

834 Benefit Enrollment and Maintenance

This Companion Document serves as supplementary material to the primary resources, ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) version 005010X220, August 2006, and the Errata version 005010X220A1, June 2010, published by the Washington Publishing Company (<http://www.wpc-edi.com>).

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Any questions?

www.anthem.com/edi, LiveChat

Business Analyst Support Hours
8-5pm EST Monday-Friday

Section 1 - Basic Instructions

1.1 X12 and HIPAA Compliance Checking, and Business Edits

EDI interchanges submitted to Anthem for processing pass through compliance edits. 5010 acknowledgments and reports for accepted/rejected files will be placed in the submitter's trading partner mailbox for pickup.

- TA1 Interchange Acknowledgment. Anthem returns TA1 X12 and proprietary reports to the submitter of inbound 834 files containing envelope errors in the ISA and GS segments.
- Level 1. Anthem returns a 999 Interchange Acknowledgment to the submitter for every inbound transaction received. Each transaction passes through edits to ensure that it is X12 compliant. If the X12 syntax or any other aspect of the 834 is not X12 compliant, the 999 will also report the Level 1 errors in AK segments and indicate that the entire transaction set has been rejected.
- Level 2. In addition to HIPAA TR3 edits, Anthem applies business edits, such as member validation to each 834 transaction. These business edits ensure that the necessary information is populated and complete for efficient processing. When encountering HIPAA compliance, code set or business errors, Anthem returns an 864 Level 2 Status Report to the submitter indicating the entire transaction set has been rejected.

1.2 Uppercase Letters, Special Characters, and Delimiters

As specified in the TR3, the basic character set includes uppercase letters, digits, space, and other special characters.

- All HIPAA deemed values (segments, qualifiers) must be submitted in UPPERCASE letters only.
- Suggested delimiters for the transaction are assigned as part of the trading partner set up. EDI Representative will discuss options with trading partners, if applicable.

Inbound Delimiters		
	Suggested Value	
Data Element Separator	*	Asterisk
Sub-Element Separator	:	Colon
Segment Terminator	~	Tilde
Repetition Separator	^	Caret

- To avoid syntax errors, hyphens, parentheses and spaces are not recommended to be used in values for identifiers.

Examples: Tax ID 987654321 SSN 123456789 Phone 8001235010

- Since originally submitted values may be returned on outbound transactions, Anthem encourages trading partners to not use the following special characters as part of the value: asterisk (*), less than/greater than signs (<, >), colon (:), and slash (/). This minimizes the risk for a special character to be recognized as a delimiter.

Example: Provider submits a Social Security Number '123-45-6789'. Although a hyphen (-) is a valid special character, it adversely affects processing since the membership system is unable to process correctly.

1.3 Full 834 Transactions

Anthem prefers to receive full files with terminations. However, we recognize that some systems are unable to accommodate terminations on a full file when BGN08 is RX. In this situation, we can accept a BGN08 = 2, but it is not our standard. Let us know if you need to send a full file with terminations with a BGN08 of 2.

- When the BGN08 is 2, INS03 and HD01 must equal 001, 002, 021, 024, or 025.
- For active members, when BGN08 is RX, INS03 and HD01 must equal 030.
- For terminations, when BGN08 is RX, INS03 = 030 and HD01 = 024 always.

1.4 Subscriber or Employee Level Eligibility

For Subscriber level eligibility, send the eligibility dates in the following manner:

- To send an active record, Set INS01 to 'Y' and HD01 should equal '001', '021', '025', (BGN08 is 2) or '030' (for full files) (BGN08 is RX) and the date type sent in Loop 2300 DTP01 = 348.

The Employment Status Code is required in the INS08 for subscriber records.

- To send a subscriber level termination, Set INS01 to 'Y' and HD01 should equal '002' or '024' (BGN08 is 2) or '024' (for full files) (BGN08 is RX) and Loop 2300 DTP01 = 349.
- To send Cobra Begin, Set INS01 to 'Y' and INS05 = 'C'. In Loop 2300 DTP01 = '348' or '349'. If INS05= 'C', then the appropriate values must be set in INS07 according to the 834 TR3.

