834 Benefit Enrollment and Maintenance

Inbound and OutboundCompanion Guide (version 2)

*Reference guidelines HIPAA X12
Implementation Guide (version 005010A1)*

CareFirst
Family of health care plans

Disclosure Statement

This Companion Guide is issued in an effort to provide Trading Partners of CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc., collectively known as "CareFirst," with the most up-to-date information related to standard transactions. Any and all information in this guide is subject to change at any time without notice. Each time you test or submit a standard transaction, we recommend that you refer to the most recently posted Companion Guide to ensure you are using the most current information available.

Change Summary—Document History

Version	Date	Description
2.0	12/2012	Final 5010 version to include the audit process

Table of Contents

1. Introduction

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is enable health information to be exchanged electronically and to adopt standards for those transactions.

1.1 Scope

This companion guide is intended for CareFirst trading partners interested in exchanging HIPAA compliant X12 eligibility information (834 transactions) with CareFirst. It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12 standards. It contains information about specific CareFirst requirements for processing the 5010A version of the 834 X12 transactions. This 5010 version is mandated to begin per the final rule on January 1, 2012.

All instructions in this document are written using information known at the time of publication and will change as necessary to provide the most current information. The most up-to-date version of the Companion Guide is available on the CareFirst website at **carefirst.com/electronicclaims** > *Guides*.

1.2 Overview

This Companion Guide is issued in an effort to provide the trading partners of CareFirst with the most up-to-date information related to standard transactions. Any and all information in this guide is subject to change at any time without notice.

This Companion Guide includes, but not limited to Group and Individual enrollment processing.

This document is designed to assist both technical and business areas of trading partners who wish to exchange HIPAA standard 834 transactions with CareFirst, Inc. It contains specifications for

the transactions, contact information, and other information that is helpful.

Please be sure to use the most current version of the Companion Guide available at the CareFirst website. CareFirst is not responsible for the performance of software outside of its installations.

1.3 References

This companion guide is an adjunct to the National Electronic Data Interchange Technical Report Type 3 Implementation Guide Benefit Enrollment and Maintenance 834 ASC X12N 834 (005010X220, plus the Errata updates 005010X220A1). Produced by Washington Publishing Company for the ASC X12 Standards Committee.

1.4 Additional information

Always feel free to contact CareFirst as described in Section 6.

2. Getting Started

2.1 Working with CareFirst

In general, there are three steps to submitting standard 834 transactions to the CareFirst production environment:

- Registration
- Testing and certification
- Production status

CareFirst accepts X12 standard transactions from any HIPAA covered entity with which it has an agreement. Prior to approving the exchange of the 834 Transactions, the transactions are tested according to a specific test plan. Results are verified by both parties. Once test results are verified and approved, CareFirst will communicate to the trading partners when to submit enrollment files to the production environment.

A submitter is typically a company that has trading partner status with CareFirst and is acting on behalf of a group of HIPAA covered entities (e.g., a service bureau or clearinghouse) or is a provider or a group health plan which has an agreement with CareFirst.

All potential CareFirst submitters must contact the EDI Operations Support Group (refer to the CareFirst Contact Information in Section 6) to initiate action and authorization and to receive the necessary information for proceeding.

2.2 Trading partner registration

To register to submit electronic transactions a trading partner must contact CareFirst according to the instructions in Section 6.

The requested information on the Trading Partner Information Form (see Section 11) must be filled out by the trading partner and emailed to the Operations Support Group address listed in Section 6.

3. Testing

CareFirst requires all potential submitters to participate in testing to ensure that transactions produce the desired results. Successful completion and validation is an indication that all systems can properly submit and receive the transactions.

The CareFirst "Automated Enrollment (AE) Team" coordinates all testing activities. The successful completion of testing is verified and approved by the AE Team.

During testing system security is verified with a certificate of trust before testing cycles are started this is a verification of the submitter's IP address. CareFirst provides the certificate of trust for testing to the submitting trading partner. A separate certificate is used for production. The production certificate is issued at the successful completion of testing. The Trading Partner must provide a list IP addresses submitting test transactions.

3.1 834 Test File Requirements

For testing purposes, create the ANSI X12 test file using production grade data. The following bullets are outlined for group markets.

Note: CD markets will send (1) ST-SE that contains add "only" records.

- Files can contain multiple groups, create them by using multiple GS-GE
- Create one subscriber contract per ST-SE
- Test file should contain production-grade data. This file should contain transaction samples of all types of enrollment events to be submitted electronically. (An example of file types: adds, changes, terminations, reinstatements, also can include plan changes, COB and, PCP segments, student/handicap indicators)
- In order to process the files internally CareFirst must configure each submitter, after that process is complete the file name will be sent to respective trading partner in the following format: [TP Name Transaction & Type (test or prod) and date_timestamp.txt].
  - ☐ Example Maintenance: [TradingPartnerName_834T_5010_09282008_110300.txt]
  - ☐ Example Audit: [TradingPartnerName_834T_AUD_5010_MMDDYYYY_HHMMSS.txt]
  - ☐ The Trading Partner Short Name for the first node will be provided during the testing cycle.
- Files should be uploaded unzipped without any formatting (no carriage returns or line feeds)

4. Production Requirements

The EDI Operations Support Group will advise the new submitter when all test conditions have been satisfied and when the submission of production transactions can begin.

- Production files will follow the testing requirements discussed in Section 3, 8 and 9.

5. Connectivity/Communications

5.1 Process flows

Trading partner transmits 834 to CareFirst	→	CareFirst receives 834 & verifies trading partner	→	CareFirst validates X12 format & content
				↓
CareFirst returns X12 responses to trading partner	←	CareFirst creates the appropriate X12 (TA1 / 997 / 824)	←	CareFirst applies business logic and content verification
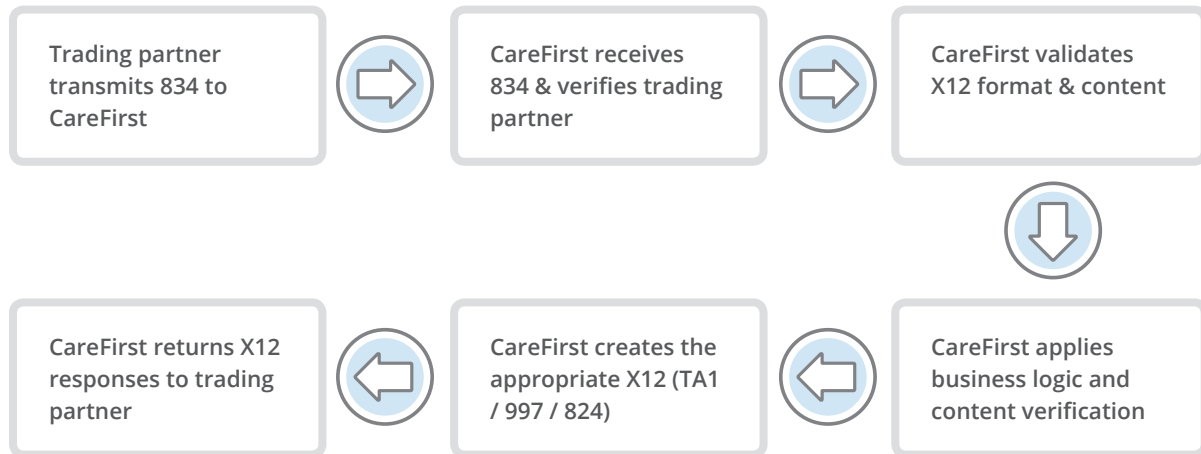
The above illustrates the basic inbound flow of the 834 Benefit Enrollment and Acknowledgement transactions.

5.2 Transmission administrative procedures

5.2.1 Submission frequency, availability and downtime notification

CareFirst production systems are available 24/7, unless an outage is communicated as outlined below.

CareFirst systems' planned downtime will be communicated to all trading partners with an email message at least one week prior to the event and the CareFirst systems' unplanned downtime will be communicated via email as soon as practicable.

The following is an example of the email message to be sent to announce the planned downtime.

From: Singla, Jagdish

Sent: Date/Time Stamp from email server

To: AE2 System Outage Notification List

Cc: * (listing out the all AE2 contact at the Submitters gateway)

Subject: AE2 notification

Content will be the full description of the outage reason dates and details.

5.2.2 Re-transmission procedures

When CareFirst returns records with either an error message, or a warning message, to submitters through the 997/824 it is the submitters responsibility to correct and re- submit the records within the timeframe outlined within the contract or trading partner agreement.

- All Interchange Control numbers must be incremented from the original sequence
- Adhere to the resubmission rules in section 10.

5.3 Communication protocol specifications

Submitters can only begin sending 834 files to the production environment after the successful completion of testing has occurred and CareFirst has communicated the go live date for production readiness. Notifications will be sent for any re-certifications or if additional enhancement testing as it is required.

File transfers will be done using the CareFirst secure file transfer process. Use caution when submitting to these sites, as they both look identical.

Test: **https://ast-tech.carefirst.com Prod**; **https://ast.carefirst.com**

- Site name, credentials and file submission folder paths will be provided after configuration and firewall rules have been applied.
- Reference the secure transfer configuration documentation
- Submitters must use their login credentials to authenticate to the upload/download files

5.4 Passwords

Login is handled by using one of the following combinations:

- Login credentials + security certificates
- Login credentials

CareFirst security is maintained on several levels by the use of either passwords, or certificates depending on the protocol:

- Verification of a "certificate of trust" attached to each transaction
- Verification of the IP address submitting the transaction (supplied by the submitter)
- For password reset, please contact CareFirst Helpdesk 410-998-6400.

6. CareFirst Contact Information

6.1 New trading partners

The Automated Enrollment support team will reach out to new submitters to provide the initial contact email and phone number for the CareFirst representative who will be the primary contact for new business associates for their future reference.

Small Mid ASU will be replying through **AE2commandctr.com** or **AE2smallMediumdirect.com**. Large ASU and CD markets will reach out by individual email.

IT related issues will be communicated through a conference call.

7. Trading Partner Agreements

7.1 Existing trading partners

All inquiries and comments regarding trading partner relationships with CareFirst should be addressed by contacting CareFirst; see Section 6.

8. CareFirst Specific Processing Rules and Limitations

CareFirst supports the 5010 X12 834 enrollment transaction from both account groups and individual markets (Consumer Direct in "Near Real Time" (NRT)) processing manner.

The CareFirst enterprise enrollment solution will validate all inbound X12 834 inbound/outbound files to include but not limited to the following listing. **Production files should not exceed 2 MB.**

- Wedi/Snip levels 1–7 (level seven will apply to the CareFirst specific gateway rules)
- Current mandate on allows the X12 5010 834 version
- Security validation for trading partner authentication
- X12 trading partner identification
- X12 account identification
- X12 group identification
- X12 subscriber/dependent identification
- Internal editing for subscribers/dependent identifications
- All files need to be submitted without formatting, i.e. carriage returns or line feeds and omit any white spaces.
- No duplicate groups sent in the same file
- No two transactions for a single subscribers should exist within a group on a file

- Each submitter must set the ISA13 to a unique number for each file and do not use previous numbers.
- All files need to be created in upper case
- No special characters in name fields besides (') (-) (.) (,)
- No special characters in address fields besides (') (-) (.) (/) (#)
- When sending a multiple records for the same member within the same day
  - □ 1st record must be received before 11 a.m.
  - □ 2nd record with correction must be received after 2 p.m.
- File delimiters are exactly how they are defined in the IG sections A.1.2.7

9. Control Segments/Envelope

9.1 ISA/IEA

9.1.1 CareFirst requires standard HIPAA values in the ISA/IEA segments

IG Page	Loop ISA	Req.	X12 Element Name	Length	Value	Notes/Comments
C.4	ISA01	R	Authorization Information Qualifier	2	"00"	Set to "00"
C.4	ISA03	R	Security Information Qualifier	2	"00"	Set to "00"
C.4	ISA05	R	Interchange ID Qualifier	2	"30"	Set to "30"
C.4	ISA06	R	Interchange Sender ID	15	Valid Value	Set to the Trading Partner Tax ID
C.5	ISA07	R	Interchange ID Qualifier	2	"30"	Set to "30"; CareFirst Federal Tax ID qualifier
C.5	ISA08	R	Interchange Receiver ID	15	"Tax ID"	Set to CareFirst Federal Tax ID
C.5	ISA11	R	Repetition Separator	1	"^"	Set to "^"
C.5	ISA12	R	Interchange Control Version Number	5	Version	Set to "00501"
C.5	ISA13	R	Interchange Control Number	9	Unique	Set to a "Unique File Identifier"; this id must be different in each file sent by the submitter.
C.6	ISA15	R	Usage Indicator	1	"T" (or) "P"	Set to "T" or "P" Note: The test system rejects the indicator of P and Production system rejects indicator of T.

