**PREVEA**

**Commercial**

**Enrollment and Maintenance (834)**

**Companion Guide**

**Version 1.0**

**12/11/2023**

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Version Update History

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1. General Information
	1. Overview

The Prevea Health Plan Commercial Enrollment and Maintenance (834) companion guide provides Employers and other trading partners with information on how to exchange 834 transactions with Prevea Health Plan. This companion guide must be used in conjunction with the 834 instructions as set forth by the 834 ASC X12 Standards for Electronic Data Interchange (EDI) Technical Report Type 3 (TR3) version 005010X220A1, June 2010.

* 1. 834 Transaction Types (Update or Full File Audit)

The 834 transaction can be used to send enrollment updates (add, terminate, or change requests) or full file audits. Please see section 1.4.5 of the 834 ASC X12 Standards EDI TR3 for the complete details of the business usage for each transaction type. Specific guidance based on the full file audit or update transaction types are provided in the File Specification Details section of this companion guide.

Prevea Health Plan recommends Employers send full file audit transactions to minimize enrollment discrepancies. Full file audit transactions should include all active members (employees/subscribers and their dependents), including terminated members for a given point in time. Terminated members should be sent once and then they should drop from the file. When full file audit transactions are sent Prevea Health Plan will determine the transaction type (add, update, or no change).

Prevea Health Plan can also process update transactions (Changes only file) if requested by an Employer. If an Employer chooses to send update transactions Prevea Health Plan requires a full file audit transaction to be sent Quarterly to ensure the systems remain in sync; your Enrollment Analyst will work with you on this reconciliation process.

* 1. Delimiters

A delimiter is a character used to separate data elements, component elements, or terminate a segment. Below is a list of the recommended delimiters. Other delimiters may be acceptable but the same delimiter cannot be used for more than one usage.

|  |  |  |
| --- | --- | --- |
| **Character** | **Character Name** | **Delimiter Usage** |
| **\*** | Asterisk | Data Element Separator |
| **^** | Carat | Repetition Separator; ISA11 |
| **:** | Colon | Component Element Separator; ISA16 |
| **~** | Tilde | Segment Separator |

* 1. File Structure and Example

The 834 ASC X12 Standards EDI TR3 provides a reference to the X12 syntax, usage, and related information in Appendix B. The data needs to be transmitted according to the format rules to ensure the integrity of the interchange.

Prevea Health Plan requires that Employers send one Interchange Control, one Functional Group, and one Transaction Set that includes all employees/subscribers and their dependents. A transaction set contains detail segments, which are groups of logically related data. Each segment has a set of data elements. The sequence, data type, and min/max lengths of the data elements are specified by the ASCX12 standard. In conventional terms, the segment would be equivalent to a record and the data elements would be equivalent to fields/columns.



1. File Specification Details

The companion guide includes only the segments that will be expected and processed by Prevea Health Plan. R (required) or S (situational) will be next to each segment name, which will denote if the segment is required. Please note that there is some deviation from the 834 ASC X12 Standards EDI TR3 based on Prevea Health Plan’s specific requirements. Each segment section in this companion guide has a table that lists the elements and related information; below is a description of the columns and their purpose.

|  |  |
| --- | --- |
| **Column** | **Purpose** |
| Usage | Indicates if an element is required or situational*Situational elements that will be ignored by Prevea Health Plan are noted; data can be sent for these elements but it will not be stored in Prevea Health Plan’s system.* |
| Ref. Des. | Element reference designator |
| Name | Element Name |
| Value/Description | Indicates Prevea Health Plan’s acceptable values and/or the element description |
| Data Type | Element data type |
| Min/Max | Element minimum and maximum length |

* 1. ISA – Interchange Control Header (R)

Prevea Health Plan recommends Employers choose to receive the Interchange Acknowledgement – TA1 (ISA14 = 1) so that they can be notified when Prevea Health Plan cannot process the transaction set due to interchange control structures issues.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | ISA01 | Authorization Information Qualifier | **00** – No Authorization Information Present | ID | 2/2 |
| R | ISA02 | Authorization Information | **10 blank spaces** | AN | 10/10 |
| R | ISA03 | Security Information Qualifier | **00** – No Security Information Present | ID | 2/2 |
| R | ISA04 | Security Information | **10 blank spaces** | AN | 10/10 |
| R | ISA05 | Interchange ID Qualifier | **30** – U.S. Federal Tax Identification Number | ID | 2/2 |
| R | ISA06 | Interchange Sender ID | Employer Group’s TIN*May need to pad with blanks right after the value to make it 15 digits* | AN | 15/15 |
| R | ISA07 | Interchange ID Qualifier | **30** – U.S. Federal Tax Identification Number | ID | 2/2 |
| R | ISA08 | Interchange Receiver ID | *The TIN will be provided by Prevea Health Plan during implementation.**May need to pad with blanks right after the value to make it 15 digits* | AN | 15/15 |
| R | ISA09 | Interchange Date | Date must be in the YYMMDD format | DT | 6/6 |
| R | ISA10 | Interchange Time | Time must be in the HHMM format | TM | 4/4 |
| R | ISA11 | Repetition Separator | Use **^** as the separator *Must be different than the data element separator, component-element separator (ISA16), and the segment terminator* |  | 1/1 |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | ISA12 | Interchange Control Version Number | **00501** – Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003 | ID | 5/5 |
| R | ISA13 | Interchange Control Number | *A unique control number assigned by the interchange sender, must match the value in IEA02**Prevea Health Plan prefers to receive one unique interchange per file*  | N0 | 9/9 |
| R | ISA14 | Acknowledgement Requested | 0 – Do not send an Interchange Acknowledgment **1** – Send an Interchange Acknowledgment (TA1) | ID | 1/1 |
| R | ISA15 | Interchange Usage Indicator | P – Production DataT – Test Data | ID | 1/1 |
| R | ISA16 | Component Element Separator | Use **:** as the separator*Must be different than the data element separator, repetition separator (ISA11), and the segment terminator* |  | 1/1 |

* 1. GS – Functional Group Header (R)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | GS01 | Functional Identifier Code | **BE** – Benefit Enrollment and Maintenance | ID | 2/2 |
| R | GS02 | Application Sender’s Code | Employer Group’s TIN | AN | 2/15 |
| R | GS03 | Application Receiver’s Code | *The TIN will be provided by Prevea Health Plan during implementation.* | AN | 2/15 |
| R | GS04 | Date | File creation date; must be in the YYMMDD format | DT | 8/8 |
| R | GS05 | Time | File creation time; must be in the HHMM format | Tm | 4/8 |
| R | GS06 | Group Control Number | Unique identifier assigned by the Group and/or TPA and must match the value in GE02 | N) | 1/9 |
| R | GS07 | Responsible Agency Code | **X** – Accredited Standards Committee X12 | ID | 1/2 |
| R | GS08 | Version/Release/Industry Identifier Code | **005010X220A1** | AN | 1/12 |