Change(s) in eligibility that affect the entire family requires eligibility dates to change at the subscriber level. The following situations apply.

- Health plan change
- Coverage level (family indicator) change (i.e. family to subscriber + spouse)
- Change in subgroup (Loop 2000 REF*DX)
- Full termination - send last date for coverage (i.e. ensure no coverage on 1/1 by sending term date '349' of 12/31)

If any change occurs to a family member, even if it only affects one dependent, we need the entire family's information. The subscriber must be the first record followed by information for each dependent in the family.

- To add a subscriber, set INS01 = 'Y' (subscriber), INS03 = '021' (add) or INS03 = '030' (active)
- To update the subscriber, set INS01 = 'Y', INS03 = '001' (change), '024' (terminate or delete), '025' (reinstate), or '030' (audit active)

1.4.1 Subscriber Information

Subscriber ID - Loop 2000 REF01='0F', REF02. (REF*0F*123456789; sub ID is 123456789)

Subscriber's Name - Loop 2100A NM1 segment when INS01=Y and NM101=IL.

- NM103 = Subscriber Last Name
- NM104 = Subscriber First Name
- NM105 = Subscriber Middle Initial

Subscriber's address - Loop 2100A N3 and N4 segments when INS01='Y' and NM101='IL'.

- N301 = Address Line 1
- N302 = Address Line 2
- N401 = City
- N402 = State
- N403 = Zip Code
- N406 = County

Subscriber's phone number -

- If Loop 2100A PER01 = 'IP' (Insured Party) and PER03 = 'TE' (Telephone) or 'HP' (Home Phone Number), move up to 20 characters of PER04
- If Loop 2100A PER01 = 'IP' (insured Party) and PER03 = 'TE' (Telephone) or 'HP' (Home Phone Number), move up to 20 characters of PER06
- If Loop 2100A PER01 = 'IP' (Insured Party) and PER03 = 'TE' (Telephone) or 'HP' (Home Phone Number), move up to 20 characters of PER08

1.4.2 Original Effective Date '356', Current Effective Date '348', Termination Date '349'

The Subscriber's original effective date is sent when INS01 = 'Y' and Loop 2000 DTP01 = '356'. Ensure the original effective date is '356' and not '348' (current effective date).

Retro logic is in place to read the current effective date for active transactions. We can only go back 45 days prior to the day we run the file. The 348 date only updates automatically if within 45 days of the day we process the file.

The 349 termination date can only go back 60 days. An original effective date populated in the 348 date would cause the membership to error out. The original effective date should be populated in the 356 field only.

1.5 Member or Dependent Level Eligibility

For Member level eligibility, send the eligibility dates in the following manner:

- To send an active record, HD01 should equal '001', '021', '025' (BGN08 is 2) or '030' (for full files) (BGN08 is RX) and the date type sent in Loop 2300 DTP01 = '348'
- To send a member level termination, HD01 should equal '002' or '024' (BGN08 is 2) or '024' (BGN08 is RX) and Loop 2300 DTP01 = '349'
- To send Cobra Begin, set INS05 = 'C' and Loop 2300 DTP01 = '348' or '349'

1.5.1 Member Information

Member ID - Loop 2000 REF01='F6', REF02 (Ex.REF*0F*999999999; member HIC # is 999999999)

*The Social Security Number (SSN) is required for each subscriber, spouse and adult dependent.

1.5.2 Member Relationship to Subscriber (INS02)

Anthem needs to receive the member's relationship to the subscriber in the INS segment.