Note: Send one occurrence of; ISA–IEA per file submission

9.2 GS/GE

9.2.1 CareFirst's description for the GS/GE segments

IG Page	Loop ISA	Req.	X12 Element Name	Length	Value	Notes/Comments
C.7	GS02	R	Application Sender's Code	2/15	ID	Set to group's 9 digit numeric Federal Tax ID or set to 4 digit group number, when sending for CD.
C.7	GS03	R	Application Receiver's Code	2/15	"Tax ID"	Set to CareFirst Federal Tax ID
C.8	GS06	R	Group Control Number	1/9		Set the first 2 digits equal to "99" if the 834 file will be sent as open enrollment/renewal. Example: Renewal control # (99XXXXXXX)
C.8	GS08	R	Version / Release / Industry Identifier Code	1/12	Value	Set to "005010X220A1"

Note: Send one occurrence of GS/GE segment per account/group.

9.3 ST/SE

9.3.1 CareFirst requires standard HIPAA values in the ST/SE segments

IG Page	Loop ISA	Req.	X12 Element Name	Length	Value	Notes/Comments
31	ST02	R	Transaction Set Identifier Code	4/9	NUM	Start with the number 0001 and increment per iteration.
31	ST03	R	Implementation Convention Reference	1/35	Value	Set to "005010X220A1"

Note: Send one occurrence of ST/SE segment per contract record.

10. 834 Benefit Enrollment and Maintenance Details

There are certain elements throughout this section that are listed as situational elements in the Implementation Guide. However, because of CareFirst's business process's some elements may become required. They will be clearly marked in the "Req. Column" from "S" (Situational) to "S- R" (Situational Required).

10.1 BGN through COB segments

10.1.1 CareFirst's description for the BGN (beginning) segments

IG Page	Loop HDR.BGN	Req. R	X12 Element Name	Length	Value	Notes/Comments
32	BGN01	R	Transaction Set Purpose Code	2/2	"00" (or) "15"	Set this field to "00" for all original transmissions or set this field to "15" for any contract that needs to be resubmitted due to errors reported in the 824 transaction.
32	BGN02	R	Transaction Set Reference Number	1/50	ID or "AUDIT"	Set this element to submitters unique ID unless, file is an audit then set to "AUDIT" Note: When audit then send BGN08 to "4"
35	BGN06	S	Transaction Set Identifier Code	1/30		If BGN01 equals "00" do not populate this field. If BGN01 equals "15" then BGN06 is required. BGN06 is the cross-reference link to the previous contract in error. Note: The 824 BGN06 will contain the string that must be sent back for internal tracking.
35	BGN08	R	Action Code	1/2	"2" (or) "4"	Set to 2 for Changes/Updates unless instructed to send other enrollment file type. Note: Only send the value of "4" when BGN02 equals "Audit"

10.1.2   CareFirst's description for the DTP (effective dates) segments

IG Page	Loop HDR.DTP	Req. S-R	X12 Element Name	Length	Value	Notes/Comments
37	DTP01	R	Date/Time Qualifier	3	"007" (or) "303" (or) "382"	Set to 007 File Effective Date for group/CD; when enrolling a contract for the first time. Set to 303 Maintenance Effective Date for group when sending weekly maintenance or audit files. Set to 382 Enrollment File Date when sending open enrollment/renewal files. Note: Do not submit qualifier 388, 090 and 091.

10.1.3 CareFirst's description for the N1 (sponsor name) segments

IG Page	Loop 1000A.N1	Req. R	X12 Element Name	Length	Value	Notes/Comments
39	N102	R	Plan Sponsor Name	1/60	Name	Set to account/group name or set to group name CareFirst provided in the supplemental documentation and for CD.
40	N103	R	Identification Code Qualifier	1/2	"FI" (or) "94"	Set to the appropriate qualifier corresponding to ID sent in N104 for group or set to "94" when sending for CD and N104 will not be equal to a tax ID.
40	N104	R	Sponsor Identifier	2/80	ID	Set to account/group ID CareFirst provided in the supplemental documentation or set to the CD group number CareFirst provided in the supplemental documentation.

10.1.4 CareFirst's description for the N1 (payer) segments

IG Page	Loop 1000B.N1	Req. R	X12 Element Name	Length	Value	Notes/Comments
41	N102	S-R	Insurer Name	1/60	CAREFIRST	Set to insurer name
42	N103	R	Identification Code Qualifier	1/2	"FI"	Set to Federal Tax ID qualifier
42	N104	R	Insurer Identification Code	2/80	"Tax ID"	Set to the CareFirst Federal Tax ID

10.1.5 CareFirst's description for the N1 (TPA—broker name) segments

IG Page	Loop 1000C.N1	Req. S	X12 Element Name	Length	Value	Notes/Comments
43	N101	R	Entity Identifier Code		"BO" (or) "TV"	Set to "TV" (or) "BO" qualifier code when submitting for group. Set to "BO" for CD, can send up to (2) occurrences.
43	N102	R	Insurer Name	1/60	Name	Set to third party administrator (or) broker name Note: Do not send generic names i.e. TPA
4	N103	R	Identification Code Qualifier	1/2	"FI" (or) "94"	Set to "FI" qualifier code when submitting for group. Set to "FI" (or) "94" for CD only
44	N104	R	Insurer Identification Code	2/80	ID	For group set to TPA (or) broker Federal Tax ID. For CD set to broker Federal Tax ID (or) 4- digit sales rep ID.

10.1.6 CareFirst's description for the INS (member level details) segments

IG Page	Loop 2000.INS	Req. R	X12 Element Name	Length	Value	Notes/Comments
48–49	INS02	R	Individual Relationship Code	2	Valid Value	Set to a valid value. Note: When changing from a standard dependent to a class II dependent, the 2000.DTP01=356 is required.
49	INS03	R	Maintenance Type Code	3	Valid Value	Set to a valid value. Set to 030; when BGN08 is set to "4," when sending the audit file for reconciliation.
49–51	INS04	S-R	Maintenance Reason Code	2/3	Valid Value	Set to a valid value; Required on any member record when INS03 equals a <u>termination</u>.
51	INS06-1	S-R	Medicare Plan Code	1	Valid Value	Set to a valid value, Required on all subscriber/dependents record. Default is set to "E" for no Medicare. Note: When changing from plan code of "C" to plan code "A" (or) plan code "C" to plan code of "B" the submitter should send a record for the termed part. The termed part should have been submitted on a prior transaction.

IG Page	Loop 2000.INS	Req. R	X12 Element Name	Length	Value	Notes/Comments
52	INS06-2	S	Medicare Eligibility Reason Code	1	"0," "1," or "2"	Set to a valid value "0" = Age, "1" = Disability, or "2" = End Stage Renal Disease (ESRD) Note: Do not send this element unless it's known.
52–53	INS08	S	Employment Status Code	2/2	Valid Value	Set to a valid value; "AC" = Active for Medicare members "FT" = Full-time; full time active employee; "PT" = Part-time; part time active employee; "RT" = Retired "TE" = Terminated Note: If INS06-; the Medicare plan code is equal to Medicare Part A, B or C then set to "AC" for active or "TE" when terming.
53	INS09	S	Student Indicator	1	"F" (or) "P"	Set to a valid value; "F" = full time (or) "P" = part time student. Note: This Indicator should not appear on the subscriber or spouse record, and not applicable for CD The 2000.DTP01=350 and 2100E. NM103 are required when this element is present.

10.1.7 CareFirst's description for the REF (subscriber number) segments

IG Page	Loop 2000.REF	Req. R	X12 Element Name	Length	Value	Notes/Comments
55	REF01	R	Reference Identification Qualifier	2/3	"0F"	Set to 0F; Subscriber ID Qualifier.
55	REF02	R	Reference Identification	1/30	ID	Set to; 9 (or) 7 digit numeric subscriber identification assigned by CareFirst. Note: CareFirst requires either a 9 (or) 7 digit numeric ID or alphanumeric based on the agreement established between the Employer and CareFirst. The ID used may be one of the following; a. The subscriber's 9-digit (SSN), matching to 2100A.NM109 b. A 9-digit CareFirst-assigned subscriber ID (SID), only available when registration is complete. c. A 9-digit Group-assigned ID (GRID), (or) d. A 7-digit CareFirst-assigned ID (OTH). CD; will always be set to the SID ID.

10.1.8 CareFirst's description for the REF (member supplemental number) segments

IG Page	Loop 2000.REF	Req. S	X12 Element Name	Length	Value	Notes/Comments
58	REF01	R	Reference Identification Qualifier	2/3	"6O"	Set to 6O; Cross Reference Number Reference ID Qualifier.
58	REF02	R	Reference Identification	1/30	ID	Set to SSN; for cross reference of the original subscriber. Note: This ID is used to tie the subscriber to the surviving insured (or) for Medicare split.

10.1.9 CareFirst's description for the REF (member supplemental number) segments

IG Page	Loop 2000.REF	Req. S	X12 Element Name	Length	Value	Notes/Comments
58	REF01	R	Reference Identification Qualifier	2/3	"F6"	Set to F6; health insurance claim (HIC) number reference ID qualifier.
58	REF02	R	Reference Identification	1/30	ID	Set to health insurance claim (HIC)—Medicare number

10.1.10 CareFirst's description for the REF (member supplemental number) segments

IG Page	Loop 2000.REF	Req. S	X12 Element Name	Length	Value	Notes/Comments
57	REF01	R	Reference Identification Qualifier	2/3	"23"	Set to 23; client number reference ID qualifier.
57	REF02	R	Reference Identification	1/30	ID	Set to the 3 digit numeric home plan code. Note: CareFirst will provide the supplemental documentation to supply this code.

10.1.11 CareFirst's description for the REF (member supplemental number) segments

IG Page	Loop 2000.REF	Req. S	X12 Element Name	Length	Value	Notes/Comments
57	REF01	R	Reference Identification Qualifier	2/3	"3H"	Set to 3H; reference ID qualifier. Note: this segment will be used convey the member's electronic consent response
57	REF02	R	Reference Identification	1/30	Consent Value	Set to one of the following values; Set to 'Y' = The member has provided a "Yes" response to the electronic consent language present on the enrollment application Set to 'N' = The member has provided a "No" response to the electronic consent language present on the enrollment application Note: Do not populate this REF segment if the member did not provide a response to the electronic consent language present on the enrollment application

10.1.12 CareFirst's description for the REF (member supplemental number) segments

IG Page	Loop 2000.REF	Req. R	X12 Element Name	Length	Value	Notes/Comments
58	REF01	R	Reference Identification Qualifier	2/3	"ZZ"	Set to ZZ reference ID qualifier. **Required** for every member. This field conveys the "ID type" sent in 2000.REF02 when 2000.REF01 ='0F'
58	REF02	R	Reference Identification	1/30	ID	Set to one of the following codes: Set to "SSN" = Social Security Number Set to "SID" = Subscriber ID Set to "GRD" = GRID Set to "OTH" = Other CD; will always be set to "SID"

10.1.13 CareFirst's description for the REF (member supplemental number) segments

IG Page	Loop 2000.REF	Req. S	X12 Element Name	Length	Value	Notes/Comments
58	REF01	R	Reference Identification Qualifier	2/3	"QQ"	Set to "QQ" reference ID qualifier
58	REF02	R	Reference Identification	1/30	ID	Set to prior coverage in months; for group Set to waiting period in days; for CD

10.1.14 CareFirst's description for the DTP (member level dates) segments

IG Page	Loop 2000.DTP	Req. S-R	X12 Element Name	Length	Value	Notes/Comments
59–60	DTP01	R	Date/Time Qualifier	3	Valid Values	Set to a valid value for group/ CD.
						303; maintenance effective; this is a multipurpose value see additional note below.
						Note: Set 303 for audits when BGN08 is set to "4", when sending the audit file for reconciliation.
						336; employment begin;
						338; Medicare begin; used for any member record. If INS06 = "C" for both Medicare A/B, first iteration of this element = 338 represents part A second iteration of this element = 338 represents part B.
						339; Medicare end,
						340; (COBRA) begin,
						341; (COBRA) end,
						350; education begin, see note in INS09
						351; education end,
						356; eligibility begin, (original effective date)
						383; adjusted hire, only used on the subscriber record
						394; rehire, use when INS03 = 025 and when rehiring the Subscriber.
						Note: Qualifier 337; Medicare End is only provided on subscriber terminations.
						When terming all products use the 2300 DTP, do not send 357.
						Examples: For dependent records to indicate student when employer group performs the student certification.
						a. 356
						b. 350
						c. 350 + 351

Note: Requirement for employment begin date; set to "336" 1st occurrence, for all subscriber ADD records when employee is either enrolling under a group's Active or TEFRA benefits for the first time. Set to "356" 2nd occurrence, for all member ADD records (or) when the subscriber is changing when changing a standard dependent to a class II dependent. (This date is retained as the original subscriber's effective date).