* 1. ST – Transaction Set Header (R)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | ST01 | Transaction Set Identifier Code | **834** – Benefit Enrollment and Maintenance | AN | 3/3 |
| R | ST02 | Transaction Set Control Number | The Transaction Set Control Number in ST02 and SE02 must match | AN | 4/9 |
| R | ST03 | Implementation Convention Reference | **005010X220A1** | AN | 1/35 |

* 1. BGN – Beginning Segment (R)

Prevea Health Plan recommends Employers send full file audit transactions. A full file audit transaction is identified by BGN08 = 4 (Verify). When a full file audit transaction is sent the value 030 (Audit or Compare) needs to be sent for Loop 2000 > INS and Loop 2300 > HD01.

An update transaction is identified by BGN08 = 2 (Change/Update). When an update transaction is sent Change (001), Addition (021), Cancellation/Termination (024), or Reinstate (025) needs to be sent for Loop 2000 > INS and Loop ID 2300 > HD01.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | BGN01 | Transaction Set Purpose Code | Code identifying purpose of transaction set00 – Original15 – Re-Submission22 – Information Copy | ID | 2/2 |
| R | BGN02 | Reference Identification | Transaction Set Reference Number | AN | 1/50 |
| R | BGN03 | Date | Transaction Set Creation Date; must be in the YYMMDD format | DT | 8/8 |
| R | BGN04 | Time | Transaction Set Creation Time; must be in the HHMM format | TM | 4/8 |
| S | BGN05 | Time Code | Time Zone Code | ID | 2/2 |
| R | BGN08 | Action Code | **2** – Change (Update)**4** – Verify | ID | 1/2 |

* 1. REF – Transaction Set Policy Number (S)

Prevea Health Plan recommends to send a Top Account as Master Policy Number

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | REF01 | Reference Identification Qualifier | **38** – Master Account/Group Policy Number | ID | 2/3 |
| R | REF02 | Reference Identification | Account/Group Policy Number | ID | 1/50 |

* 1. Loop 1000A – Sponsor Name
		1. N1 – Sponsor Name (R)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | N101 | Entity Identifier Code | P5 – Plan Sponsor (Employer Group) | ID | 2/3 |
| S | N102 | Name | Employer Group Name | AN | 1/60 |
| R | N103 | Identification Code Qualifier | FI – Federal Taxpayer’s Identification Number | ID | 1/2 |
| R | N104 | Identification Code | Employer Group’s TIN | AN | 2/80 |

* 1. Loop 1000B – Payer
		1. N1 – Payer (R)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | N101 | Entity Identifier Code | IN – Insurer | ID | 2/3 |
| S | N102 | Name | Prevea Health Plan | AN | 1/60 |
| R | N103 | Identification Code Qualifier | FI – Federal Taxpayer’s Identification Number | AN | 1/2 |
| R | N104 | Identification Code  | *The TIN will be provided by Prevea Health Plan* *during implementation.* | AN | 2/80 |

* 1. Loop 1000C – TPA/Broker Name
		1. N1 – Broker Name (S)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | N101 | Entity Identifier Code | BO – Broker or Sales OfficeTV – TPA | ID | 2/3 |
| S | N102 | Name | Broker Name/TPA Name (Third Party Administrator | AN | 1/60 |
| R | N103 | Identification Code Qualifier | FI – Federal Taxpayer’s Identification Number | AN | 1/2 |
| R | N104 | Identification Code | Broker/TPA Identification Code | AN | 2/80 |

* 1. Loop 2000 – Member Level Detail

The following segments contain member information. Please note that each Member Level Detail must begin with an employee record, followed by their dependents.

* + 1. INS – Member Level Detail (R)

The Individual Relationship Codes that Prevea Health Plan expects to receive are listed below. Please note that if 18 (Self) isn’t sent for employees the record will be rejected. An Employment Status Code must be sent for each employee. Any non-spouse dependent that is at least 26 years old for whom coverage is extended is required to have either a Student Status Code (INS09 = FT) or a Handicap Indicator (INS10 = Y); otherwise the record will be rejected. An Overage Dependent should be sent with the Relationship code of G8 – Other Relationship.

Prevea Health Plan recommends Employers send full file audit transactions to minimize enrollment discrepancies. Prevea Health Plan can also process update transactions if requested by an Employer. The Member Level Detail Maintenance Type Codes (Loop 2000 > INS03) need to correspond with the Maintenance Type Codes sent in Health Coverage (Loop 2300 > HD01). If they do not correspond the record(s) will be rejected.

* If Loop 2000 > INS03 = 030 (Audit/Compare) THEN Loop 2300 > HD01 = 030 (Audit/Compare)
* If Loop 2000 > INS03 = 001 (Change) THEN Loop 2300 > HD01 = 001 (Change) OR 026 (Correction)

If Loop 2000 > INS03 = 021 (Addition) THEN Loop 2300 > HD01 = 021 (Addition)