Anthem recognizes the following codes:

- INS02 = '18' (self) : Subscriber
- INS02 = '09' (adopted child), '10' (foster child), '17' (stepson/stepdaughter), or '19' (child) and DMG03 = 'M' : Son
- INS02 = '09' (adopted child), '10' (foster child), '17' (stepson/stepdaughter), or '19' (child) and DMG03 = 'F' : Daughter
- INS02 = '01' (spouse) or '25' (ex-spouse) and DMG03 = 'M' : Husband
- INS02 = '01' (spouse) or '25' (ex-spouse) and DMG03 = 'F': Wife
- INS02 = '53' (Life Partner)

1.5.3 Member Demographics (DMG)

DMG02 = Member's Birth Date

DMG03 = Member's gender ('M' = Male, 'F' = Female)

DMG04 = Member's Marital Status ('M' = Married, 'D' = Divorced, 'I' = Single, 'W' = Widowed)

1.6 Coding - Loop 2000

1.6.1 Policy / 834 Agreement for Spouse/Dependent Coverage

- If the policy does not include a spouse and/or dependent(s), then the transmission must only include a record for the employee. The transaction must have Loop 2000 INS01 = "Y" to indicate the Employee, and **must not** contain records for a spouse or dependents.
- If the policy does include a spouse and/or dependent(s), then the transmission **must** include an INS loop for the employee, spouse and each dependent. In the 834 for the employee, Loop 2000 INS01 = "Y" to indicate the Employee. In the 834 for the spouse and/or dependent(s), Loop 2000 INS01 = "N" to indicate Dependent. NOTE: Subscriber record must be the first record sent for the family.

1.6.2 Accurate Group and Subgroup Numbers

Anthem assigns policy numbers to employer groups. Use these values on membership files.

- Group Number - **8** digit code (always) populated in Loop 2000 REF*IL **or** Loop 2300 REF*IL. **Group number cannot be in both Loops 2000 and 2300.*
- Subgroup Number - **4** digit code (always) populated in Loop 2000 REF*DX.

1.6.3 Hire Date, Social Security Number (SSN), Students, Federal Tax Exemptions, Overage and Handicapped Dependents

- We need the hire date whenever possible ('336'). Although files will process without the hire date, it is required from an enrollment perspective to accurately calculate the pre-existing period. If the hire date is not sent, a letter will be sent to the client requesting this information.
- The SSN is required for each subscriber, spouse and adult dependent. Anthem prefers to have the SSN for all dependents.
- To signify that the member being passed is a student INS09 should equal "F" or "P".
- To signify that the member being passed is handicap, INS10 should equal "Y".

1.7 Coding - Loop 2300

1.7.1 General Note

CORRECT	INCORRECT
Do send only one transmission with the new information. HD*021**HLT*Health 1*ESP DTP*348*20100801	Do not send a transmission with 2 HD loops for the same member, in same group for same product type — one to cancel the existing policy and one to add the new one. HD*024**HLT*Health 1*ESP DTP*348*20100101 DTP*349*20100731 DTP*348*20100801

EXCEPTION. If the group number does change, send 2 separate records for the family. One record will terminate coverage in the old group, and 1 record will begin coverage in the new group. The file treats the term and the add as 2 separate families. It is fine to send multiple HD loops, one for each product.

```
HD*021**HLT*Health 1*ESP
DTP*348*20100801
HD*021**DEN*Dental 1*ESP
DTP*348*20100801
HD*021**VIS*Vision 1*ESP
DTP*348*20100801
```

1.7.2 Always Enter a Health Coverage Date

Loop 2300 DTP segment is reserved for a Health Coverage Date - begin and end.

- As our standard, we will not recognize DTP01=303. Use DTP01=348 for coverage begin and DTP01=349 for coverage end (termination) dates. If you will use DTP01=303 for communicating coverage begin dates, let us know so we can accommodate.
- For initial production files, please send a current effective date near the file implementation date. For example, if a coverage began 01/01/2010, but the file implementation date is projected to be 08/01/2010, send 08/01/2010 in DTP*348 for anyone active on or before 08/01/2010.
- Retro logic is in place that will cause transactions to suspend for manual review if the effective date is more than 45 days prior to the day the file processes (60 days for terminations). Sending 01/01/2010 in this situation will cause unnecessary suspensions and needless review. For dates after the file implementation date, send the actual date of the change.

1.7.3 New Policy Effective Date to Change

For any change, enter a new Policy Effective Date in 2300 DTP03 (with DTP01=348). Whenever there is any change in Loop 2300 for any family member, please send the effective date of the change as the DTP*348 date for all family members.