10.1.15 CareFirst's description for the NM1 (member name) segments

IG Page	Loop 2100A. NM1	Req. R	X12 Element Name	Length	Value	Notes/Comments
62	NM101	R	Entity Identifier Code	2/3	"IL" or "74"	Set to IL for subscriber (or) set to 74 for a correction to member name or SSN, when sending 2100B with incorrect values.
63	NM103	R	Subscriber Last Name	1/35	Last Name or Last Name and Suffix	Set to subscriber last name Note: If the member has a suffix and it equals one of the following values; SR, (or) JR, (or) roman numerals (I–X), Then concatenate this field as follows: last name and suffix and separate them by a space. Example: (LASTNAME SR)
63	NM105	S	Subscriber Middle Name	1/25	Middle Initial	Set to (1st byte) of the subscriber's middle name.
64	NM108	S	Identification Code Qualifier	1/2	"34"	Set to 34 for SSN Note: If SSN is not sent do not create NM108–NM109
64	NM109	S	Identification Code	2/80	Member SSN Number	Set to a valid Social Security number Requirement note: SSN is required when enrolling in HSA products Field note: If this element is sent, do not pad with zeros, spaces (or) dummy numbers, i.e. 999999999; **Also** do not populate if member does not have SSN

10.1.16 CareFirst's description for the PER (member communication numbers) segment

IG Page	Loop 2100A. PER	Req. S	X12 Element Name	Length	Value	Notes/Comments
66–67	PER01	R	Contact Function Code	2/2	"IP"	Set to IP
66–67	PER03 PER05 PER07	R S S	Communication Number Qualifier	2/2	Valid Values	Set to a valid value for group/CD. CP; cellular phone number EM; electronic mail FX; facsimile HP; home phone number TE; telephone WP; work phone number EX; telephone extension
66–67	PER04 PER06 PER08	R S S	Communication Number	1/80	Communication Number or Email Address	Set to a valid communication number or email address. Note: If this element is for an email address, and the member's consent flag needs to be sent, see 2000.REF section 10.1.11 Examples: PER*IP**EM*john.doe@gmail.com~

10.1.17 CareFirst's description for the N3 (member residence street address) segments

IG Page	Loop 2100A.N3	Req. S	X12 Element Name	Length	Value	Notes/Comments
68	N301	S	Member Address Line	1/55		Length of the field has been adjusted. Facets can store up to 40 characters for the address field.

10.1.18 CareFirst's description for the N4 (member residence city, state, ZIP code) segments

IG Page	Loop 2100A.N4	Req. S	X12 Element Name	Length	Value	Notes/Comments
69	N401	R	Subscriber City Name	2/19	City	Set to member residence city
69	N402	S	Subscriber State Code	2/2	"ST"	Set to a valid 2 digit state code within the USA and Canada Note: If submitting outside the USA, do not populate this field.
70	N403	S	Subscriber Postal Zone or ZIP Code	3/15	"ZIP"	Set to member ZIP code; must be either 5 or 9 digits only. Note: If submitting outside the USA and the country does not have a ZIP code, then do not populate this field.
70	N404	S	Country	2/3	Code identifying county	Requirement; when submitting outside the USA: refer to "Appendix I" for the 2 digit country code (or) province. i.e. Canada N4*TORONTO*ON*M4B 1V4*CA~ i.e. Jamaica N4*Negril***JM~ i.e France N4*Paris**75007*FR~

10.1.19 CareFirst's description for the DMG (member demographics) segments

IG Page	Loop 2100A. DMG	Req. R	X12 Element Name	Length	Value	Notes/Comments
71	DMG02	R	Member Birth Date	1/35	DOB	Set to member's date of birth. Note: DOB must be less than (or) equal to the member's eligibility date and can not be greater then the current date.
72	DMG03	R	Gender Code	1	"M" (or) "F"	Set to member's gender Note: Process will reject if the 'U' value is present.

10.1.20 CareFirst's description for the ICM (member income) segments

IG Page	Loop 2100A. ICM	Req. S	X12 Element Name	Length	Value	Notes/Comments
79	ICM01	S	Frequency Code	1	Valid Value	Set to H hourly (or) set to 7 annually
80	ICM01	R	Wage Amount	1/18	Amount	Set to the salary amount

Note: Send if the product is salary banded.

10.1.21 CareFirst's description for the HLH (member health information) segments

IG Page	Loop 2100A. HLH	Req. S	X12 Element Name	Length	Value	Notes/Comments
82	HLH01	S	Health Related Code	1	"T," "N" (or) "X"	Set to valid value, for group only.

Note: Required when the member is requesting "Complementary to Medicare" coverage and when populating the rate modifier in HD04.

10.1.22 CareFirst's description for the NM1 (incorrect member name) segments

IG Page	Loop 2100B. NM1	Req. S	X12 Element Name	Length	Value	Notes/Comments
86	NM101	R	Entity Identifier Code	2/3	"70"	Set to 70; Note: Send this segment when 2100A is present with correct values.
87	NM103	R	Incorrect Name Last	1/35	Name	Set to incorrect last name of member
87	NM104	R	Incorrect Name First	1/25	Name	Set to incorrect first name of member
87	NM105	S	Incorrect Name Middle	1/25	Name	Set to incorrect middle initial of member
87–88	NM108	S	Identification Code Qualifier	1/2	"34"	Set to incorrect 34 for SSN qualifier Note: If SSN is not changing do not create NM108–NM109 elements. Be careful with this these elements only populate when SSN has changed.

IG Page	Loop 2100B. NM1	Req. S	X12 Element Name	Length	Value	Notes/Comments
88	NM109	S	Identification Code	2/80	"SSN"	Set the prior incorrect Social Security number Note: If this element is sent, do not pad with zeros, spaces (or) dummy numbers, i.e. 999999999; Also do not populate if member does not have SSN.

Note: When it has been determined that a member's first name, gender, DOB or SSN has changed from a prior transmission use this segment to report the data from a prior transaction being corrected.

10.1.23 CareFirst's description for the DMG (incorrect member demographics) segments

IG Page	Loop 2100B. DMG	Req. R	X12 Element Name	Length	Value	Notes/Comments
90	DMG02	R	Incorrect Member Birth Date	1/35	DOB	Set to prior incorrect insured's birth date
90	DMG03	R	Incorrect Gender Code	1	"M" (or) "F"	Set to prior incorrect insured's gender code Note: Value must **not** be U.

10.1.24 CareFirst's description for the NM1 (school health information) segments

IG Page	Loop 2100E. NM1	Req. S	X12 Element Name	Length	Value	Notes/Comments
106–107	NM103	S	Member School Name	1/35	Name	Set to member school name. If unknown then set to a default name Examples; "COLLEGE" (or) "UNIVERSITY" (or) "HIGHSCHOOL" name. Note: Required when INS09 is sent and is set to F (or) P.

10.1.25 CareFirst's description for the DSB (disability information) segments

IG Page	Loop 2200.DSB	Req. S	X12 Element Name	Length	Value	Notes/Comments
137	DSB01	R	Disability Type Code	1	Valid Value	Set to 1; Short Term Disability (or) Set to 2; Long Term Disability (or) Set to 3; Permanent or Total Disability

10.1.26 CareFirst's description for the HD (member health coverage) segments

IG Page	Loop 2300.HD	Req. S-R	X12 Element Name	Length	Value	Notes/Comments
140–141	HD01	R	Maintenance Type Code	3	Valid Value	Set to one of the following valid values; 001 = Changes (or) 021 = Initial Add Record (or) 024 = Termination (or) 025 = Reinstate (or) 030 = Audits and on Member Change Transactions when product is not changing. Note: Set to 030 when BGN08=4
141	HD03	R	Insurance Line Code	2/3	Valid Value	Set to one of the following values; HLT; Medical DEN; Dental VIS; Vision PDG; Prescription Drug PRA; Medical Maternity; Accepted on CD enrollment records only.

IG Page	Loop 2300.HD	Req. S-R	X12 Element Name	Length	Value	Notes/Comments
141	HD04	S	Plan Coverage Description	1/50	Valid Value	HD Breakdown: 1st 1–8 bytes; set to rate modifier (sent at the subscriber level) 9th–12th bytes; set to "LATE: indicator used when sending late enrollment. 13th byte; use this position if a void indicator is needed (see section 12.1.6 for void file example) Field Examples; * CM* * LATE* * CMLATE* * V* Note: First 8 bytes are only used with 'HLT' insurance line code for medical products that are complementary to Medicare. CareFirst will provide the values when applicable. For CD; should include; 1st byte is Bancorp Flag = Y or N, 2nd byte is Medicare Discount Flag = Y or N.

IG Page	Loop 2300.HD	Req. S-R	X12 Element Name	Length	Value	Notes/Comments
142	HD05	S-R	Coverage Level Codes	3	Valid Value	Set to one of the valid coverage level codes for group as follows; EMP - Employee Only ESP - Employee and Spouse E1D - Employee and 1 Non-spouse Dependent E6D - Employee and Two or More Non- Spouse Dependent FAM - Family (Sub + Spouse + at least 1 Non-spouse dependent) For CD only; EMP - Employee Only (Individual only) ESP - Employee and Spouse (Individual and Spouse) ECH - Employee and children (Individual and Children) FAM - Family Note: Required only for subscriber records. Do not send on the dependent records.

10.1.27 CareFirst's description for the DTP (member health coverage dates) segments

IG Page	Loop 2300.DTP	Req. R	X12 Element Name	Length	Value	Notes/Comments
143	DTP01	R	Date/Time Qualifier	3	Valid Values	Set to 348; benefit begin (& - or) when sending product level adds, changes and reinstates; set 2300.HD01=021, 001(or) 025, 2300. DTP01=348 Set to 349; benefit end (or) when sending product level terms; set 2300.HD01=024, 2300. DTP01=349 Set to 303; benefit maintenance for product level change transactions when product is not changing (or) when PCP/COB records are changing. Note: Set to 303; when BGN02 is equal to audit.

Note: The member's health coverage date should always be greater than (or) equal to the groups effective date in Facets when it is a demographic change only.

10.1.28 CareFirst's description for the REF (health coverage policy number) segments

IG Page	Loop 2300.REF	Req. R	X12 Element Name	Length	Value	Notes/Comments
146	REF01	R	Reference Identification Qualifier	2/3	"1L"	Set to 1L; group number qualifier
147	REF02	R	Reference Identification	1/30	ID	Concatenate field as follows; Set to 1st 4 bytes to equal the alphanumeric group number assigned and provided by CareFirst through the supplement document distribution. 2nd 4 bytes to equal the alphanumeric subgroup identification number. Total field size expects (8 bytes)

IG Page	Loop 2300.REF	Req. R	X12 Element Name	Length	Value	Notes/Comments
Occurrence 2						
147	REF01	R	Reference Identification Qualifier	2/3	"ZZ"	Required: Set to ZZ; mutually defined qualifier
147	REF02	R	Reference Identification	1/30	ID	Set to 4 digit alphanumeric class identification number.