* If Loop 2000 > INS03 = 024 (Cancellation/Termination) THEN Loop ID 2300 > HD01 = 024 (Cancellation/Termination)
* If Loop 2000 > INS03 = 025 (Reinstatement) THEN Loop 2300 > HD01 = 025 (Reinstatement)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | INS01 | Yes/No Condition or Response Code | Subscriber Indicator**Y** = Yes (Subscriber)**N** = No (Dependent) | ID | 1/1 |
| R | INS02 | Individual Relationship Code | Code indicating the relationship between the dependent and the employee***Most Commonly Used:*****18** – Self *(Must be used for Subscriber)***01** – Spouse**19** – Child***Also Acceptable:*****05** – Grandson or Granddaughter**09** – Adopted Child**10** – Foster Child**15** – Legal Ward**17** – Stepson or Stepdaughter**23** – Sponsored Dependent**24** – Dependent of a Minor Dependent**25** – Ex-spouse**38** – Collateral Dependent**53** – Life Partner**G8** – Other RelationshipG9 – Domestic Partner Grandchild | ID | 2/2 |
| R | INS03 | Maintenance Type Code | Code identifying the specific type of item maintenance**001** – Change**021** – Addition**024** – Cancellation or Termination**025** – Reinstatement**030** – Audit or Compare  | ID | 3/3 |
| S | INS04 | Maintenance Reason Code | This element will be ignored by Prevea Health Plan | ID | 2/3 |
| R | INS05 | Benefit Status Code | The type of coverage under which benefits are paid**A** – Active**C** – COBRA | ID | 1/1 |
| S | INS06 | Medicare Status Code | This element will be ignored by Prevea Health Plan |  |  |
| R | INS06 – 1 | Medicare Plan Code | This element will be ignored by Prevea Health Plan | ID | 1/1 |
| R | INS06 – 2 | Eligibility Reason Code | This element will be ignored by Prevea Health Plan | ID | 1/1 |
| S | INS07 | Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying | This element will be ignored by Prevea Health Plan | ID | 1/2 |
| S | INS08 | Employment Status Code | This is **required** for all **employees**; optional for dependents**AC** – Active**AO** – Active Military – Overseas**AU** – Active Military – USA**FT** – Full-time**L1** – Leave of Absence**PT** – Part-time**RT** – Retired**TE** – Terminated | ID | 2/2 |
| S | INS09 | Student Status Code | Student status code for non-spouse dependents who are at least 26 years old; do not send for employee, spouse, or dependents under the age of 26**F** – Full-timeNote: Student Status Code is required only if mandated by the State for eligibility. | ID | 1/1 |
| S | INS10 | Yes/No Condition or Response Code | Handicap Indicator for non-spouse dependents who are at least 26 years old; do not send for employee, spouse, or dependents under the age of 26**Y** – YesNote: The Handicap indicator will be considered and loaded only post necessary approvals | ID | 1/1 |
| S | INS11 | Date Time Period Format Qualifier | Qualifier is required when sending a Member Individual Death Date (INS12).**D8** – Date Expressed in Format CCYYMMDD | ID | 2/3 |
| S | INS12 | Date Time Period | Member Individual Death Date | AN | 1/35 |
| S | INS13 | Confidentiality Code | This element will be ignored by Prevea Health Plan | ID | 1/1 |
| S | INS17 | Number | This element will be ignored by Prevea Health Plan | N0 | 1/9 |

* + 1. REF – Subscriber Identifier (R)

A unique subscriber identifier that will be used to link the employee and their dependents together will need to be sent in this segment. Prevea Health Plan will work with the employer to define the value for this data element.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | REF01 | Reference Identification Qualifier | **0F** – Employee/Subscriber Number | ID | 2/3 |
| R | REF02 | Reference Identification | Subscriber Link IDEx. SSN, Work Visa  | ID | 1/50 |

* + 1. REF – Member Policy Number (R)

The Enrollment Analyst assigned to your group will communicate the **group identifier** that will need to be sent in this segment for all employees and their dependents. If a group identifier isn’t sent for a member the record will be rejected.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | REF01 | Reference Identification Qualifier | **1L** – Group Identifier Qualifier | ID | 2/3 |
| R | REF02 | Reference Identification | Group Identifier Value | AN | 1/50 |

* + 1. REF – Member Supplemental Identifier (S)

If a unique **employee ID/number** is assigned to each of your employees please send it in this segment for the employee/subscriber and each of their dependents. Example: REF\*23\*123456789~

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | REF01 | Reference Identification Qualifier | **23** – Employee ID/Number | ID | 2/3 |
| R | REF02 | Reference Identification | Identification Name or Number | AN | 1/50 |

**NOTE:** If client reporting fields are sent, they will be used for reporting purpose only. Please send reporting fields in segment as explained below for the employee/subscriber and each of their dependents. Example: REF\*17\*Location/Region~

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| S | REF01 | Reference Identification Qualifier | **17** – Client Reporting Field 1 | ID | 2/3 |
| S | REF02 | Reference Identification | Identification Name or Number | AN | 1/50 |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| S | REF01 | Reference Identification Qualifier | **QQ** – Client Reporting Field 2 | ID | 2/3 |
| S | REF02 | Reference Identification | Identification Name or Number | AN | 1/50 |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| S | REF01 | Reference Identification Qualifier | **6O** – Client Reporting Field 3 | ID | 2/3 |
| S | REF02 | Reference Identification | Identification Name or Number | AN | 1/50 |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| S | REF01 | Reference Identification Qualifier | **Q4** – Client Reporting Field 4 | ID | 2/3 |
| S | REF02 | Reference Identification | Identification Name or Number | AN | 1/50 |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| S | REF01 | Reference Identification Qualifier | **4A** – Client Reporting Field 5 | ID | 2/3 |
| S | REF02 | Reference Identification | Identification Name or Number | AN | 1/50 |

If there are other member identifiers that need to be sent which are not listed above, Prevea Health Plan will work with the employer on determining the qualifiers.

* + 1. DTP – Member Level Dates (S)

One or more dates for a member can be sent in this segment. The qualifiers that Prevea Health Plan expects to receive are listed below. Please discuss with your Enrollment Analyst if you plan to use other qualifiers.

An **employment begin date** can be sent for each employee. Example: DTP\*336\*D8\*20150101~

If an Employer chooses to send update transactions(Changes only file) and INS03 = 024 (Cancellation/Termination) and Loop 2300 isn’t sent the **eligibility end date** (last day of coverage) must be sent. When an eligibility end date isn’t sent in this scenario the record will be rejected.

The eligibility end date should only be sent when terminating or cancelling an employee and/or their dependents coverage.

* **Cancellation** - Cancellation refers to coverage should not have existed. If a cancellation is being sent the eligibility end date must be the same date as the coverage begin date.

For example, If Effective date is 1/1/2023 then Cancellation is expected to be sent as below

* + DTP\*348\*20230101~
	+ DTP\*349\*20230101~
* **Termination** – Termination refers to end of the coverage. If a termination is being sent the eligibility end date must be the last day of coverage. For Example, If Effective date is 1/1/2023 and Effective end date is 6/30/2023 then Termination is expected to be sent as below
	+ DTP\*348\*20230101~
	+ DTP\*349\*20230630~

These dates are informational only and will be loaded into our system for reference only.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | DTP01 | Date/Time Qualifier | **286** – Retirement**303** – Maintenance Effective Date**336** – Employment Begin**357** – Eligibility EndNote: Any qualifier other than 286 and 336 will be ignored | ID | 3/3 |
| R | DTP02 | Date Time Period Format Qualifier | **D8** – Date Expressed in Format CCYYMMDD | ID | 2/3 |
| R | DTP03 | Date Time Period | Date corresponding to the qualifier | AN | 1/35 |

* 1. Loop 2100A – Member Name
		1. NM1 – Member Name (R)

A **SSN** or **work visa number** should be sent for each **employee/subscriber**. If a SSN or work visa number isn’t sent the record will be rejected. Please note that due to federal regulations every member who is 45 and older needs to provide their SSN.