1.7.4 Plan Coverage Description (Plan ID)

Loop 2300 HD04 is reserved for Coverage Description

- The HD04 is always an 8 digit code. Copy the Plan ID from the Plan IDs that were submitted to you, or ask your Anthem Business Analyst.
- To enroll the subscribers/dependents into the correct health plan(s), the HD segment must contain the correct data that is recognized by Anthem.
- To recognize the type of coverage (i.e. medical, vision, dental, etc), HD03 needs to be set accordingly:
 - HD03 = 'VIS' : Vision
 - HD03 = 'HLT' : Medical
 - HD03 = 'DEN' : Dental
 - HD03 = 'PDG' : Prescription Drug
- HD04 in the HD loop should contain the Health Plan information for that subscriber/member. (Health plan names will be provided by Anthem.)
- The HD segment should look similar to this : HD*021**HLT*Health 1*ESP (where HD05 is ONLY sent for the subscriber)

Please note that **single digit** health plans such as Health 1 should be formatted as: Health 1 (with a space in between the word Health and the number 1).

Double digit health plans such as Health 10 should be formatted as: Health10 (with **NO** space in between the word Health and the number 10).

1.7.5 Coverage Level (Type of Membership)

Loop 2300 HD05 is reserved for Coverage Level (family indicator) Code

- The HD05 is required for employee/subscriber records. It MUST NOT be sent on dependent records.

Note: The only HD05 value that will provide coverage to an employee and a spouse is ESP. Our system is mapped to make E1D, E2D, E3D, E5D, E6D, E7D, E8D and E9D allow only coverage for the employee and any number of non-spouse dependents.

A sample HD line will look like one of these:

HD*021**HLT*Health 1*ESP

HD*021**DEN*Dental 1*ESP

HD*021**VIS*Vision 1*ESP

Valid coverage level (family indicator) values:

EMP or IND = Subscriber only

ESP = Employee/Spouse

ECH or E1D = Employee/Dependents

FAM = Family (employee, spouse, and dependent child/children)

1.7.6 ID Card Requests

Anthem will ignore the IDC segment if it is sent. Our internal process will determine when a member needs an ID card. If a member has lost his/her card or needs another ID card, requests can be made by calling customer service or access Anthem's website.

ID cards will automatically generate in the following situations:

- Initial enrollment of a subscriber
- Group ID changes (REF*1L)
- Plan ID changes (HD04)
- First name, last name or middle initial of any family member changes
- Dependent is added
- New subscriber is added
- Subscriber re-enrolls with a lapse in coverage of more than 1 day
- Subscriber is set up and cancelled the same day, giving them one day of coverage

1.7.7 Future Cancellations

When sending future termination records, the file may continue to send the member records up to the date of cancellation. Please drop them after that.

1.7.8 Cancellation by Omission

Anthem does not terminate policies if the policy is missing from the file. A cancel record with the cancellation/termination date **must** be communicated on the EDI file.

1.7.9 Reinstatements

There should be no break in coverage for the member if coverage information did not change.

1.7.10 Identify PCP When Adding Members to a POS or HMO Policy

PCP ID must be supplied for any new member whose health plan requires a PCP. The PCP ID should be sent in Loop 2310 NM109. If Loop 2300 PLA segment is present, PLA03 = PCP effective date. If PLA03 is not populated, the member's ID card will indicate that no PCP was selected. Members may contact customer service at the phone number on the back of the ID card to select a PCP. Since PCP changes to existing members cannot be done through a file, the subscriber should contact customer service.

1.7.11 Coordination of Benefits (COB) Information

In order to send COB data for a member, the HD01 must be set to '021' (for inserts) or '001', '024', '025' (for updates) or '030' (for full).

- The effective date for COB would be sent in the DTP loop. When DTP01 = '344', the DTP03 will be used as the effective date.
- The Insurance Order is sent in the Loop 2320 COB01 when this field equals 'P', 'S' or 'U'.
- The Policy ID should be sent in COB02. Only the first 10 characters will be used.