Note: Requirement for all member records; set 1st occurrence to "1L," then set the 2nd occurrence to "ZZ."

10.1.29 CareFirst's description for the NM1 (provider name) segments

IG Page	Loop 2310.NM1	Req. S	X12 Element Name	Length	Value	Notes/Comments
154	NM101	R	Entity Identifier Code	2/3	"P3"	Set to P3; primary care provider
154	NM108	S-R	Identification Code Qualifier	1/2	"SV"	Set to CareFirst PCP ID qualifier
155	NM109	S-R	Provider Identifier	2/80	ID	Set to CareFirst the legacy PCP ID, until CareFirst provides the NPI in their supplemental documentation. Note: When the PCP Identification is not available, then set a default of "00." Otherwise, send a valid value that should not be zeros (or) spaces (or) special characters.
155	NM110	R	Entity Relationship Code	2/2	ID	Set to a valid value; set to "72" if unknown.

Note: PCP is only processed for Medical products. When populating the PCP information, submitters are required to send the 2310.NM108-NM1010.

10.1.30 CareFirst's description for the PLA (PCP change reason) segments

IG Page	Loop 2310.PLA	Req. S-R	X12 Element Name	Length	Value	Notes/Comments
162	PLA03	R	Provider Effective Date	8	CCYYMMDD	Set to the provider effective date. This is the effective date of the change of PCP.

Note: Required for renewals when the PCP is changing (or) when subscriber is changing from a non-HMO to an HMO medical product.

10.1.31 CareFirst's description for the COB (coordination of benefits) segments

IG Page	Loop 2320.NM1	Req. S-R	X12 Element Name	Length	Value	Notes/Comments
164	COB01	R	Payer Responsibility Sequence Number Code	1	"P," "S" (or) "U"	Set to a valid value. P—Primary S—Secondary U—Unknown
164	COB03	R	Coordination of Benefits Code	1	Valid Value	Set to 1; COB Set to 5; Unknown Set to 6; No COB

Note: Required on all subscriber/dependent records when submitting medical and dental coverage. For CD submit on the medical or standalone dental coverage.

10.1.32 CareFirst's description for the REF (coordination of benefits) segments

IG Page	Loop 2320.REF	Req. S	X12 Element Name	Length	Value	Notes/Comments
166	REF01	R	Reference Identification Qualifier	2/3	Valid Value	Set to SY; policyholder social security
166	REF02	R	Insured Group	1/30	Number	Set to members employee ID

Note: Required if supplied by the subscriber and when COB03 is equal to 1.

10.1.33 CareFirst's description for the DTP (COB eligibility date) segments

IG Page	Loop 2320.DTP	Req. S	X12 Element Name	Length	Value	Notes/Comments
168	DTP03	R	COB Eligibility Dates	1/35	Valid Value	Set to coordination of benefits begin date when DTP01 is equal to 344; (or) set to coordination of benefits end when DTP01 is equal to 345.

Note: Required when COB03 is equal to 1.

10.1.34 CareFirst's description for the NM1 (COB related entity) segments

IG Page	Loop 2330.NM1	Req. S	X12 Element Name	Length	Value	Notes/Comments
169	NM101	R	COB Entity Identifier Code	2/3	"IN"	Set to IN; insurer
170	NM102	R	COB Entity Type Qualifier	1/1	"2"	Set to "2" non-person entity
170	NM103	S	COB Organization Name	1/20	Valid Value	Set to COB insurer name
170	NM108	S	COB Insured ID Qualifier Code	1/2	"FI"	Set to "FI"
170	NM109	S	COB Insured Identification Code	2/80	Number	Set to other insurer's tax ID number

11. Acknowledgements and/or X12 Reporting

11.1 TA1 interchange acknowledgement (errors)

The TA1 interchange acknowledgement is used to indicate a accepted or rejected interchange (also known as a negative file acknowledgement) of the ISA/IEA interchange contained in the X12 834.

Note: File names will mimic the test or production indicator from the file name received from submitter. "TradingPartnerName_TA1P_5010_09282011_110300.txt"

11.2 997 functional acknowledgement (accept—reject)

If compliance process accepts the 834 ISA/IEA, but an error is found during the validation of the functional group(s) (or) transaction set(s) within a functional group, a 997 functional acknowledgement indicates each rejection (negative file acknowledgement). When the 834 processes without errors an accepted file acknowledgement will be returned.

Note: File names will mimic the test or production indicator and file name received from submitter.
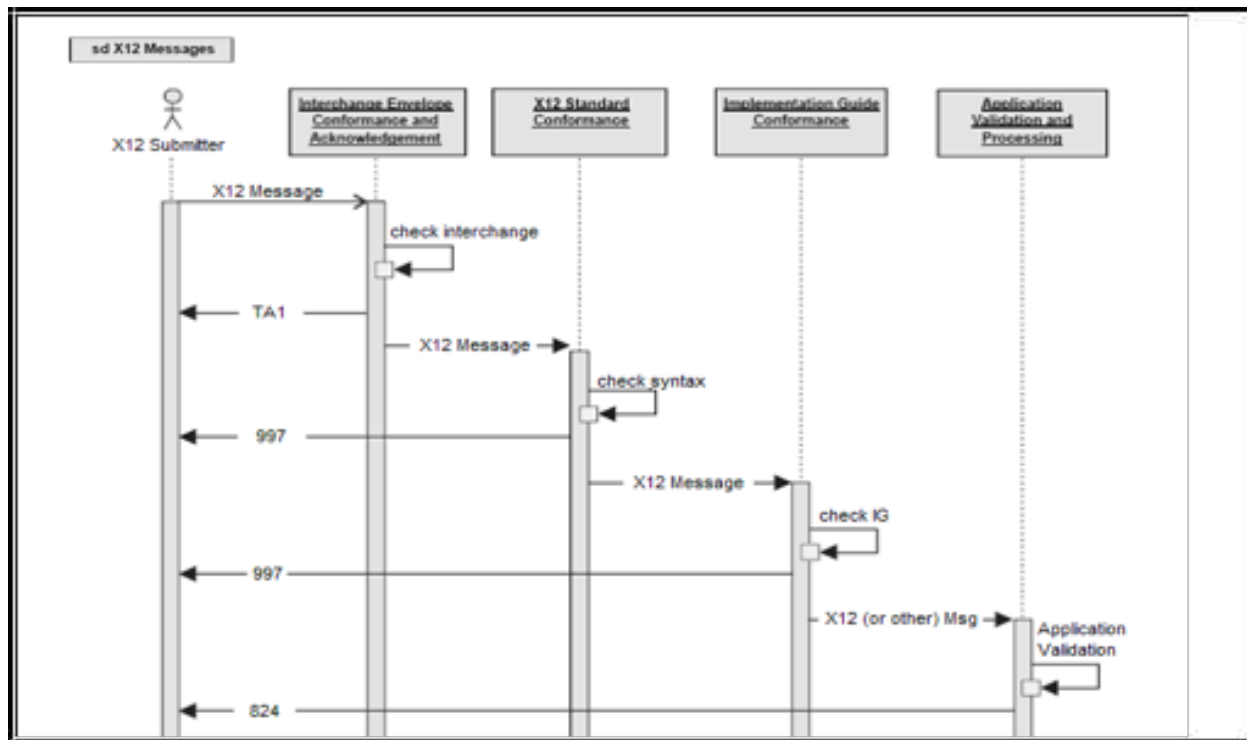
11.3 824 application reporting transaction

If the 834 complies with the X12 standard syntax requirements, but fails business validation the process will submit one 997 containing all positive/negative events. The 824 will be created to give further details of error type pertaining to the business validation processing. The 824 application reporting is designed to report transaction detail errors, such as the ASC X12N 277CA does for claims. See Section 11.6 error codes

If the 834 complies with the X12 standard syntax requirements and all business validations, the file will be passed on to the system of record (SOR) for final processing.

Note: File names; "TradingPartnerName_824P_5010_09282008_110300.txt"

11.3.1 Figure A. High level message flows

11.4 824 application reporting transaction details

11.4.1 BGN—transaction set purpose code

IG Page	Loop 1000A.N1	Req. R	X12 Element Name	Length	Value	Notes/Comments
28	BGN01	R	Transaction Set Purpose Code	2	"11"	Set to '11' = response
28	BGN02	R	Reference Identification	1/30	"Value"	Can be set as follows; set to the inbound 834 file name i.e. COMPNM_834P_ 20090701
29	BGN03	R	Date	8	CCYYMMDD	Set to 824 transaction set date
29	BGN04	R	Time	4/8	HHMM	Set to 824 transaction set time
29	BGN06	S	Reference Identification	1/30	String	Set to the value linked to the original 834 file errors sent in the respective 824. Note: This value must be returned in 834 BGN06 for any resubmissions. See ref: pgs. 13 and 45 in this guide.

IG Page	Loop 1000A.N1	Req. R	X12 Element Name	Length	Value	Notes/Comments
29	BGN08	R	Action Code	1/2	"RU," "U"	RU = return; required when a portion of the transaction set is being accepted. U = reject; required when an entire transaction set is being rejected.

BGN✻11✻123456✻20090409✻0905✻✻200802131-322326411-000000001✻✻U~

11.4.2 N1—submitter name

IG Page	Loop 1000A.N1	Req. R	X12 Element Name	Length	Value	Notes/Comments
30	N102	R	Submitter Name	1/60	Name	Set to CareFirst
30	N103	R	Identification Code Qualifier	1/2	"FI"	Set to 'FI' for CareFirst tax ID qualifier
30	N104	R	Sponsor Identifier	2/80	ID	Set to CareFirst tax ID

N1✻41✻CAREFIRST✻FI✻555555555~

11.4.3 PER—submitter EDI contact information

IG Page	Loop 1000A. PER	Req. R	X12 Element Name	Length	Value	Notes/Comments
34	PER02	R	Submitter Name	1/60	Name	Set to CareFirst support department
34	PER04	R	Communication Number	1/2	Phone Number	Set to CareFirst support department contact number
35	PER06	R	Communication Email	2/80	Email Address	Set to CareFirst support department email address

PER✻IC✻EDI SUPPORT HOTLINE✻TE✻410998459~

11.4.4 N1—receiver name

IG Page	Loop 1000B.N1	Req. R	X12 Element Name	Length	Value	Notes/Comments
36	N102	R	Receiver Name	1/60	Name	Set to receiver name of the inbound 834 transaction set to which 824 is responding to.
36	N103	R	Identification Code Qualifier	1/2	"FI"	Set to 'FI' matching to 834 tax ID qualifier
37	N104	R	Receiver Identifier	2/80	ID	Set to receiver tax ID

N1✻40✻SUBMITTER NAME✻FI✻525555555~

11.4.5 OTI—original transaction identification

IG Page	Loop 2000.OTI	Req. R	X12 Element Name	Length	Value	Notes/Comments
39–40	OTI01	R	Application Acknowledgment Code	1/2	Valid Value	Set to a valid value Set to 'TC' = transaction set accept with data content change Set to 'TP' = transaction set partial accept/reject Set to 'TR' = transaction set reject Set to 'BR' = batch reject Set to 'TE' = transaction accepted, there could be warnings
41	OTI02	R	Reference Identification Qualifier	1/2	Valid Value	Set to 'TN,' (or) 'BT' ties to OTI01.
41	OTI03	R	Reference Identifier	1/30	Valid Value	Set to ST02 value of the inbound 834 transaction set to which 824 is responding to.
42	OTI06	S	Date	8	CCYYMMDD	Set to GS04 value of the inbound 834 transaction set to which 824 is responding to.
42	OTI07	S	Time	4/8	HHMM	Set to GS05 value of the inbound 834 transaction set to which 824 is responding to.
42	OTI08	S	Group Control Number	1/9	Valid Value	Set to GS06 value of the inbound 834 transaction set to which 824 is responding to.
43	OTI10	R	Transaction Set Identifier Number	3	"834"	Set to 834
43	OTI11	S	Vs/Release ID Code	1/12	"005010"	Set to 005010

OTI✽TR✽TN✽0001✽✽✽20090706✽1222✽638610000✽✽834✽005010~

11.4.6 REF—original TXN identification (reference identification)

IG Page	Loop 2000.REF	Req. S	X12 Element Name	Length	Value	Notes/Comments
45	REF01	R	Reference Identification Qualifier	2/3	"0F"	Set to submitter name qualifier of the inbound 834 transaction set to which 824 is responding to.
49	REF02	R	Identification Code	1/30	"Subscriber ID"	Set to 2000.REF value of the inbound 834 transaction set to which 824 is responding to.