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| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | NM101 | Entity Identifier Code | Use IL for enrolling a new member or updating a member with no changing in identifying information.**IL** – Insured or Subscriber | ID | 2/3 |
| R | NM102 | Entity Type Qualifier | **1** – Person | ID | 1/1 |
| R | NM103 | Name Last or Organization Name | Member Last Name | AN | 1/60 |
| S | NM104 | Name First | Member First Name | AN | 1/35 |
| S | NM105 | Name Middle | Member Middle Name | AN | 1/25 |
| S | NM106 | Name Prefix | Member Name Prefix | AN | 1/10 |
| S | NM107 | Name Suffix | Member Name Suffix | AN | 1/10 |
|  R | NM108 | Identification Code Qualifier | **34** – Social Security Number**ZZ** – Work Visa Number**NOTE:** SSN or Work Visa Number is required for all members Dummy SSNs should not be used. If a dependent’s SSN is not yet available, do not send NM108(Member Identification Qualifier) and NM109 (Member Identifier) until the actual SSN can be added to the file.  | ID | 1/2 |
|  R | NM109 | Identification Code | Member Identifier**NOTE:** SSN or Work Visa Number is required for all members. Dummy SSNs should not be used. If a dependent’s SSN is not yet available, do not send NM108(Member Identification Qualifier) and NM109 (Member Identifier) until the actual SSN can be added to the file.  | ID | 2/80 |

* + 1. PER – Member Communication Numbers (S)

The communication qualifiers that Prevea Health Plan expects to receive are listed below. Please note that Prevea Health Plan’s system can only store one email address. Phone numbers should only be numeric and should not include any punctuations or spaces.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | PER01 | Contact Function Code | **IP** – Insured Party | ID | 2/2 |
| R | PER03 | Communication Number Qualifier | **AP** – Alternative Telephone**CP** – Cellular Phone**EM** – Electronic Mail**HP** – Home Phone Number**TE** – Telephone**WP** – Work Phone | ID | 2/2 |
| R | PER04 | Communication Number | Include the area code and phone number when applicable | AN | 1/256 |
| S | PER05 | Communication Number Qualifier | **AP** – Alternative Telephone**CP** – Cellular Phone**EM** – Electronic Mail**HP** – Home Phone Number**TE** – Telephone**WP** – Work Phone | ID | 2/2 |
| S | PER06 | Communication Number | Include the area code and phone number when applicable | AN | 1/256 |
| S | PER07 | Communication Number Qualifier | **AP** – Alternative Telephone**CP** – Cellular Phone**EM** – Electronic Mail**HP** – Home Phone Number**TE** – Telephone**WP** – Work Phone | ID | 2/2 |
| S | PER08 | Communication Number | Include the area code and phone number when applicable | AN | 1/256 |

* + 1. N3 – Member Residence Street Address (R)

Prevea Health Plan can support a residence address and a mailing/correspondence address. **Residential address is required for all members.** If a mailing address (Loop ID 2100C) isn’t sent for a member, the residential address will also be set as the mailing/correspondence address. The Prevea Health Plan system can accommodate foreign addresses, please review the State, Postal Code, and Country Code element descriptions for guidance.

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| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | N301 | Address Information | Member Address Line | AN | 1/55 |
| S | N302 | Address Information | Member Address Line 2 | AN | 1/55 |

* + 1. N4 – Member City, State, ZIP Code (R)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | N401 | City Name | Member City Name | AN | 2/30 |
| S | N402 | State or Province Code | Member State Code; required when the address is in the U.S. or Canada | ID | 2/2 |
| S | N403 | Postal Code | Member Postal Zone or Zip Code; can accept five or nine digit; required when the address is in the U.S., or Canada, or when a postal code exists for the country | ID | 3/15 |
| S | N404 | Country Code | Member Country Code; required when the address is outside the U.S.If sent, Prevea Health Plan can only accept 2 digit character in this field. Please follow the ISO 3166-1 alpha-2 codes | ID | 2/3 |
| S | N405 | Location Qualifier | This element will be ignored by Prevea Health Plan | ID | 1/2 |
| S | N406 | Location Identifier | This element will be ignored by Prevea Health Plan | AN | 1/30 |
| S | N407 | Country Subdivision Code | This element will be ignored by Prevea Health Plan | ID | 1/3 |

* + 1. DMG – Member Demographics

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | DMG01 | Date Time Period Format Qualifier | **D8** – Date Expressed in Format CCYYMMDD | ID | 2/3 |
| R | DMG02 | Date Time Period | Member Date of Birth | AN | 1/35 |
| R | DMG03 | Gender Code | **F** – Female**M** – Male**U** – Unknown | ID | 1/1 |
| S | DMG04 | Marital Status Code | **B** – Registered Domestic Partner**D** – Divorced**I** – Single**M** – Married**R** – Unreported**S** – Separated**U** – Unmarried (Single, Divorced or Widowed)**W** – Widowed**X** – Legally Separated | ID | 1/1 |
| S | DMG05 | COMPOSITE RACE OR ETHNICITY INFORMATION | Send race/ethnicity information |  |  |
| S | DMG05 – 1 | Race or Ethnicity Code | **7** – Not Provided**8** – Not Applicable**A** – Asian or Pacific Islander**B** – Black**C** – Caucasian**D** – Subcontinent Asian American**E** – Other Race or Ethnicity**F** – Asian Pacific American**G** – Native American**H** – Hispanic**I** – American Indian or Alaskan Native**J** – Native Hawaiian**N** – Black (Non-Hispanic)**O** – White (Non-Hispanic)**P** – Pacific Islander | ID | 1/1 |
| S | DMG05 – 2 | Code List Qualifier Code | This element will be ignored by Prevea Health Plan | ID | 1/3 |
| S | DMG05 – 3 | Industry Code | This element will be ignored by Prevea Health Plan | AN | 1/30 |
| S | DMG06 | Citizenship Status Code | **1** U.S. Citizen**2** Non-Resident Alien**3** Resident Alien**4** Illegal Alien**5** Alien**6** U.S. Citizen – Non-Resident**7** U.S. Citizen – Resident | ID | 1/2 |
| S | DMG10 | Code List Qualifier Code | This element will be ignored by Prevea Health Plan | ID | 1/3 |
| S | DMG11 | Industry Code | This element will be ignored by Prevea Health Plan | AN | 1/30 |

* 1. Loop ID 2100C – Member Mailing Address

Prevea Health Plan will send correspondence to a member’s mailing address. **Send a member’s mailing address in this loop when it is different from the member’s residence address sent in Loop ID 2100A**. If an address isn’t sent in this loop the member’s residence address will also be set as the mailing address. Prevea Health Plan’s system can accommodate foreign addresses, please review the State, Postal Code, and Country Code element descriptions for guidance.