The Entity ID (provided by Anthem) needs to be sent in Loop 2330 NM101=IN, NM103 or NM109.

1.8 Processing Times and Holiday Schedules

You may submit transactions to the Enterprise EDI Gateway twenty-four hours a day, seven days a week.

If a holiday schedule necessitates a delivery time change, we send an Alert Message.

Section 2 - Testing

Before sending production files, ensure that change situations are represented in your test files.

1. Phase 1 - testing the initial add process; the file should contain adds only.
2. Phase 2 - testing changes to the members sent from the original test file.

Listed below are the change situations that we would like to see on the file.

IMPORTANT! Identify the members you are using for each situation.

Change Situations	
#	
Identify members to be used in testing each situation	
NOTE - We DO NOT term by omission	
1	Term a subscriber
2	Term a dependent only and not change the family indicator <i>example: family contract effective 3/1/10, term one dependent child effective 4/1/10 but keeping spouse and other dependent child with active coverage</i>
3	Term a dependent and change the family indicator <i>example: Family contract effective 03/01/10 and they have one dependent child. The dependent child needs to be termed 04/01/10 which would change the contract type from family to subscriber and spouse</i>
4	Change address
5	Change name
6	Change date of birth
7	Add a dependent and change the family indicator <i>example: change from subscriber only to subscriber/dependent. Subscriber only contract effective 03/01/10 and they need to add a dependent effective 03/15/10</i>
8	Add a spouse and change the family indicator <i>example: subscriber/dependent contract effective 04/01/10 and subscriber gets married and needs to add spouse 04/25/10</i>
9	Add a newborn child <i>example: subscriber/spouse contract effective 04/01/10 and they have a baby on 04/28/10 and they need to add the baby to their contract. It would change the family indicator from subscriber/spouse to family</i>
10	Add a dependent where the family indicator does not change <i>example: adding a newborn to a family contract</i>
11	Change group ID, if applicable
12	Change subgroup ID, if applicable
13	Change Plan ID, if applicable <i>example: changing from Health 1 to Health 2</i>
14	Send an overage dependent flagged as a student
15	Send a handicap dependent flagged as handicapped

Section 3 - Business Case Scenarios

Example 1. Enrolling a subscriber effective 10/01/2010.

```

INS*Y*18*001**A***PT~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20101001~
DTP*336*D8*19930103~
NM1*IL*1*TestName*Subscriber*M***34*987654321~
PER*IP**HP*8129345656~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19600115*F*M~
HD*001**HLT*HEALTH 1*IND~
DTP*348*D8*20101001~
    
```

Example 2. Enrolling a family effective 10/01/2010.

```

INS*Y*18*001**A***PT~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20100601~
DTP*336*D8*19930103~
NM1*IL*1*TestName*Subscriber*M***34*987654321~
PER*IP**HP*8129345656~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19600115*F*M~
HD*001**HLT*HEALTH 1*FAM~
DTP*348*D8*20101001~
INS*N*19*001**A~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20100601~
NM1*IL*1*TestName*Dependent1****34*999999999~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19820303*F~
HD*001**HLT*HEALTH 1~
DTP*348*D8*20101001~
INS*N*19*001**A~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20100601~
NM1*IL*1*TestName*Dependent2****34*888888888~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19920620*M~
HD*001**HLT*HEALTH 1~
DTP*348*D8*20101001~
INS*N*19*001**A~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20100601~
NM1*IL*1*TestName*Dependent3****34*777777777~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19930913*F~
HD*001**HLT*HEALTH 1~
DTP*348*D8*20101001~
INS*N*01*001**A~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20100601~
NM1*IL*1*TestName*Husband****34*666666666~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19550527*M*M~
HD*001**HLT*HEALTH 1~
DTP*348*D8*20101001~
    
```