REF✽0F✽144444555~

11.4.7 DTM—original TXN identification (date-time reference)

IG Page	Loop 2000.DTM	Req. S	X12 Element Name	Length	Value	Notes/Comments
51	DTM01	R	Date/Time Qualifier	3/3	"097"	Set to date/time qualifier of the inbound 834 transaction set to which 824 is responding to.
53	DTM02	R	Date/Time Period	8/8	CCYYMMDD	Set to the original HDR. DTP03 of the inbound 834 transaction set to which 824 is responding to.

DTM✱097✱20090706~

11.4.8 NM1—original transaction identification (individual or org name)

IG Page	Loop 2000.NM1	Req. S	X12 Element Name	Length	Value	Notes/Comments
62	NM101	R	Entity Identifier Code	2/3	"IL"	Set to 'IL'; insured or subscriber (to link back to the contract in error)
63	NM102	R	Entity Type Qualifier	1	"1"	Set to '1'; person
63	NM103	R	Name Last/Org Name	1/35	Last Name	Set to subscriber last name from 2100A. NM103 from the inbound 834 subscriber record.
63	NM104	S	Name First	1/25	First Name	Set to subscriber first name from 2100A. NM104 from the inbound 834 subscriber record.
64	NM105	S	Name Middle	1/25	Middle Initial	Set to subscriber middle initial when 2100A. NM105 is present in the in coming 834 subscriber record.
64	NM108	S	ID Code Qualifier	1/2	"34"	Set to '34' when 2100A. NM108 is present in the inbound 834 subscriber record.
64	NM109	R	ID Code	2/80	SSN	Set to 'SSN' when 2100A. NM109 is present in the inbound 834 subscriber record.

NM1✱IL✱1✱DOE✱LARRY✱✱✱34✱144444555~

11.4.9 TED—error or informational message location

IG Page	Loop 2100.TED	Req. R	X12 Element Name	Length	Value	Notes/Comments
66	TED03	S	Segment ID Code	2/3	Valid Value	Set to the segment ID of data segment containing the error in the inbound 834 member record.
66	TED04	S	Segment Position in Transaction Set	1/6	Valid Value	Set to the numerical count position of the data segment containing the error in the inbound 834 member record.
66	TED07	S	Copy of Bad Data Element Contents	1/99	Valid Value	Set to the exact copy of the data in error in the inbound 834 member record.

TED✳024~

11.4.10 NTE—situation context location

IG Page	Loop 2100.NTE	Req. S	X12 Element Name	Length	Value	Notes/Comments
67	NTE02	R	Description	80	Name	Set to member name linking to the data error from the inbound 834 transaction set to which 824 is responding to.

NTE✳ZZZ✳MEMBER NAME~

11.4.11 RED—error or informational message

IG Page	Loop 2100.RED	Req. R	X12 Element Name	Length	Value	Notes/Comments
66	RED01	R	Description	1/80	Valid Value	Set to the CareFirst error message description, linking to the segment containing the error in the inbound 834 member record.
66	RED06	R	Insurance Business Process Application Error Code	1/30	Valid Value	Set to the CareFirst error code, linking to the segment containing the error in the inbound 834 member record.

RED✳Member CHANGE is invalid - Member not found in SOR✳✳94✳✳ZZ✳E2310-2~

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11.5 824 Example

This file example only displays a single contract rejection, all rejections will be rolled up into (1) 824 per submitter.

11.5.1 External error

-ISA*00* *00* *30*521333333 *30***525555555**
*080213*1728*U*00501*638699103*1*T*:~
-GS*AG*521333333***525555555***20090813*1728*638610000*X*005010X161~
-ST*824*0001~
-BGN*11*COMPNAME_834T_090712142720.txt*20090712*1428**200802131-332326411- 000000001**U~
-N1*41*CAREFIRST*FI*521333333~
-PER*IC*EDI SUPPORT HOTLINE*TE*410998459~   Email may be included but will change
-N1*40*SUBMITTERNAME*FI***525555555***~
-OTI*TR*TN*0001***20090706*1222*638610000**834*005010~
-REF*0F*144444555~
-DTM*097*20090706~
-NM1*IL*1*DOE*LARRY****34*144444555~
-TED*024~
-NTE*ZZZ*LARRY DOE~
-RED*Member CHANGE is invalid - Member not found in SOR**94**ZZ*E2310-2~
-SE*13*0001~
-GE*1*638610000~
-IEA*1*638699103~

11.5.2 Internal error

-ISA*00* *00* *30*521333333 *30***525555555**
*080213*1728*U*00501*638699103*1*T*:~
-GS*AG*521333333***525555555***20080213*1728*638610000*X*005010X161~
-ST*824*0001~
-BGN*11*COMPNAME_834T_090712142720.txt*20090712*1428**200802131-322326411- 000000001**U~
-N1*41*CAREFIRST*FI*521333333~
-PER*IC*EDI SUPPORT HOTLINE*TE*410998459~   Email may be included but will change
-N1*40*SUBMITTERNAME*FI***525555555***~
-OTI*TR*TN*0001***20090706*1222*638610000**834*005010~
-REF*0F*144444555~
-DTM*097*20090706~
-NM1*IL*1*DOE*LARRY****34*144444555~
-TED*024~
-NTE*ZZZ*LARRY DOE~
-RED*Internal Error Encountered. Pending CareFirst investigation. No action needed**94**ZZ*S3707~
-SE*13*0001~
-GE*1*638610000~
-IEA*1*638699103~

11.6 824 error codes and error messages

The following error message codes and error messages will be displayed in the 824 RED segments.

Certain error code descriptions with replaceable parameters may be subject to change.

ERROR CODE	ERROR CODE DESCRIPTION
E2035-1	Medicare Plan Code is not valid for the HICN
E2035-2	Medicare Plan Code does not match Medicare Dates
E2037-1	Missing HIC number
E2037-2	Missing Medicare Begin Dates
E2125-1	Birth date cannot be greater than current date
E2125-2	Birth date cannot be greater than Eligibility begin date
E2151-1	<PRODUCT> does not exist in the class <CLASS> for <BENEFITBEGINDATE>
E2151-2	<PRODUCT> Product is not active in <CLASS> for <BENEFITBEGINDATE>
E2152	Class ID is not valid for this group
E2154-1	Eligibility Begin Date <ELIGDATE> should be within <#OFDAYS> Days before current date
E2154-2	Claim was received on <RCVDATE> prior to Eligibility Begin Date <ELIGDATE>
E2157	Product Effective Date <PRODEFFDATE> is less than Eligibility Begin date <ELIGDATE>
E2158	Group does not allow Class II dependents
E2173	Product missing from subscriber record
E2174	Member combination on file and SOR is not allowed for the Coverage Level
E2192-1	Cannot change from a standard dependent to a Class II dependent
E2192-2	Original Effective Date is required when changing to a Class II dependent
E2195	Hire Date (<HIREDATE>) cannot be greater than the Elig Begin Date (<ELIGDATE>)
E2205	Group <GROUPID> is not effective for Member's Eligibility Begin Date <ELIGDATE>
E2206	Dep Orig Eff Dt (<DEPENDENTELIGDATE>) cannot be less than Sub Orig Eff Dt (<SUBSELIGDATE>)
E2211	A unique suffix was not found in system of record
E2226	Product ADDITION is invalid—Product already exists for the Member
E2227-1	Product CHANGE is invalid—Product is not active for the Member
E2227-2	<PRODUCT> Product CHANGE is invalid—Product does not exist for the member
E2228-1	Product TERM is invalid—Product is not active for the Member
E2228-2	<PRODUCT> Product TERM is invalid—Product does not exist for the member
E2231-1	Product REINSTATE is invalid—Product is active for the Member
E2231-2	<PRODUCT> Product REINSTATE is invalid—Product does not exist for the member
E2248	Reinstatement date is prior to Original Effective Date <ORIGEFFDATEFROMSOR>
E2263	Product Benefit End Date is outside the group's tolerance period
E2266	Product Effective Date is outside the group's tolerance period
E2268	Group does not allow partial month termination
E2269	Term date cannot be less than last claim paid date <CLAIMPAIDDATE>
E2277	Invalid Subgroup Number
E2280	Subgroup Nbr not active for the group. Subgroup is effective <SUBGROUPEFFDATE>-
E2287	Group expects <LISTOFBUNDLEDPRODUCTS>
E2291-1	Subscriber Voids are only allowed back to the Original Effective Date
E2291-2	Void indicator required when terminating a subscriber back to the Orig Eff Date
E2292-1	Product Voids are only allowed back to the Original Effective Date

ERROR CODE	ERROR CODE DESCRIPTION
E2292-2	Void indicator is required when terminating a product back to the Orig Eff Date
E2309	Member ADDITION is invalid—Member already exists
E2310-1	Member CHANGE is invalid—Member not found in SOR
E2310-2	Member CHANGE is invalid—Member is not active
E2311-1	Member TERM is invalid—Member not found in SOR
E2311-2	Member TERM is invalid—Member is not active
E2312-1	Member REINSTATEMENT is invalid—Member not found in SOR
E2312-2	Member REINSTATEMENT is invalid—Member is active
E2319	Subgroup Effective Date is outside the groups tolerance period
E2320	Class Effective Date is outside the groups tolerance period
E2350-1	Contract rejected because another member on contract rejected
E2350-2	Contract rejected because another member on contract rejected
E2357	Group does not allow domestic partners
E2358	Group does not allow same gender domestic partners
E2359	Group does not allow opposite gender domestic partners
E2371	Invalid Group Number
E2372	Group Nbr is not active. Group Nbr is active for <GROUPEFFDATE>-<GROUPTERMDATE>
E2373	Coverage Level Effective Date is outside the groups tolerance period
E2397	Invalid Coverage Level
E2398	Group does not allow retiree coverage
E2399	Member product does not match subscriber product selection
E2400	EMPI lookup failed
E2405-1	Coverage Level not identical
E2405-2	Product list not equal to Class Product list
E2407	Coverage level not identical for bundled products. <LISTOFBUNDLEDPRODUCTS>
E2434-1	Inbound Subscriber Birth Year does not match the SOR.
E2434-2	Inbound Subscriber First Name Initial does not match the SOR.
E2437	EMPI Registration Failed
E2474	Missing Medicare Number
E2481-1	Identified GC Child
E2481-2	New born did not match the GC
E2481-3	More than one match for the member
E2485	Invalid Coverage Level
E2493	Term date cannot be less than last claim paid date (<CLAIMPAIDDATE>)
E2500-1	Dependent Voids are only allowed back to the Original Effective Date
E2500-2	A void indicator required when terminating dependent back to Original Effective Date
E2501-1	Member REINSTATEMENT is invalid—Member not found in SOR
E2501-2	Member REINSTATEMENT is invalid—Member is active
E2502-1	Member TERM is invalid—Member not found in SOR
E2502-2	Member TERM is invalid- Member is not active
E2503	Member has more than one suffix in 4.5 and/or 4.3
E2506	Member ADDITION invalid—Member already exists