* + 1. NM1 – Member Mailing Address (S)

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| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | NM101 | Entity Identifier Code | **31** – Postal Mailing Address | ID | 2/3 |
| R | NM102 | Entity Type Qualifier | **1** – Person | ID | 1/1 |

* + 1. N3 – Member Mail Street Address (S)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | N301 | Address Information | Member Address Line | AN | 1/55 |
| S | N302 | Address Information | Member Address Line 2 | AN | 1/55 |

* + 1. N4 – Member City, State, ZIP Code (R)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | N401 | City Name | Member Mail City Name | AN | 2/30 |
| S | N402 | State or Province Code | Member Mail State Code; required when the address is in the U.S. or Canada | ID | 2/2 |
| S | N403 | Postal Code | Member Mail Postal Zone or Zip Code; can accept five or nine digit; required when the address is in the U.S., or Canada, or when a postal code exists for the country | ID | 3/15 |
| S | N404 | Country Code | Member Country Code; required when the address is outside the U.S.If sent, Prevea Health Plan can only accept 2 digit character in this field. Please follow the ISO 3166-1 alpha-2 codes | ID | 2/3 |
| S | N407 | Country Subdivision Code | This element will be ignored by Prevea Health Plan | ID | 1/3 |

* 1. Loop 2100D – Member Employer (Prevea Health Plan ignores information received for all segments in this loop 2100D even if sent)
		1. NM1 – Member Employer (S)

This segment and data element are required when the member is employed by someone other than sponsor and is not used to collect COB.

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| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | NM101 | Entity Identifier Code | 36 – Employer | ID | 2/3 |
| R | NM102 | Entity Type Qualifier | 2 – Non-Person Entity | ID | 1/1 |
| S | NM103 | Name Last or Organization Name | Member Employer Name | AN | 1/60 |
| S | NM104 | Name First | Member Employer First Name | AN | 1/35 |
| S | NM105 | Name Middle | Member Employer Middle Name | AN | 1/25 |
| S | NM106 | Name Prefix | Member Employer Name Prefix | AN | 1/10 |
| S | NM107 | Name Suffix | Member Employer Name Suffix | AN | 1/10 |
| S | NM108 | Identification Code Qualifier | 24 – Employer’s Identification Number34 – Social Security Number | ID | 1/2 |
| S | NM109 | Identification Code | Member Employer Identifier | ID | 2/80 |

* + 1. PER – Member Employer Communication Numbers (S)

The communication qualifiers that Prevea Health Plan expects to receive are listed below. Please note that Prevea Health Plan’s system can only store one email address. Phone numbers should only be numeric and should not include any punctuations or spaces.

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| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | PER01 | Contact Function Code | **EP** – Contact | ID | 2/2 |
| S | PER02 | Name | **Communications Contact Name** | AN | 1/60 |
| R | PER03 | Communication Number Qualifier | **AP** – Alternative Telephone**CP** – Cellular Phone**EM** – Electronic Mail**HP** – Home Phone Number**TE** – Telephone**WP** – Work Phone | ID | 2/2 |
| R | PER04 | Communication Number | Include the area code and phone number when applicable | AN | 1/256 |
| S | PER05 | Communication Number Qualifier | **AP** – Alternative Telephone**CP** – Cellular Phone**EM** – Electronic Mail**HP** – Home Phone Number**TE** – Telephone**WP** – Work Phone | ID | 2/2 |
| S | PER06 | Communication Number | Include the area code and phone number when applicable | AN | 1/256 |
| S | PER07 | Communication Number Qualifier | **AP** – Alternative Telephone**CP** – Cellular Phone**EM** – Electronic Mail**HP** – Home Phone Number**TE** – Telephone**WP** – Work Phone | ID | 2/2 |
| S | PER08 | Communication Number | Include the area code and phone number when applicable | AN | 1/256 |

* + 1. N3 – Member Employer Street Address (S)

If a member’s employer is not the sponsor then it can be sent in this segment. The Prevea Health Plan system can accommodate foreign addresses, please review the State, Postal Code, and Country Code element descriptions for guidance.

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| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | N301 | Address Information | Member Employer Address Line1 | AN | 1/55 |
| S | N302 | Address Information | Member Employer Address Line 2 | AN | 1/55 |

* + 1. N4 – Member Employer City, State, ZIP Code (R)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | N401 | City Name | Member Employer City Name | AN | 2/30 |
| S | N402 | State or Province Code | Member Employer State Code; required when the address is in the U.S. or Canada | ID | 2/2 |
| S | N403 | Postal Code | Member Employer Postal Zone or Zip Code; can accept five or nine digit; required when the address is in the U.S., or Canada, or when a postal code exists for the country | ID | 3/15 |
| S | N404 | Country Code | Member Country Code; required when the address is outside the U.S.If sent, Prevea Health Plan can only accept 2 digit character in this field. Please follow the ISO 3166-1 alpha-2 codes | ID | 2/3 |

* 1. Loop ID 2100G – Responsible Person (Prevea Health Plan ignores information received in this loop 2100G even if sent)

Prevea Health Plan has an enrollment operational process to support a qualified medical court order (QMCSO), which includes receiving court ordered documentation and manually assigning an internal address for the member’s correspondence address to ensure all required individuals receive the member’s medical information.

* 1. Loop ID 2200 – Disability Information (Prevea Health Plan ignores information received in this loop 2200 even if sent)
		1. DSB – Disability Information (S)

**NOTE:** This segment is required when enrolling a disabled member over the age of 26 or when disability information about an existing member is added or changed.

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| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | DSB01 | Disability Type Code | 1 – Short Term Disability2 – Long Term Disability3 – Permanent or Total Disability4 – No Disability | ID | 1/1 |
| S | DSB07 | Product/Service ID Qualifier | DX for ICD-9-CMZZ for Mutually defined | ID | 2/2 |
| S | DSB08 | Medical Code Value | Diagnosis Code | AN | 1/15 |

* + 1. DTP – Disability Eligibility Dates (S)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | DTP01 | Date/Time Qualifier | **360** – Initial Disability Period Start**361** – Initial Disability Period End | ID | 3/3 |
| R | DTP02 | Date Time Period Format Qualifier | **D8** – Date Expressed in Format CCYYMMDD | ID | 2/3 |
| R | DTP03 | Date Time Period | Disability Eligibility Date | AN | 1/35 |

* 1. Loop ID 2300 – Health Coverage
		1. HD – Health Coverage (S)

The Health Coverage Maintenance Type Codes (Loop 2300 > HD01) need to correspond with the Member Level Detail Maintenance Type Codes (Loop 2000 > INS03). If they do not correspond the record(s) will be rejected.

