trading partner submits a structurally compliant test file via their chosen method. Please note: A submission test is completed for each file type that will be submitted. A summary of findings is provided upon completion of the file submission test.

5. Once the structure and scenario testing has been successfully completed, a full file membership reconciliation is required. When the reconciliation is completed and all databases are up-to-date, the trading partner is given authorization to submit production files. At that time, the EDI Analyst sends written confirmation to the trading partner. The appropriate submission instructions to our production server are also provided.

Definitions

The following table lists the terms relevant to the Companion Guide.

Term	Definition
Additions	New employee, newborn, newly acquired dependents, or new group
Changes	Plan type change, (i.e., individual to family, family to individual), group number change, or demographic changes including member name, address, and dependent SSN **NOTE:** Date of birth changes and subscriber ID changes should be sent via paper or fax. They should not be sent as part of the electronic enrollment process.
Terminations	Subscriber or dependent that terminates health coverage from the Plans (when terminating a family policy, all covered dependents should be sent with a termination date).

6.2 Test File Mailing Specifications

Send via secure email using one of the options listed below:

a. EDI Analyst will send trading partner contact a secure email, which will be used to send each test file until structure has been verified.

b. Trading partners can send test files using their own secure email sites.

6.3 Electronic Data Exchange Options

The Plans support the following Electronic Data Exchange solutions:

6.3.1 Methods of Physical Connectivity

The following are the Plans supported methods of physical connectivity:

- Automated Submission, i.e. machine-to-machine transmission
- Web User Interface
- Manual Submission (on exception basis)

6.3.2 File Transfer Methods

The following are acceptable file transfer methods in order of preference:

- SSH/SFTP
- SSL/FTPS
- HTTPS

6.3.3 Physical File Media

With prior approval from the Plans, physical file media submissions may be sent via secure email.

6.4 Electronic Enrollment/Reconciliation Data Form

The Electronic Enrollment/Reconciliation Data Form needs to be completed and returned to the assigned EDI Analyst prior to the scheduled conference call.

Account Executive/Sales Representative	
Account Name	
Group Number	
Plan Type Codes	
Group Primary Contact Name	
Email address	
Phone Number	
Address: Street, State, Zip	
Fax Number	
Group IS Contact Name	
Email	
Phone Number	
Address: Street, State, Zip	
Interchange ID Qualifier (ISA05)	
Interchange Sender ID (ISA06)	
Sponsor Name (1000A N102)	
Update File Frequency1	
File Schedule2	
Reconciliation File Frequency3	
Open Enrollment Period	
Electronic Enrollment expected Start Date	
Performance Agreements (details)	
What Human Resource Information system (HRIS) are you currently using?	

ASC X12N 834 Benefit Enrollment and Maintenance transaction (005010X220A1)
This information should be sent back to the EDI Analyst assigned either by fax (617) 923-5898 or email prior to the initial conference call.

1 Frequency: weekly, bi-weekly, monthly
2 Schedule: exact date if possible
3 Frequency: monthly, bi-monthly, quarterly

6.5 Tables and Codes

6.5.1 Relationship Codes

The following table shows the valid HIPAA values that the Plans use. The table also crosswalks valid HIPAA values to valid Tufts Health Plan /Tufts Health Freedom Plan values for Loop 2000, Member Level Detail, INS02.

HIPAA Relationship Codes		Tufts Health Plan / Tufts Health Freedom Plan Relationship Codes		
Code	**Description**	**Code**	**Description**	**Comments**
01	Spouse	02	Legal spouse of policy holder	
05	Grandson or granddaughter	14	Grandchild dependent	
09	Adopted child	03 16	Natural child / adopted child Disabled dependent-unverified	*Dependent (non-spouse) is < 26 years of age. *Dep. is => 26 years of age & (DSB01 =1,2 or 3 or INS10 =Y)
17	Stepson or stepdaughter	04 16	Stepchild Disabled dependent-unverified	*Dependent (non-spouse) is < eom 26 years of age. *Dep.(non-spouse) is = >eom 26 years of age & (DSB01 =1,2 or 3 or INS10 = Y)
18	Self	01 DD DO	Eligible policy holder Dependent only coverage - subscriber deceased Dependent only coverage- subscriber is not a member	HD05 = CHD, DEP or SPC and INS12 = “not blank” HD05 = CHD, DEP or SPC and INS12 = “blank”
19	Child	03 16	Natural child / adopted child Disabled dependent-unverified	*Dependent (non-spouse) is < eom 26 years of age. *Dep. is = > 26 years of age & (DSB01 =1,2 or 3 or INS10 = Y)
25	Ex-spouse	07	Former spouse	
53	Life Partner This is a partner that acts like a spouse without a legal marriage commitment	17	Spousal equivalent-domestic partner	

*With the extension of dependent coverage through HealthCare Reform, dependent children are covered through the end of the month of their 26th birthday.

** Other relationship codes not listed may be assigned by the Plans. If you have questions about the usage of these codes or others not listed, consult the EDI Analyst.

6.5.2 Maintenance Reason Codes

The following table shows the valid HIPAA values and the Plans usage. These codes are used in Loop 2000, INS04.