11. Acknowledgements and/or X12 Reporting

ERROR CODE	ERROR CODE DESCRIPTION
E2507	Member CHANGE invalid—Member is not found in SOR
E2508	Subscriber Number not registered in CareFirst
E2510	Duplicate dependent found in contract
E2512	Member CHANGE is invalid—Member is not active
E2514	Product CHANGE is invalid—Product is not active for the Member
E2516	Contract rejected because dependent termination on contract rejected
E2526-1	Medicare Begin Date should be first day of the month
E2526-2	Medicare End Date should be last day of the month
E2528	Subscriber Coverage Change Date does not coincide with member Term Date
E2532	Contract rejected because another member on contract rejected
E2533-1	Missing Medicare HIC Number
E2533-2	Missing Medicare Begin Dates
E2534	Medicare Begin Date does not match Medicare Plan Code
E2543-1	Class ID is different in SOR for incoming Audit Product
E2543-2	Sub Group ID is different in SOR for incoming Audit Product
E2543-3	Coverage Level is different in SOR Facets for incoming Audit Product
E2544-1	Product Audit is invalid—Product does not exists for the Member
E2544-2	Product Audit is invalid—Product is not active for the Member
E2548	Hire Date on file is different from SOR
E2549	Hire Date cannot be different on a Reinstate
E2552-1	Medicare Plan code should be C
E2552-2	Medicare Plan code should be E
E2554	Missing one or more active products
E2555	Dependent Product Effective date does not match Coverage Level change date
E2565	Retirees not allowed to enroll in this product
E2560	Retirees not allowed to enroll in this product
E3003	Missing Sponsor Name
E3004-1	Missing COB indicator for Medical Product
E3004-2	Missing COB indicator for Dental Product
E3022	Missing Product Information
E3023-1	Missing Group Number
E3023-2	Missing Subgroup Number
E3023-3	Missing Class ID
E3024-1	Invalid Group Subgroup length
E3024-2	Invalid Subgroup Number
E3024-3	Invalid Group Number
E3025	Invalid Class ID
E3032	Missing Medicare Plan Code
E3040	Missing Member Address1
E3044	Birth Date and Gender are mandatory
E3049	Invalid Gender Code
E3078	Missing Maintenance Reason Code for Terminated Member

ERROR CODE	ERROR CODE DESCRIPTION
E3086-1	Invalid Subscriber Number length
E3086-2	Subscriber Number must be numeric
E3131	Duplicate subscriber number <SUBS ID> submitted
E3133	No relationship exists between Submitter and Group
E3196	Missing Hire Date
E3275	Education End Date is less then Education Begin Date
E3353	Member Incorrect SSN same as Subscriber SSN
E3354	Incorrect dependent SSN same as corrected dependent SSN
E3386	Invalid File Effective Date Qualifier
E3389	Invalid Insurance Line Code
E3390	Product Maintenance Type Code does not match <TXN Type Code> transaction type.
E3394	Missing Coverage Level for <PRODUCT>
E3395	Invalid Subgroup Number
E3396	Invalid Country Code
E3403-1	Subscriber ID Type is not present
E3403-2	Subscriber ID does not match the SSN submitted
E3404	Missing Health Information for Medical Product
E3406	Product Maintenance effective dates and/or Product Benefit dates are not equal.
E3420	Missing Eligibility Begin Date
E3421	Spouse same gender as Subscriber
E3436	Subscriber ID and Type does not match for all members within contract.
E3438	Benefit End dates should be the same for all products
E3439	Invalid Subscriber ID Type
E3440	Duplicate Interchange Control Numbers
E3441	Effective Dates do not match for all members.
E3442	DuplicFate <PRODUCT> Product Type for member.
E3446-1	No Subscriber present in contract.
E3446-2	Multiple Subscribers present in contract.
E3447-1	Invalid Subscriber Number length
E3447-2	Subscriber Number must be numeric
E3460	Member outside the state
E3462	Invalid Subscriber ID type
E3463	Group does not allow Class II dependents
E3470	Invalid File Effective Date Qualifier
E3471	Invalid Insurance Line Code
E3472	Missing COB Code
E3476	Missing Payer Name
E3477	Class ID must be the same for all active products
E3478	Subgroup ID must be the same for all active products
E3479	Group ID must be the same throughout the entire contract
E3495	Member address cannot contain special characters other than (', ., -, / and #)
E3509	Duplicate Groups present on file

ERROR CODE	ERROR CODE DESCRIPTION
E3517	Member transaction should be ADD
E3527	Member Reinstate date does not match for all members
E3529	Incorrect product date qualifier
E3530	Missing hire date
E3538	File effective date qualifier should be all 382
E3539	Member Maintenance Type can be Add, Change, Reinstate or Term.
E3540	Member Maintenance Type should be Add
E3541	Member SSN is Invalid per SSA Guidelines
E3545	Invalid Resubmission ID format
E3546	Contract resubmission Id is not found in System
E3556	Resubmission ID sent on Original transmission
E38XX	Internal Error Encountered. Pending CareFirst investigation. No action needed
S20XX	Internal Error Encountered. Pending CareFirst investigation. No action needed
S37XX	Internal Error Encountered. Pending CareFirst investigation. No action needed
W2035	Medicare Plan Code is No/Unknown—HICN changed to spaces
W2037-1	Missing HIC number—Medicare Plan code changed to Unknown
W2037-2	Missing Medicare Begin Dates—Medicare Plan code changed to Unknown
W2038	Missing Medicare Begin Dates—Medicare Plan code changed to A
W2050-1	Dependent SSN is same as Subscriber SSN—Dependent SSN changed to Spaces
W2050-2	Dependent SSN is same as Subscriber Number—Dependent SSN changed to Spaces
W2052-1	Provider Effective date is missing for PCP change
W2052-2	Provider Effective date cannot be less than Medical Eligibility Date
W2071-1	CF performs certification, student information not processed
W2071-2	No certification required. Student information not processed
W2072	Student information passed on Subscriber/Spouse—Student Information removed
W2159	COB information will be processed after CareFirst verification
W2160	COB information will be processed after CareFirst verification
W2161	COB information will be processed after CareFirst verification
W2216	No PCP provided—PCP ID changed to 999999998
W2218-1	PCP not accepting member gender—PCP ID changed to 999999993
W2218-2	Member age not within PCP age limitations—PCP ID changed to 999999993
W2219	PCP Not in system—PCP ID changed to 999999994
W2220	PCP Not in Network—PCP ID changed to 999999996
W2221	PCP not accepting new patients—PCP ID changed to 999999997
W2244	Invalid Rate Modifier—Changed to spaces
W2274	Student Ind, Education Dt, and School Name are required. Student info not loaded
W2364-1	Missing HIC number, rate modifier changed to blank
W2364-2	Missing Medicare-A Date, rate modifier changed to blank
W2364-3	Missing Medicare-B Date, rate modifier changed to blank
W2364-4	Coverage level is not Subscriber only, Rate Modifier changed to blank
W2364-5	Medicare Plan Code is not C—Rate Modifier changed to blank
W2366	Disability information removed for manual processing

ERROR CODE	ERROR CODE DESCRIPTION
W2374	Dependents with similar SSN on contract—Changed to spaces
W2408	COB Information for Vision and Drug products are not loaded
W2433	COB for Yes response missing—Policy No, SSN, Carrier Name, Begin Dt expected
W2461	Removed Student Information
W2482	Dependent records ignored on Global Term
W2486	Disability information not processed
W2490	PCP change is beyond 30 days from current date
W2491	COB Information for non-Medical products are not loaded
W2492	Original Effective date does not match SOR. Original Effective date not updated
W2499	PCP information remove from Termed Medical product
W2511	PCP information not required for Non Medical products
W2526-1	Medicare Plan Code changed to Unknown—Medicare Begin Date should be begin of the month
W2526-2	Medicare Plan Code changed to Unknown—Medicare End Date should be end of the month
W2535	Non renewal file does not match the PCP indicator
W2542-1	Provider Effective Date cannot be less than Medical Eligibility Date
W2542-2	PCP Change date removed on PCP Add
W3375	Exceeded group's transaction threshold of <THRESHOLD #>
W3484	Contract was placed on hold
W3547	Subscriber ID does not match the Original Resubmission Subscriber ID
W3551	System error encountered. Pending CareFirst resubmission. No action needed
W3553	Contract already closed for reconciliation
W3557	Resubmission ID sent for a clean contract
W3561-1	The consent flag is Missing or is NOT a Y or N : <details>
W3562-2	The consent flag is Present and email address is missing : <details>
W3563-1	An email ID already exists for the Member : <details>
W3563-2	No User Action Required: Internal Error Encountered while updating email : <details>

12. Appendix

12.1 Appendix I—
out of area county codes

12.1.1 Standard ISO 3166-1 code list

Alpha-country code list—updated 6/2011

N404-2 digit	Description
AF	Afghanistan
AX	Aland Islands
AL	Albania
DZ	Algeria
AS	American Samoa
AD	Andorra
AO	Angola
AI	Anguilla
AQ	Antarctica (the territory South of 60 deg S)
AG	Antigua and Barbuda
AR	Argentina, Argentine Republic
AM	Armenia
AW	Aruba
AU	Australia
AT	Austria
AZ	Azerbaijan
BS	Bahamas
BH	Bahrain
BD	Bangladesh
BB	Barbados
BY	Belarus
BE	Belgium
BZ	Belize
BJ	Benin
BM	Bermuda
BT	Bhutan
BO	Bolivia
BA	Bosnia and Herzegovina
BW	Botswana
BV	Bouvet Island (Bouvetoya)
BR	Brazil

N404-2 digit	Description
IO	British Indian Ocean Territory (Chagos Archipelago)
VG	British Virgin Islands
BN	Brunei Darussalam
BG	Bulgaria
BF	Burkina Faso (was Upper Volta)
BI	Burundi
KH	Cambodia (was Khmer Republic/ Kampuchea, Democratic)
CM	Cameroon
CA	Canada
CV	Cape Verde
KY	Cayman Islands
CF	Central African Republic
TD	Chad
TBD -	ISO
CL	Chile
CN	China
CX	Christmas Island
CC	Cocos (Keeling) Islands
CO	Colombia
KM	Comoros
CD	Congo, Democratic Republic of (was Zaire)
CG	Congo
CK	Cook Islands
CR	Costa Rica
CI	Cote D'Ivoire, Ivory Coast
CU	Cuba
CY	Cyprus
CZ	Czech Republic
DK	Denmark
DJ	Djibouti (was French Afars and Issas)
DM	Dominica
DO	Dominican Republic
EC	Ecuador
EG	Egypt Arab
SV	El Salvador

N404-2 digit	Description
GQ	Equatorial Guinea
ER	Eritrea
EE	Estonia
ET	Ethiopia
FO	Faeroe Islands
FK	Falkland Islands (Malvinas)
FJ	Fiji the Fiji Islands
FI	Finland
FR	France
GF	French Guiana
PF	French Polynesia
TF	French Southern Territories
GA	Gabon, Gabonese Republic
GM	Gambia
GE	Georgia
DE	Germany
GH	Ghana
GI	Gibraltar
GR	Greece, Hellenic Republic
GL	Greenland
GD	Grenada
GP	Guadaloupe
GU	Guam
GT	Guatemala
GG	Guernsey
GN	Guinea, Revolutionary People's Republic of
GW	Guinea-Bissau (was Portuguese Guinea)
GY	Guyana
HT	Haiti
HM	Heard
VA	Holy See (Vatican City State)
HN	Honduras
HK	Hong Kong, Special Administrative Region of China
HR	Hrvatska (Croatia)
HU	Hungary, Hungarian People's
IS	Iceland
IN	India
ID	Indonesia
IR	Iran, Islamic Republic
IQ	Iraq

N404-2 digit	Description
IE	Ireland
IM	Isle Of Man
IL	Israel
IT	Italy, Italian Republic
JM	Jamaica
JP	Japan
JE	Jersey
JO	Jordan, Hashemite
KZ	Kazakhstan
KE	Kenya
KI	Kiribati (was
KP	Korea, Democratic People's Republic of
KR	Korea
KW	Kuwait
KG	Kyrgyz Republic
LA	Lao People's Democratic Republic
LV	Latvia
LB	Lebanon, Lebanese Republic
LS	Lesotho
LR	Liberia
LY	Libyan Arab Jamahiriya
LI	Liechtenstein
LT	Lithuania
LU	Luxembourg, Grand Duchy of
MO	Macao, Special Administrative Region of China
MK	Macedonia, (former Yugoslav Republic)
MG	Madagascar
MW	Malawi
MY	Malaysia
MV	Maldives
ML	Mali
MT	Malta
MH	Marshall Islands
MQ	Martinique
MR	Mauritania, Islamic Republic
MU	Mauritius
YT	Mayotte
MX	Mexico, United Mexican States
FM	Micronesia, Federated States
MD	Moldova
MC	Monaco