* If Loop 2000 > INS03 = 030 (Audit/Compare) THEN Loop 2300 > HD01 = 030 (Audit/Compare)
* If Loop 2000 > INS03 = 001 (Change) THEN Loop 2300 > HD01 = 001 (Change) OR 026 (Correction)
* If Loop 2000 > INS03 = 021 (Addition) THEN Loop 2300 > HD01 = 021 (Addition)
* If Loop 2000 > INS03 = 024 – (Cancellation/Termination) THEN Loop ID 2300 > HD01 = 024 – (Cancellation/Termination)
* If Loop 2000 > INS03 = 025 (Reinstatement) THEN Loop 2300 > HD01 = 025 (Reinstatement)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | HD01 | Maintenance Type Code | Required to identify the specific type of health coverage maintenance**001** – Change**021** – Addition**024** – Cancellation or Termination**025** – Reinstatement**030** – Audit or Compare | ID | 3/3 |
| R | HD03 | Insurance Line Code | **HLT** – Health | ID | 2/3 |
| S | HD04 | Plan Coverage Description | This element will be ignored by Prevea Health Plan | ID | 2/3 |
| S | HD05 | Coverage Level Code | **Send for Subscriber only****EMP** – Employee Only**ESP** – Employee + Spouse**ECH** – Employee + Child(ren)**FAM** – FamilyNote: Commonly used coverage level codes are listed here. While any valid TR3 value is accepted, it will be ignored by Prevea Health Plan. | ID | 3/3 |
| S | HD09 | Yes/No Condition or Response Code | This element will be ignored by Prevea Health Plan | ID | 1/1 |

* + 1. DTP – Health Coverage Dates (R)

If an Employer sends full file audit transactions or if an Employer chooses to send update transactions and HD01 = 001 (Change), 021 (Addition), or 025 (Reinstatement) a Health Coverage benefit begin date must be sent. If it is not sent the record will be rejected. Example: DTP\*348\*D8\*20190101~

If an Employer chooses to send update transactions and HD01 = 024 (Cancellation/Termination) a Health Coverage benefit begin end must be sent. If it is not sent the record will be rejected. The eligibility end date should only be sent when terminating or cancelling a member’s coverage. If a cancellation is being sent the benefit end date must be the same date as the benefit begin date. If a termination is being sent the benefit end date must be the last day of coverage. Example: DTP\*349\*D8\*20190731~

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | DTP01 | Date/Time Qualifier | **348** – Benefit Begin**349** – Benefit End | ID | 3/3 |
| R | DTP02 | Date Time Period Format Qualifier | **D8** – Date Expressed in Format CCYYMMDD**RD8** – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | ID | 2/3 |
| R | DTP03 | Date Time Period | Coverage Period | AN | 1/35 |

* + 1. REF – Health Coverage Policy Number (S)

This section should cover the Benefit Plan Codes that need to be sent on the Member within the Subscription. Your electronic enrollment team will provide the Benefit Plan Codes

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| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | REF01 | Reference Identification Qualifier | **CE** – Class of Contract Code | ID | 2/3 |
| R | REF02 | Reference Identification | Member Benefit Plan Code | AN | 1/50 |

* 1. Loop ID 2310 – Provider Information (S)

Any primary care physicians chosen by enrollee needs to be sent in this provider loop. If more than one healthcare service provider is applicable then those additional providers could be sent in with iteration of this loop.  **This information is currently not used.**

* + 1. LX – Provider Information (S)

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| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | LX01 | Assigned Number | Sequential number representing number of loop | N0 | 1/6 |

* + 1. NM1 – Provider Name (R)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | NM101 | Entity Identifier Code | **P3** –Primary Care Provider | ID | 2/3 |
| R | NM102 | Entity Type Qualifier | **1** – Person | ID | 1/1 |
| S | NM103 | Name Last or Organization Name | Provider Last Name | AN | 1/60 |
| S | NM104 | Name First | Provider First Name | AN | 1/35 |
| S | NM105 | Name Middle | Provider Middle Name | AN | 1/25 |
| S | NM106 | Name Prefix | Provider Name Prefix | AN | 1/10 |
| S | NM107 | Name Suffix | Provider Name Suffix | AN | 1/10 |
| S | NM108 | Identification Code Qualifier | **SV** –Service Provider Number**FI** – Federal Taxpayer’s Identification Number | ID | 1/2 |
| S | NM109 | Identification Code | Provider Identifier | ID | 2/80 |
| R | NM110 | Entity Relationship Code | 25 – Established Patient26 – Not Established Patient72 – Unknown | ID | 2/2 |

* + 1. N3 – Provider Address (S)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | N301 | Address Information | This element will be ignored by Prevea Health Plan | AN | 1/55 |
| S | N302 | Address Information | This element will be ignored by Prevea Health Plan | AN | 1/55 |

* + 1. N4 – Provider City, State, Zip Code (R)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | N401 | City Name | This element will be ignored by Prevea Health Plan | AN | 2/30 |
| S | N402 | State or Province Code | This element will be ignored by Prevea Health Plan | ID | 2/2 |
| S | N403 | Postal Code | This element will be ignored by Prevea Health Plan | ID | 3/15 |
| S | N404 | Country Code | This element will be ignored by Prevea Health Plan | ID | 2/3 |

* + 1. PER – Provider Communications Numbers (S)

The communication qualifiers that Prevea Health Plan expects to receive are listed below. Please note that Prevea Health Plan’s system can only store one email address. Phone numbers should only be numeric and should not include any punctuations or spaces.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | PER01 | Contact Function Code | This element will be ignored by Prevea Health Plan | ID | 2/2 |
| R | PER03 | Communication Number Qualifier | **AP** – Alternative Telephone**CP** – Cellular Phone**EM** – Electronic Mail**HP** – Home Phone Number**TE** – Telephone**WP** – Work Phone | ID | 2/2 |
| R | PER04 | Communication Number | Include the area code and phone number when applicable | AN | 1/256 |
| S | PER05 | Communication Number Qualifier | **AP** – Alternative Telephone**CP** – Cellular Phone**EM** – Electronic Mail**HP** – Home Phone Number**TE** – Telephone**WP** – Work Phone | ID | 2/2 |
| S | PER06 | Communication Number | Include the area code and phone number when applicable | AN | 1/256 |
| S | PER07 | Communication Number Qualifier | **AP** – Alternative Telephone**CP** – Cellular Phone**EM** – Electronic Mail**HP** – Home Phone Number**TE** – Telephone**WP** – Work Phone | ID | 2/2 |
| S | PER08 | Communication Number | Include the area code and phone number when applicable | AN | 1/256 |

* + 1. PLA – Provider Change Reason (S)

Reason and Effective date that member changes provider can be sent on this segment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | PLA01 | Action Code | 2 – Change (Update) | ID | 1/2 |
| R | PLA02 | Entity Identifier Code | 1P – Provider | ID | 2/3 |
| R | PLA03 | Date | Provider Effective Date (CCYYMMDD)Effective date of change of PCP | DT | 8/8 |
| R | PLA05 | Maintain Reason Code | Standard TR3 reason codes apply; Send AI No reason Given if none apply | ID | 2/3 |

* 1. Loop ID 2320 – Coordination of Benefits (S)

Individual having another insurance plan with benefits similar to those offered/covered by the insurance in the HD segment can be sent on this loop.