HIPAA Maintenance Reason Codes		Comments
Code	**Description**	
01	Divorce	
02	Birth	
03	Death	
04	Retirement	
05	Adoption	
06	Strike	
07	Termination of Benefits	
08	Termination of Employment	
09	Consolidated Omnibus Budget Reconciliation Act (Cobra)	
10	Consolidated Omnibus Budget Reconciliation Act (Cobra) Premium Paid	
11	Surviving Spouse	
14	Voluntary Withdrawal	
15	Primary Care Provider (PCP) Change	
16	Quit	
17	Fired	
18	Suspended	
20	Active	
21	Disability	
22	Plan Change Used when a member changes from one Plan to a different Plan. This is not intended to identify changes to a Plan.	
25	Change in identifying elements Use when a change has been made to primary elements that identify an individual. Such primary elements include first name, last name, SSN, DOB and employee identification number.	The Plans recommend that subscriber ID changes and date of birth changes be handled outside of the electronic enrollment process.
26	Declined coverage The subscriber declined a previously active coverage.	

HIPAA Maintenance Reason Codes		Comments
Code	**Description**	
27	Pre-enrollment (this code can be used to enroll newborns prior to receiving the newborn's application).	Not used by the Plans. Newborns cannot be enrolled prior to their date of birth.
28	Initial enrollment	
29	Benefits selection This is used when a member changes benefits within a Plan.	Used for plan upgrades and plan downgrades.
31	Legal separation	
32	Marriage	
33	Personal data. General information about the participant. Use this code for any data change that is not included in any of the other allowed codes. Example, change in COB information.	
37	Leave of absence with benefits	
38	Leave of absence without benefits	
39	Layoff with benefits	
40	Layoff without benefits	
41	Re-enrollment	
43	Change of location Use to indicate change of address.	
59	Non Payment	
AA	Dissatisfaction with Office Staff	
AB	Dissatisfaction with Medical Care/Services Rendered	
AC	Inconvenient Office Location	
AD	Dissatisfaction with Office Hours	
AE	Unable to Schedule Appointments in a Timely Manner	
AF	Dissatisfaction with Physician's Referral Policy	
AG	Less Respect and Attention Time Given than to Other Patients	
AH	Patient Moved to a New Location	
AI	No reason given	
AJ	Appointment Times not Met in a Timely Manner	

HIPAA Maintenance Reason Codes		Comments
Code	**Description**	
AL	Algorithm Assigned Benefit Selection	
EC	Member Benefit Selection	
XN	Notification only To be used in complete enrollment transmissions. This is used when INS03 = 030 Audit/Compare.	
XT	Transfer Used when an employee has an organizational change. Example - location change within the organization with no change in benefits or Plan.	Usually used when moving to a different sub-group. Send as a 'change' transaction with new group ID.

6.5.3 Member Language Codes

For a complete list of the NISO Z39.53 Member Language Codes used in Loop 2100A LUI02, please go to National Information Standards Organization Press (NISO), NISO Z39.53 Language Code List. www.niso.org

6.5.4 Coverage Level Codes

The following table shows the valid HIPAA values that the Plans use. The table also crosswalks valid HIPAA values to the Plans' most commonly used plan codes for Loop 2300, Health Coverage, HD05.

HIPAA Coverage Level Codes		Tufts Health Plan Product Codes	
Code	**Description**	**HMO**	**POS & PPO**
EMP	Employee only	IND	P1IN
IND	Individual	IND	P1IN
ESP	Employee and spouse	2SSP	P12S
ECH	Employee and children	FAM1	P1F1
E1D	Employee and 1 dependent (non-spouse)	2SCH	P12C
FAM	Family	FAM	P1FA

**Other coverage codes not listed may be assigned by the Plans. If you have questions about the usage of these codes or others not listed, consult your EDI Analyst.

6.5.5 Race or Ethnicity Codes

The following table shows the valid HIPAA values. These codes are used in Loop 2100A, DMG05-1.

HIPAA Race or Ethnicity Codes			
Code	**Description**	**Code**	**Description**
7	Not Provided	G	Native American
8	Not Applicable	H	Hispanic
A	Asian or Pacific Islander	I	American Indian or Alaskan Native
B	Black	J	Native Hawaiian
C	Caucasian	N	Black (Non-Hispanic)
D	Subcontinent Asian American	O	White (Non-Hispanic)
E	Other Race or Ethnicity	P	Pacific Islander
F	Asian Pacific American	Z	Mutually Defined

6.6 Contact Information

The following sections provide contact information for any questions regarding HIPAA, 834 Benefit Enrollment and Maintenance transaction, and documentation or testing.

6.6.1 For General HIPAA Questions

If you have any general HIPAA questions, please access the Plans HIPAA website. To access the site:

Go to
http://www.tuftshealthplan.com/employers/employers.php?sec=hipaa&content=emp_hipaa

6.6.2 834 Transaction and General Enrollment Questions

The following table provides specific contact information by department and responsibility.

For Questions Regarding…	Contact	Phone Number	Email Address
The 834 Companion Guide 834 Transaction and Testing	Electronic Enrollment Department	1-888-880-8699 ext. 53830 (Jody Taylor) or ext. 59912 (Josephine Riddick)	JodyTaylor@tufts-health.com or Josephine_Riddick@tufts-health.com
General Enrollment and Premium Billing Questions	Enrollment and Premium Billing Trading partner Phone Queue	1-800-818-4388	