N404-2 digit	Description
MN	Mongolia, Mongolian People's Republic
ME	Montenegro
MS	Montserrat
MA	Morocco
MZ	Mozambique
MM	Myanmar (was
NA	Namibia
NR	Nauru
NP	Nepal
AN	Netherlands Antilles
NL	Netherlands
NC	New Caledonia
NZ	New Zealand
NI	Nicaragua
NE	Niger
NG	Nigeria, Federal
NU	Niue
NF	Norfolk Island
MP	Northern Mariana Islands
NO	Norway
OM	Oman, Sultanate of (was Muscat and Oman)
PK	Pakistan, Islamic Republic of
PW	Palau
PS	Palestinian Territory, Occupied
PA	Panama
PG	Papua New Guinea
PY	Paraguay
PE	Peru
PH	Philippines
PN	Pitcairn Island
PL	Poland, Polish People's Republic
PT	Portugal, Portuguese Republic
PR	Puerto Rico
QA	Qatar
RE	Reunion
RO	Romania, Socialist Republic of
RU	Russian Federation
RW	Rwanda, Rwandese Republic
BL	Saint Barthelemy
SH	St. Helena
KN	St. Kitts and Nevis
LC	St. Lucia

N404-2 digit	Description
MF	Saint Martin
PM	St. Pierre and Miquelon
VC	St. Vincent and the Grenadines
WS	Samoa, Independent State of (was Western Samoa)
SM	San Marino
ST	Sao Tome and Principe, Democratic Republic of
SA	Saudi Arabia
SN	Senegal
CS	Serbia and Montenegro
SC	Seychelles
SL	Sierra Leone
SG	Singapore
SK	Slovakia (Slovak Republic)
SI	Slovenia
SB	Solomon Islands (was
SO	Somalia, Somali Republic
ZA	South Africa
GS	South Georgia and the South Sandwich Islands
ES	Spain, Spanish State
LK	Sri Lanka, Democratic Socialist Republic of (was Ceylon)
SD	Sudan, Democratic Republic
SR	Suriname
SJ	Svalbard & Jan Mayen Islands
SZ	Swaziland
SE	Sweden
CH	Switzerland, Swiss Confederation
SY	Syrian Arab Republic
TW	Taiwan, Province of China
TJ	Tajikistan
TZ	Tanzania
TH	Thailand
TL	Timor-Leste, Democratic Republic of
TG	Togo, Togolese Republic
TK	Tokelau (Tokelau Islands)
TO	Tonga
TT	Trinidad and Tobago
TN	Tunisia
TR	Turkey
TM	Turkmenistan

N404-2 digit	Description
TC	Turks and Caicos Islands
TV	Tuvalu (was part of Gilbert & Ellice Islands)
VI	US Virgin Islands
UG	Uganda
UA	Ukraine
AE	United Arab Emirates (was Trucial States)
GB	United Kingdom of
UM	United States
UY	Uruguay, Eastern Republic of
UZ	Uzbekistan

N404-2 digit	Description
VU	Vanuatu (was New Hebrides)
VE	Venezuela, Bolivarian Republic
VI	Virgin Islands, US
VN	Viet Nam
WF	Wallis and Futuna Islands
EH	Western Sahara (was Spanish Sahara)
YE	Yemen
ZM	Zambia
ZW	Zimbabwe (was Southern Rhodesia)

12.2 Appendix II—834 files examples

12.2.1 Initial add file example

```
ISA*00*  *00*     *30*525555555   *30*521333333    *080213*1713*^*00501*200802131*1*P*:~
GS*BE*594444444*521333333*20080213*1713*322326411*X*005010X220A1~        Group1 Loop
ST*834*0001*005010X220A1~          Contract1 begin
BGN*00*3800*20080213*0013*ET***2~          Enrollment file action (Change)
DTP*007*D8*20080201~      Set the effective data of the initial enrollment record
N1*P5*SPONSOR1*FI*594444444~      Sponsor/Employer (Legal Name) + Tax id (Dummy for this example)
N1*IN*CAREFIRST*FI*521333333~      CareFirst + Tax id (Dummy for this example)
N1*TV*TPA  NAME*FI*525555555~      DBE/TPE (Legal Name) + Tax id (Dummy for this example)
INS*Y*18*021**A*C:0**AC~      Subscriber's Record (self + Initial enroll + Medicare A, B:age + Active)
REF*0F*144444555~          Subscriber's id (initial enrollment only has the SSN to send in this case)
REF*ZZ*SSN~        Subscriber's id Type
DTP*336*D8*20080201~      Subscriber's Employment Begin Date
DTP*356*D8*20080201~      Subscriber's Eligibility Begin Date
DTP*338*D8*20080101~      Subscriber's Medicare Part A Begin
DTP*338*D8*20080101~      Subscriber's Medicare Part B Begin
NM1*IL*1*DOE*LARRY****34*144444555~      Subscriber's Name + Valid SSN
PER*IP**HP*3024393127~   Subscriber's Home Phone
N3*4005 SOME AV*APT 10007~              Subscriber's Address1 + Address2
N4*WASHINGTON*DC*20001~        Subscriber's City, State, Zip Code
DMG*D8*19510221*M*R*7*1~        Subscriber's Demographics
HLH*T~   Subscriber's Health Information (Smoker)
HD*021**HLT*      CM*E6D~ Subscriber's Product 1 (Medical + Rate Mod; no late ind- sp pad + coverage level)
DTP*348*D8*20080201~      Subscriber's Product 1 Benefit Begin Date
REF*1L*017V0003~          Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ*0003~        Subscriber's Class id 4 digits
COB*U**6~          Subscriber's COB (none)
HD*021**DEN**E6D~              Subscriber's Product 2 (Dental)
DTP*348*D8*20080201~              Subscriber's Product 2 Benefit Begin Date
REF*1L*017V0003~          Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ*0003~        Subscriber's Class id 4 digits
COB*U**6~          Subscriber's COB (none)
HD*021**PDG**E6D~          Subscriber's Product 3 (Drug)
DTP*348*D8*20080201~              Subscriber's Product 3 Benefit Begin Date
REF*1L*017V0003~          Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ*0003~        Subscriber's Class id 3 digits
INS*N*19*021*28*A*E***F*N~        Subscriber's Dependent1 Child (initial enroll + FT Student+ N/Handicap)
REF*0F*144444555~        Subscriber's Dependent1 id
DTP*356*D8*20080201~      Subscriber's Dependent1 Eligibility Begin Date
NM1*IL*1*DOE*GERRY*E***34*012312323~    Subscriber's Dependent1 Name + Valid SSN
PER*IP**HP*3024393127~              Subscriber's Dependent1 Home Phone
N3*4005 SOME AV*APT 10007~              Subscriber's Dependent1 Adress1 + Address2
N4*WASHINGTON*DC*20001~        Subscriber's Dependent1 City, State, Zip Code
DMG*D8*19920926*F~        Subscriber's Dependent1 Demographics
NM1*M8*2*UNIVERISTY OF NY~        Subscriber's Dependent1 Student School Name
HD*021**HLT~      Subscriber's Dependent1 Product 1
DTP*348*D8*20080201~              Subscriber's Dependent1 Product 1 Benefit Begin Date
REF*1L*017V0003~          Subscriber's Dependent1 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ*0003~        Subscriber's Dependent1 Class id 4 digits
COB*U**6~          Subscriber's Dependent1 COB (none)
HD*021**DEN ~    Subscriber's Dependent1 Product 2
DTP*348*D8*20080201~              Subscriber's Dependent1 Product 2 Benefit Begin Date
REF*1L*017V0003~          Subscriber's Dependent1 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ*0003~        Subscriber's Dependent1 Class id 4 digits
COB*U**6~          Subscriber's Dependent1 COB (none)
HD*021**PDG ~    Subscriber's Dependent1 Product 3
DTP*348*D8*20080201~              Subscriber's Dependent1 Product 3 Benefit Begin Date
REF*1L*017V0003~          Subscriber's Dependent1 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ*0003~        Subscriber's Dependent1 Class id 4 digits
INS*N*19*021*28*A*E****N~          Subscriber's Dependent2 Child (initial enroll + N/Handicap)
REF*0F*144444555~          Subscriber Dependent2 id
```

DTP*356*D8*20080201~   Subscriber's Dependent2 Eligibility Begin Date
NM1*IL*1*DOE*GENE*A***34*001240324~   Subscriber's Dependent2 Name + Valid SSN
PER*IP**HP*3024393127~   Subscriber's Dependent2 Home Phone
N3*4005 SOME AV*APT 10007~   Subscriber's Dependent2 Adress1 + Address2
N4*WASHINGTON*DC*20001~   Subscriber's Dependent2 City, State, Zip Code
DMG*D8*20020315*M~ Subscriber's Dependent2 Demographics
DSB***2**~   Subscriber's Dependent2 Disability (long term)
DTP*360*D8***20050516***~   Subscriber's Dependent2 Disability begin date
HD*****021*****HLT~   Subscriber's Dependent2 Product 1
DTP*348*D8*20080201~   Subscriber's Dependent2 Product 1 Benefit Begin Date
REF*1L*****017V0003***~   Subscriber's Dependent2 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ*****0003***~   Subscriber's Dependent2 Class id 4 digits
COB*U**6~   Subscriber's Dependent2 COB (none)
HD*****021*****DEN~   Subscriber's Dependent2 Product 2
DTP*348*D8*20080201~   Subscriber's Dependent2 Product 2 Benefit Begin Date
REF*1L*****017V0003***~   Subscriber's Dependent2 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ*****0003***~   Subscriber's Dependent2 Class id 4 digits
COB*U**6~   Subscriber's Dependent2 COB (none)
HD*****021*****PDG~   Subscriber's Dependent2 Product 3
DTP*348*D8**20080201~   Subscriber's Dependent2 Product 3 Benefit Begin Date
REF*1L*****017V0003***~   Subscriber's Dependent2 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ*****0003***~   Subscriber's Dependent2 Class id 4 digits
SE*81*0001~ Contract1 end
ST*834*0002*****005010X220A1***~ Contract2 begin

Details
SE*34*0002~ Contract2 end
GE*
GS*BE*****591111111****521333333*20080213*0013*003111111*X*****005010X220A1***~   Group2 Loop
ST*834*0001*****005010X220A1***~Contract1 begin Subscriber1

Details
SE*34*0001~ Contract1 end
ST*834*0002*****005010X220A1***~Contract2 begin Subscriber2

Details
SE*34*0002~ Contract2 end
ST*834*0003*****005010X220A1***~Contract3 begin Subscriber3