Note: Prevea Health Plan ignores information received in this loop 2320 even if sent

* + 1. COB – Coordination of Benefits (S)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | COB01 | Payer Responsibility Sequence Number Code | P – PrimaryS – SecondaryT – TertiaryU – Unknown | ID | 1/1 |
| S | COB02 | Reference Identification | Member Group or Policy Number | AN | 1/50 |
| R | COB03 | Coordination of Benefits Code | 1 – Coordination of Benefits5 – Unknown6 – No Coordination of Benefits | DT | 8/8 |
| S | COB04 | Service Type Code | Standard TR3 Service Type codes apply | ID | 1/2 |

* + 1. REF – Additional Coordination of Benefits Identifiers (S)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| S | REF01 | Reference Identification Qualifier | **6P** – Group Number | ID | 2/3 |
| S | REF02 | Reference Identification | Member Group or Policy Number | AN | 1/50 |

* + 1. DTP – Coordination of Benefits Eligibility Dates (S)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | DTP01 | Date/Time Qualifier | **344** – Coordination of Benefits Begin**345** – Coordination of Benefits End | ID | 3/3 |
| R | DTP02 | Date Time Period Format Qualifier | **D8** – Date Expressed in Format CCYYMMDD | ID | 2/3 |
| R | DTP03 | Date Time Period | Coordination of Benefits Date | AN | 1/35 |

* 1. Loop ID 2330 – Coordination of Benefits (COB) Related Entity
		1. NM1 – COB Related Entity (S)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | NM101 | Entity Identifier Code | 36 – EmployerGW – GroupIN – Insurer | ID | 2/3 |
| R | NM102 | Entity Type Qualifier | 2 – Non-Person Entity | ID | 1/1 |
| S | NM103 | Name Last or Organization Name | Coordination of Benefits Insurer Name | AN | 1/60 |
| S | NM108 | Identification Code Qualifier | FI – Federal Taxpayer’s Identification NumberXV – Centers for Medicare and Medicaid Services Plan ID | ID | 1/2 |
| S | NM109 | Identification Code | Coordination of Benefits Insurer Identifier Code | ID | 2/80 |

* + 1. N3 – COB Related Entity Address (S)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | N301 | Address Information | COB Entity Address Line1 | AN | 1/55 |
| S | N302 | Address Information | COB Entity Address Line 2 | AN | 1/55 |

* + 1. N4 – COB Other Insurance Company City, State, Zip Code (R)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | N401 | City Name | Coordination of Benefits Other Insurance Company City Name | AN | 2/30 |
| S | N402 | State or Province Code | Coordination of Benefits Other Insurance Company State Code; required when the address is in the U.S. or Canada | ID | 2/2 |
| S | N403 | Postal Code | Coordination of Benefits Other Insurance Company Postal Zone or Zip Code; can accept five or nine digit; required when the address is in the U.S., or Canada, or when a postal code exists for the country | ID | 3/15 |
| S | N404 | Country Code | Member Country Code; required when the address is outside the U.S.If sent, Prevea Health Plan can only accept 2 digit character in this field. Please follow the ISO 3166-1 alpha-2 codes | ID | 2/3 |

* 1. GE – Functional Group Trailer (R)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | GE01 | Number of Transaction Sets Included | Total number of transaction sets included in the functional group or interchange | N0 | 1/6 |
| R | GE02 | Group Control Number | Assigned by the Group and/or TPA and must match the value in GS06 | AN | 2/15 |

* 1. IEA – Interchange Control Trailer (R)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Usage** | **Ref. Des.** | **Name** | **Value/Description** | **Data Type** | **Min/Max** |
| R | IEA01 | Number of Included Functional Groups | A count of the number of functional groups included in an interchange | N0 | 1/5 |
| R | IEA02 | Group Control Number | Assigned by the Group and/or TPA and must match the value in ISA13 | N0 | 9/9 |

1. Addendum
	1. Date Changes

When a member has a change in dates that is caused due to a plan change, coverage tier change (by adding a member or terminating a member) within the subscription and for renewal, below are a few considerations while sending the file to Prevea Health Plan. Please note for any Dependent terms with plan changes would require benefit plan end date on the dependent that needs to be terminated in Prevea Health Plan’s system.

Note: Retro date cannot be sent. Please contact Prevea Health Plan for manual processing

* For plan changes, Prevea Health Plan would recommend the client/vendor to send the latest benefit plan begin date without old plan information as Prevea Health Plan will apply the benefit plan end date for the previous plan coverage by default for plan changes.
	+ Initial file with benefit plan A
		- Employee Test 1/1/2021
		- Spouse Test 1/1/2021
	+ Plan change file with benefit plan B
		- Employee Test 3/1/2021
		- Spouse Test 3/1/2021
* For dependent add or term changes that does not result in coverage tier change, Prevea ean Health Plan would recommend the client/vendor to send the existing benefit plan begin dates for existing members and latest benefit plan begin and end date for the members being added or terminated to the subscription.
	+ Dependent add with no tier change:
		- Initial file
			* Employee Test 1/1/2021
			* Spouse Test 1/1/2021
			* Dependent1 Test 1/1/2021
		- Change file
			* Employee Test 1/1/2021
			* Spouse Test 1/1/2021
			* Dependent1 Test 1/1/2021
			* Dependent2 Test 2/1/2021
	+ Dependent Term with no tier change:
		- Initial file
			* Employee Test 1/1/2021
			* Spouse Test 1/1/2021
			* Dependent1 Test 1/1/2021
			* Dependent2 Test 1/1/2021
		- Change file
			* Employee Test 1/1/2021
			* Spouse Test 1/1/2021
			* Dependent1 Test 1/1/2021
			* Dependent2 Test 1/1/2021 and 3/31/2021
* For dependent add changes that result in coverage tier where the client system needs a term and an add in this scenario:
	+ If client/vendor can send both term and add; Prevea Health Plan would recommend to send both term and add as multiple HD loops for each member where each HD loop represents the Members coverage.
		- Initial file
			* Employee Test 1/1/2021
		- Change file
			* Employee Test 1/1/2021 and 3/31/2021 on first HD loop and Employee Test 4/1/2021 on the second HD loop
				+ HD\*030\*\*HLT\*\*ESP~