Example 3. Term a spouse effective 12/31/2010, change status from family to subscriber and dependents.

```

INS*Y*18*001**A***PT~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20050601~
DTP*336*D8*19930103~
NM1*IL*1*TestName*Subscriber*M***34*987654321~
PER*IP**HP*8129345656~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19600115*F*M~
HD*001**HLT*HEALTH 1*ECH~
DTP*348*D8*20060101~
INS*N*19*001**A~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20050601~
NM1*IL*1*TestName*Dependent1****34*999999999~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19820303*F~
HD*001**HLT*HEALTH 1~
DTP*348*D8*20060101~
INS*N*19*001**A~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20050601~
NM1*IL*1*TestName*Dependent2****34*888888888~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19920620*M~
HD*001**HLT*HEALTH 1~
DTP*348*D8*20060101~
INS*N*01*024**A~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20050601~
NM1*IL*1*TestName*Husband****34*666666666~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19550527*M*M~
HD*024**HLT*HEALTH 1~
DTP*348*D8*20051001~
DTP*349*D8*20101231
    
```

Example 4. Add dependent to a subscriber and spouse contract effective 06/25/2006. Previously, subscriber and spouse were effective 01/01/2006.

```

INS*Y*18*001**A***PT~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20050101~
DTP*336*D8*19930103~
NM1*IL*1*TestName*Subscriber*M***34*987654321~
PER*IP**HP*8129345656~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19600115*F*M~
HD*001**HLT*HEALTH 1*FAM~
DTP*348*D8*20060625~
INS*N*01*001**A~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20050101~
NM1*IL*1*TestName*Husband****34*666666666~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19550527*M*M~
HD*001**HLT*HEALTH 1~
DTP*348*D8*20060601~
INS*N*19*001**A~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20060625~
NM1*IL*1*TestName*Dependent1****34*999999999~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*20060625*F~
HD*001**HLT*HEALTH 1~
DTP*348*D8*20060625~
    
```

**Example 5. Term family effective 12/31/2006.
Family has been effective since 01/01/2006.**

```

INS*Y*18*024**A***PT~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20060101~
DTP*336*D8*19930103~
NM1*IL*1*TestName*Subscriber*M***34*987654321~
PER*IP**HP*8129345656~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19600115*F*M~
HD*024**HLT*HEALTH 1*FAM~
DTP*348*D8*20060101~
DTP*349*D8*20061231~
INS*N*19*024**A~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20060101~
NM1*IL*1*TestName*Dependent1****34*999999999~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19820303*F~
HD*024**HLT*HEALTH 1~
DTP*348*D8*20060101~
DTP*349*D8*20061231~
INS*N*19*024**A~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20060101~
NM1*IL*1*TestName*Dependent2****34*888888888~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19920620*M~
HD*024**HLT*HEALTH 1~
DTP*348*D8*20060101~
DTP*349*D8*20061231
INS*N*01*024**A~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20060101~
NM1*IL*1*TestName*Husband****34*666666666~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19550527*M*M~
HD*024**HLT*HEALTH 1~
DTP*348*D8*20060101~
DTP*349*D8*20061231~

```

Example 6. For family contract, add medical coverage effective 01/01/2005 and dental coverage effective 02/01/2005.

```

INS*Y*18*001**A***PT~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20050101~
DTP*336*D8*19930103~
NM1*IL*1*TestName*Subscriber*M***34*987654321~
PER*IP**HP*8129345656~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19600115*F*M~
HD*001**HLT*HEALTH 1*FAM~
DTP*348*D8*20050101~
HD*001**DEN*DENTAL 1~
DTP*348*D8*20050201~
INS*N*19*001**A~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20050101~
NM1*IL*1*TestName*Dependent1****34*999999999~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19820303*F~
HD*001**HLT*HEALTH 1~
DTP*348*D8*20050101~
HD*001**DEN*DENTAL 1~
DTP*348*D8*20050201~
INS*N*19*001**A~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20050101~
NM1*IL*1*TestName*Dependent2****34*888888888~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19920620*M~
HD*001**HLT*HEALTH 1~
DTP*348*D8*20050101~
HD*001**DEN*DENTAL 1~
DTP*348*D8*20050201~
INS*N*01*001**A~
REF*0F*987654321~
REF*1L*00012345~
REF*DX*0000~
REF*17*001~
DTP*356*D8*20050101~
NM1*IL*1*TestName*Husband****34*666666666~
N3*100 Test Blvd~
N4*Batesville*IN*47006*US*CY*Franklin~
DMG*D8*19550527*M*M~
HD*001**HLT*HEALTH 1~
DTP*348*D8*20050101~
HD*001**DEN*DENTAL 1~
DTP*348*D8*20050201~

```

Section 4 - Enveloping

EDI envelopes control and track communications between you and Anthem. One envelope may contain many transaction sets grouped into the following:

- Interchange Control Header (ISA)
- Functional Group Header (GS)
- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

834 Benefit Enrollment and Maintenance–Envelope Specific to Anthem (TR3, Appendix C)

ISA—Interchange Control Header		GS—Functional Group Header		GE—Functional Group Trailer		IEA—Interchange Control Trailer	
ISA01	00	GS01	BE	GE01	refer to TR3	IEA01	refer to TR3
ISA02	refer to TR3	GS02	SENDER ID	GE02	refer to TR3	IEA02	refer to TR3
ISA03	00	EDI assigned		<i>*When ISA08=BCCASTAR, GS03=BCCASTAR only</i>			
ISA04	refer to TR3	Left-justified followed by no zeroes or spaces					
ISA05	ZZ	GS03	FACETS (IN,KY,OH,MO)				
ISA06	SENDER ID		FACETSPR (for WI)				
EDI assigned			BCCASTAR				
Left-justified followed by spaces		GS04	refer to TR3				
ISA07	ZZ	GS05	refer to TR3				
ISA08	ANTHEM BCCASTAR	GS06	refer to TR3				
ISA09	refer to TR3	GS07	X				
ISA10	refer to TR3	GS08	005010X220A1				
ISA11	^ (5E)	NOTE. Critical Batching and Editing Information					
ISA12	00501	*Transactions must be batched in separate functional group by GS03.					
ISA13	refer to TR3	*Unique group control number (GS06) MUST NOT be duplicated within 365 days by Trading Partner ID (GS02); files containing duplicate or previously received group control numbers will be rejected.					
ISA14	refer to TR3						
ISA15	refer to TR3						
ISA16	refer to TR3						

Section 5 - Charts for Situational Rules

Listed below are loops, segments, and data elements required for proper adjudication by Anthem per the situational rules in the 834 TR3.

834 Benefit Enrollment and Maintenance				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
P.31 ST <i>Transaction Set Header - refer to TR3</i>				
P.32	BGN Beginning Segment	BGN08 Action Code	If BGN08=2, INS03 and HD01 = 001, 002, 021, 024, or 025.	If BGN08=RX, INS03 and HD01 = 030 (for active members). Standard: Terminations for full files, BGN08=RX. If BGN08=RX, INS03=030 and HD01=024 (for terminations).
P.36 REF <i>Transaction Set Policy Number - refer to TR3</i>				
P.37 DTP <i>File Effective Date - refer to TR3</i>				
P.38 QTY <i>Transaction Set Control Totals - refer to TR3</i>				
Loop ID 1000A—Sponsor Name				
P.39	N1 Sponsor Name	N101 Entity Identifier Code	P5	P5 - Plan Sponsor
		N102 Name	(Plan Sponsor Name)	Populate group name always; must be consistent on every file sent.
Loop ID 1000B—Payer				
P.41 N1 <i>Payer - refer to TR3</i>				
Loop ID 1000C—TPA/Broker Name				
P.43 N1 <i>TPA/Broker Name - refer to TR3</i>				
Loop ID 1100C—TPA/Broker Account Information				
P.45 ACT <i>TPA/Broker Account Information - refer to TR3</i>				
Loop ID 2000—Member Level Detail				
P.47	INS Member Level Detail	INS09 Student Status Code	F P	F - Full-time, P - Part-time For active students, identify full-time/part-time.
		INS10 Yes/No Condition or Response Code	Y	Y - Yes Populate Y if subscriber/dependent is handicapped.
P.55 REF <i>Subscriber Identifier - refer to TR3</i>				
P.53	REF Member Policy Number	Group number must be populated in either Loop 2000 or 2300 but not both.		
		REF01 Ref ID Qualifier	1L	1L - Group or Policy Number
		REF02 Reference Identification	(Insured Group or Policy Number)	<ul style="list-style-type: none"> ▪ Enter 8 digit group # assigned by Anthem. ▪ Contact Anthem Business Analyst for related questions.
P.57	REF Member Supplemental Identifier	REF01 Ref ID Qualifier	DX	DX - Department/ Agency No. (to report Subgroup or Dept)
		REF02 Reference Identification	(Member Supplemental Identifier)	<ul style="list-style-type: none"> ▪ Enter 4 digit subgroup # assigned by Anthem. ▪ Contact Anthem Business Analyst for related questions.
P.59	DTP Member Level Dates	DTP01 Date/Time Qualifier	336	336 - Employment Begin
		DTP03 Date Time Period	(Status Information Effective Date)	For subscriber (INS01=Y), submit the Hire Date whenever possible.
Loop ID 2100A—Member Name				
P.62	NM1 Member Name	NM108 ID Code Qualifier	34	34 - Social Security Number
		NM109 Identification Code	(Member Identifier)	SSN required for each subscriber, spouse and adult dependent. Anthem prefers to have SSN for all dependents.