DTP\*348\*D8\*20210101~

DTP\*349\*D8\*20210331~

REF\*CE\*BenefitPlanId~

* + - * + HD\*030\*\*HLT\*\*FAM~

DTP\*348\*D8\*20210401~

REF\*CE\*BenefitPlanId~

* + - * Spouse Test 4/1/2021
	+ If client/vendor can only send the latest add with the new coverage with benefit plan begin date, below are a few considerations:
		- If the member is sent with same Benefit Plan with a new Benefit start date, Prevea Health Plan would ignore the start dates and process the member to avoid overlapping date ranges for same benefit plan and to maintain the continuous coverage
			* Initial file
				+ Employee Test 1/1/2021
				+ Spouse Test 1/1/2021
			* Change file
				+ Employee Test 4/1/2021 à Prevea Health Plan would Ignore dates
				+ Spouse Test 4/1/2021 à Prevea Health Plan would Ignore dates
				+ Dependent Test 4/1/2021
* For dependent term changes that result in coverage tier where the client system needs a term and an add in this scenario:
	+ If client/vendor can send both term and add; Prevea Health Plan would recommend to send both term and add as multiple HD loops for each member where each HD loop represents the Members coverage.
		- Initial file
			* Employee Test 1/1/2021
			* Spouse Test 1/1/2021
		- Change file
			* Employee Test 1/1/2021 and 3/31/2021 on first HD loop and Employee Test 4/1/2021 on the second HD loop
				+ HD\*030\*\*HLT\*\*ESP~

DTP\*348\*D8\*20210101~

DTP\*349\*D8\*20210331~

REF\*CE\*BenefitPlanId~

* + - * + HD\*030\*\*HLT\*\*FAM~

DTP\*348\*D8\*20210401~

REF\*CE\*BenefitPlanId~

* Spouse Test 1/1/2021 and 3/31/2021
	+ If client/vendor can only send the latest add with the new coverage with benefit plan begin date, below are a few considerations:
		- If the member is sent with same Benefit Plan with a new Benefit start date, Prevea Health Plan would ignore the start dates and process the member to avoid overlapping date ranges for same benefit plan and to maintain the continuous coverage
		- Initial file
			* Employee Test 1/1/2021
			* Spouse Test 1/1/2021
		- Change file
			* Employee Test 4/1/2021 à Prevea Health Plan would Ignore the dates
			* Spouse Test is not sent on the file with 4/1/2021 as it is terminated as of 3/31/2021 à Prevea Health Plan will not term the Spouse Test as this will be Terminate by Omission and Prevea Health Plan does not support Term by omissions.
* For Renewals, If client/vendor sends a new file with old coverage year benefit plan begin date or with future coverage year benefit plan begin date, below are a few considerations:
	+ New file with future coverage year benefit plan begin date for all existing and new members, where member is renewing with same Benefit Plan with a new Benefit start date, Prevea Health Plan would ignore the start dates and process the member to maintain the continuous coverage.
		- * Initial file
				+ Employee Test 1/1/2021
				+ Spouse Test 1/1/2021
			* Renewal file
				+ Employee Test 1/1/2022 à Prevea Health Plan would Ignore dates
				+ Spouse Test 1/1/2022 à Prevea Health Plan would Ignore dates
				+ Employee Sample 1/1/2022
				+ Spouse Sample 1/1/2022
		- Any retro changes after processing the future coverage year should be a manual process.
		- New enrollments with future coverage year could be included with the Renewals. These will be processed and loaded to Prevea Health Plan system with benefit begin dates.
	+ New file with existing coverage year benefit plan begin dates for all existing members with no changes in the subscription and new members for new coverage year
		- * Initial file
				+ Employee Test 1/1/2021
				+ Spouse Test 1/1/2021
			* Renewal file
				+ Employee Test 1/1/2021
				+ Spouse Test 1/1/2021
				+ Employee Sample 1/1/2022
				+ Spouse Sample 1/1/2022
		- Any retro changes after processing the future coverage year should be a manual process.
		- New enrollments with future coverage year could be included with the Renewals. These will be processed and loaded to Prevea Health Plan system with benefit begin dates.
	+ New file with existing coverage year benefit plan begin dates for all existing members with changes in subscription other than Dependent terms. For subscriptions that has Dependent Terms would need to be sent with Benefit Plan End date on old coverage as term and new coverage add with Multiple HD Loops as discussed in prior sections.
		- Any retro changes after processing the future coverage year should be a manual process.
		- New enrollments with future coverage year could be included with the Renewals**.**
	1. File Naming Conventions

Prevea Health Plan has established standard naming convention for inbound transaction files and outbound acknowledgements and load reports for automated transaction processing.

Inbound to Prevea Health Plan 834 Enrollment File naming convention:

client\_Prevea834\_out\_ccyymmdd\_hhmm.txt

Outbound from Prevea Health Plan 834 Load Report naming convention:

client\_Prevea834\_EnrollmentLoadReport\_in\_ccyymmdd\_hhmm.csv

Outbound from Prevea Health Plan 834 TA1 naming convention:

client\_Prevea834\_TA1\_in\_ccyymmdd\_hhmm.txt

Outbound from Prevea Health Plan 834 999 naming convention:

client\_Prevea834\_999\_in\_ccyymmdd\_hhmm.txt

* 1. Acknowledgements

Prevea Health Plan will be providing both Transaction Acknowledgement (TA1) and Functional Acknowledgement (999) for Standard 834 files.

* 1. Enrollment Load Reports

Enrollment Load Reports should include all the rejected member records that are rejected for business validation and Prevea Health Plan system validations along with discrepancy member records that are in the Prevea Health Plan system in active status and not on the file. The enrollment load report will be in a comma-separated value (csv) extension.

* 1. Connectivity

Prevea Health Plan requires both SSH file transport protocol and PGP file layer encryption for any data feeds. SFTP will secure the data while it’s being transported. PGP encryption will protect file during transmission and while it is sitting on the server. Prevea Health Plan utilizes PGP Encryption technology where all OpenPGP Key formats are supported and used for all electronic file exchanges. File transmissions are sent and received within secure envelopes protected by PGP technology using public/private key encryption. Prevea Health Plan Technical Analyst will reach out to the Client/Vendor with the MFT Questionnaire.