834 Benefit Enrollment and Maintenance				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
Loop ID 2100A—Member Name (cont'd)				
P.65	PER Member Communications Numbers	PER04 Communication Number	(Communic. Number)	Strongly encouraged for employer group to submit member email address
P.68	N3	Member Residence Street Address		
P.69	N4	Member City, State, ZIP Code - refer to TR3		
P.71	DMG	Member Demographics - refer to TR3		
P.76	EC	Employment Class - refer to TR3		
P.79	ICM	Member Income - refer to TR3		
P.81	AMT	Member Policy Amounts - refer to TR3		
P.82	HLH	Member Health Information - refer to TR3		
P.84	LUI	Member Language - refer to TR3		
Loop ID 2300—Health Coverage				
P.140	HD	Health Coverage - refer to TR3		
P.143	DTP	Health Coverage Dates - refer to TR3		
P.145	AMT	Health Coverage Policy - refer to TR3		
P.146	REF Member Policy Number	Group number must be populated in either Loop 2000 or 2300 but not both.		
		REF01 Ref ID Qualifier	1L	1L - Group or Policy Number
		REF02 Reference Identification	(Insured Group or Policy Number)	<ul style="list-style-type: none"> Enter 8 digit group # assigned by Anthem. Contact Anthem Business Analyst for related questions.
P.148	REF	Prior Coverage Months - refer to TR3		
P.150	IDC	Identification Card - refer to TR3		
Loop ID 2310—Provider Information				
P.152	LX	Provider Information - refer to TR3		
P.153	NM1	Provider Name - refer to TR3		
P.156	N3	Provider Address - refer to TR3		
P.157	N4	Provider City, State, ZIP Code - refer to TR3		
P.159	PER	Provider Communications Numbers - refer to TR3		
P.162	PLA	Provider Change Reason - refer to TR3		
Loop ID 2320—Coordination of Benefits				
P.164	COB Coordination of Benefits	COB01 Payer Resp Seq Number Code	P S U	P - Primary; S - Secondary; U - Unknown represents the insurance order: P, S and U.
		COB02 Reference Identification	(Member Group or Policy Number)	The first 10 characters will be used for processing.
P.166	REF	Additional Coordination of Benefits - refer to TR3		
P.168	DTP	Coordination of Benefits Eligibility Dates - refer to TR3		
Loop ID 2330—Coordination of Benefits Related Entity				
P.169	NM1	Coordination of Benefits Related Entity - refer to TR3		
P.171	N3	Coordination of Benefits Related Entity Address - refer to TR3		
P.172	N4	Coordination of Benefits Other Insurance Company City, State, ZIP Code - refer to TR3		
P.174	PER	Administrative Communications Contact - refer to TR3		
P.176	LS	Additional Reporting Categories - refer to TR3		
P.184	SE	Transaction Set Trailer - refer to TR3		