Details
SE*34*0003~ Contract3 end
GE*
ISE*   **end of file**

12.2.2 Change file example (change to subscriber)

ISA*00* *00*   *30***525555555** *30*521333333   *080505*0013*^***00501***200805051*1*P*:~
GS*BE***594444444***521355555*20080505*0013*311326431*X***005010X220A1**~   Group1 Loop
ST*834*0001***005010X220A1**~   Contract1 Begin
BGN*00*3800*20080505*0013*ET*****2**~   Enrollment file action (Update)
DTP***303***D8*20080501~   Set the effective date to the actual active date of changes
N1*P5*SPONSOR1*FI***594444444**~   Sponsor/Employer (Legal Name) + Tax id (Dummy for this example)
N1*IN*CAREFIRST*FI*521333333~   CareFirst + Tax id (Dummy for this example)
N1*TV*TPA NAME*FI***525555555**~   DBE (Legal Name) + Tax id (Dummy for this example)
INS***Y*****18*****001****A***C:0****AC~Subscriber's Record (self + No Change to subscriber + Medicare **A, B:age** + Active)
REF*0F*144444555~   Subscriber's id (in this case SSN)
REF***ZZ***SSN~   Subscriber's id Type
DTP***356***D8*20080201~   Subscriber's Eligibility Begin Date
NM1*IL*1*DOE*LARRY****34*144444555~   Subscriber's Name + Valid SSN
PER*IP**HP*3024393127~   Subscriber's Home Phone
N3*111149 SOME AV*APT #10~   Subscriber's Address1 + Address2 (change)
N4*WASHINGTON*DC*20051~   Subscriber's City, State, Zip
DMG*D8*19510221*M*R*7*1~   Subscriber's Demographics
HLH*T~   Subscriber's Health Information (Smoker)
HD***001**** HLT* CM*FAM~   Subscriber's Product 1 (No Change to Subscriber's coverage, added Spouse + adopted child)
DTP***348***D8*20080501~   Subscriber's Product 1 Maintenance Effective Date (no change to subscribers record)
REF*1L***017V0003**~   Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~   Subscriber's Class id 4 digits
COB*U**6~   Subscriber's COB (none)
HD***001****DEN**FAM~   Subscriber's Product 2 No Change to Subscriber's coverage"
DTP***348***D8*20080501~   Subscriber's Product 2 Maintenance Effective Date (no change to subscribers record)
REF*1L***017V0003**~   Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~   Subscriber's Class id 4 digits
COB*U**6~   Subscriber's COB (none)
HD***001****PDG**FAM~   Subscriber's Product 3 No Change to Subscriber's coverage"
DTP***348***D8*20080501~   Subscriber's Product 3 Maintenance Effective Date (no change to subscribers record)
REF*1L***017V0003**~   Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~   Subscriber's Class id 4 digits
INS*N***17*****021*****05***A*E~   Subscriber's Dependent3 (added Step Daughter)
REF*0F*144444555~   Subscriber's Dependent3 id (Familylink)
REF***ZZ***SSN~   Member's id Type
DTP***356***D8*20080501~   Subscriber's Eligibility Begin Date
NM1*IL*1*COLLY*GEORGINE*S***34*546330355~   Subscriber's Dependent3 Name + Valid SSN
PER*IP**HP*3024393127~ Subscriber's Dependent3 Home Phone
N3*111149 SOME AV*APT #10~   Subscriber's Dependent3 Adress1 + Address2
N4*WASHINGTON*DC*20051~   Subscriber's Dependent3 City, State, Zip Code
DMG*D8*20080428*F~   Subscriber's Dependent3 Demographics
HD***021****HLT~   Subscriber's Dependent3 Product 1
DTP***348***D8*20080501~   Subscriber's Dependent3 Product 1 Benefit Begin Date
REF*1L***017V0003**~   Subscriber's Dependent3 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~   Subscriber's Dependent3 Class id 4 digits
COB*U**6~   Subscriber's Dependent3 COB (none)
HD***021****DEN~   Subscriber's Dependent3 Product 2
DTP***348***D8*20080501~   Subscriber's Dependent3 Product 2 Benefit Begin Date
REF*1L***017V0003**~   Subscriber's Dependent3 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~   Subscriber's Dependent3 Class id 4 digits
COB*U**6~   Subscriber's Dependent3 COB (none)
HD***021****PDG~   Subscriber's Dependent3 Product 3
DTP***348***D8*20080501~   Subscriber's Dependent3 Product 3 Benefit Begin Date
REF*1L***017V0003**~   Subscriber's Dependent3 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~   Subscriber's Dependent3 Class id 4 digits
INS*N***01***021***32***A*E~   Subscriber's Dependent4 (Spouse)
REF*0F*144444555~   Subscriber's Dependent4 id (Familylink)
REF***ZZ***SSN~   Member's id Type
DTP***356***D8*20080201~   Subscriber's Dependent1 Eligibility Begin (Original Begin Date)
NM1*IL*1*DOE*GEORGIA*A***34*528330301~ Subscriber's Dependent4 Name + Valid SSN

PER*IP**HP*3024393127~ Subscriber's Dependent4 Home Phone
N3*111149 SOME AV*APT #10~   Subscriber's Dependent4 Adress1 + Address2
N4*WASHINGTON*DC*20051~   Subscriber's Dependent4 City, State, Zip Code
DMG*D8*19500917*F~   Subscriber's Dependent4 Demographics
HD***021****HLT~   Subscriber's Dependent4 Product 1
DTP***348***D8*20080501~   Subscriber's Dependent4 Product 1 Benefit Begin Date
REF*1L***017V0003***~   Subscriber's Dependent4 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003***~   Subscriber's Dependent4 Class id 4 digits
COB*U**6~   Subscriber's Dependent4 COB (none)
HD***021****DEN~   Subscriber's Dependent4 Product 2
DTP***348***D8*20080501~   Subscriber's Dependent4 Product 2 Benefit Begin Date
REF*1L***017V0003***~   Subscriber's Dependent4 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003***~   Subscriber's Dependent4 Class id 4 digits
COB*U**6~   Subscriber's Dependent4 COB (none)
HD***021****PDG~   Subscriber's Dependent4 Product 3
DTP***348***D820080501~   Subscriber's Dependent4 Product 3 Benefit Begin Date
REF*1L***017V0003***~   Subscriber's Dependent4 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003***~   Subscriber's Dependent4 Class id 4 digits
INS*N***19***024***28***A*E****N~   Subscriber's Dependent1 Child (initial enroll + N/Handicap)
REF*0F*144444555~   Subscriber's Dependent1 id

REF***ZZ***SSN~   Member's id Type
DTP***356***D8*20080201~   Subscriber's Dependent1 Eligibility Begin (Original Begin Date)
NM1*IL*1*DOE*GERRY*E***34*012312323~   Subscriber's Dependent1 Name + Valid SSN
PER*IP**HP*3024393127~   Subscriber's Dependent1 Home Phone
N3*4005 SOME AV*APT 10007~   Subscriber's Dependent1 Adress1 + Address2
N4*WASHINGTON*DC*20001~   Subscriber's Dependent1 City, State, Zip Code
DMG*D8*19920926*F~   Subscriber's Dependent1 Demographics
HD***024****HLT~   Subscriber's Dependent1 Product 1   (terming the student)
DTP***349***D8*20080201~   Subscriber's Dependent1 Product 1 Maintenance date (actual term date)
REF*1L***017V0003*** ~   Subscriber's Dependent1 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003*** ~
COB*U**6~   Subscriber's Dependent1 COB (none)
HD***024****DEN ~   Subscriber's Dependent1 Product 2
DTP***349***D8*20080201~   Subscriber's Dependent1 Product 2 Maintenance date (actual term date)
REF*1L***017V0003***~   Subscriber's Dependent1 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003*** ~
COB*U**6~   Subscriber's Dependent1 COB (none)
HD***024****PDG ~   Subscriber's Dependent1 Product 3
DTP***349***D8*20080201~   Subscriber's Dependent1 Product 3 Maintenance date (actual term date)
REF*1L***017V0003***~   Subscriber's Dependent1 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003***~
SE*99*0001~ Contract1 end
ST*834*0002***005010X220A1***~ Contract2 begin

Details
SE*34*0002~ Contract2 end
GE*
GS*BE***591111111***521333333*20080513*0013*003114444*X*005010X220A1~   Group2 Loop
ST*834*0001***005010X220A1***~Contract1 begin Subscriber1

Details
SE*34*0001~ Contract1 end
ST*834*0002***005010X220A1***~Contract2 begin Subscriber2

Details
SE*34*0002~ Contract2 end
ST*834*0003***005010X220A1***~Contract3 begin Subscriber3

Details
SE*34*0003~ Contract3 end
GE*
ISE*   **end of file**

12.2.3 Change file example (show demographic changes)

ISA*00* *00* *30***525555555** *30*521333333 *090305*0013*^***00501***200903059*1*P*:~
GS*BE***594444444***521355555*20090305*0013*311326431*X***005010X220A1**~ Group1 Loop
ST*834*0001***005010X220A1**~ Contract1 Begin
BGN*00*3800***20090305***0013*ET*****2**~ Enrollment file action (Update)
DTP***303***D8*20090305~ Set the effective date of the change record
N1*P5*SPONSOR1*FI***594444444**~ Sponsor/Employer (Legal Name) + Tax id (Dummy for this example)
N1*IN*CAREFIRST*FI*521333333~ CareFirst + Tax id (Dummy for this example)
N1*TV*TPA NAME*FI***525555555**~ DBE (Legal Name) + Tax id (Dummy for this example)
INS***Y*****18*****001****A*C:0**AC~ Subscriber's Record (self + No Change to subscriber + Medicare **A, B:age** + Active)
REF*0F*144444555~ Subscriber's id (in this case SSN)
REF***ZZ***SSN~ Subscriber's id Type
DTP***356***D8*20080201~ Subscriber's Eligibility Begin Date
NM1*IL*1*DOE*LARRY****34*144444555~ Subscriber's Name + Valid SSN
PER*IP**HP*3024393127~ Subscriber's Home Phone
N3*111149 SOME AV*APT #10~ Subscriber's Address1 + Address2
N4*WASHINGTON*DC*20051~ Subscriber's City, State, Zip
DMG*D8*19510221*M*R*7*1~ Subscriber's Demographics
HLH*T~ Subscriber's Health Information (Smoker)
HD***030**** HLT* CM*FAM~ Subscriber's Product 1 (No Change to Subscriber's coverage)
DTP***303***D8*20090305~ Subscriber's Product 1 Maintenance Effective Date (no change to subscribers record)
REF*1L***017V0003**~ Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~ Subscriber's Class id 4 digits
COB*U**6~ Subscriber's COB (none)
HD***001****DEN**ESP~ Subscriber's Product 2 Change to Subscriber's coverage (From FAM to ESP on Dental)
DTP***348***D8*20090305~ Subscriber's Product 2 Maintenance Effective Date (change to subscribers record)
REF*1L***017V0003**~ Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~ Subscriber's Class id 4 digits
COB*U**6~ Subscriber's COB (none)
HD***030****PDG**FAM~ Subscriber's Product 3 No Change to Subscriber's coverage
DTP***303***D8*20090305~ Subscriber's Product 3 Maintenance Effective Date (no change to subscribers record)
REF*1L***017V0003**~ Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~ Subscriber's Class id 4 digits
INS*N***17*****001*****05***A*E~ Subscriber's Dependent3
REF*0F*144444555~ Subscriber's Dependent3 id (Familylink)
REF***ZZ***SSN~ Member's id Type
DTP***356***D8*20090305~ Subscriber's Eligibility Begin Date
NM1***74***1*COLLY*GEORGINE*S***34*546330355~ Correction Subscriber's Dependent3 Name + Valid SSN
PER*IP**HP*3024393127~ Subscriber's Dependent3 Home Phone
N3*200187 HISTORY CORT~ Subscriber's Dependent3 (Mailing Adress1 + Address2)
N4*WASHINGTON*DC*20021~ Subscriber's Dependent3 (City, State, Change Zip Code)
DMG*D8***20080426***F~ Subscriber's Dependent3 Demographics
NM1***70***1*COLLY*GEORGINE*S~ Subscriber's Dependent3 Name (no change in Name)
DMG*D8***20080428***F~ Subscriber's Dependent3 Demographics (Incorrect DOB)

Then continue on with the contract details.

12.2.4 Term file example

ISA*00* *00*   *30***525555555** *30*521333333   *081223*1713*^***00501***200812232*1*P*:~
GS*BE***594444444***521333333*20081223*1713*311328844*X***005010X220A1**~   Group1 Loop
ST*834*0001*005010X220A1~   Contract1 Begin
BGN*00*3800*20081223*1713*ET*****2**~   Enrollment file action (Termination)
DTP***303***D8*20081231~   Set the effective date of the termination record
N1*P5*SPONSOR1*FI***594444444**~   Sponsor1/Employer1 + Tax id (Dummy for this example)
N1*IN*CAREFIRST*FI*521333333~   CareFirst + Tax id (Dummy for this example)
N1*TV*TPA NAME*FI***525555555**~   DBE (Legal Name) + Tax id (Dummy for this example)
INS*Y***18*****024*****40***A***C:0****AC~   Subscriber's Record (Termination of enrollment, layoff-no-benefits)
REF*0F*144444555~   Subscriber's id (initial enrollment only has the SSN to send in this case)
REF***ZZ***SSN~   Subscriber's id Type
DTP***356***D8*20080201~   Subscriber's Eligibility Begin (Original Effective Date)
NM1*IL*1*DOE*LARRY****34*144444555~   Subscriber's Name + Valid SSN
PER*IP**HP*3024393127~   Subscriber's Home Phone
N3*111149 SOME AV*APT #10~   Subscriber's Address1 + Address2
N4*WASHINGTON*DC*20051~   Subscriber's City, State, Zip Code
DMG*D8*19510221*M*R*7*1~   Subscriber's Demographics
HLH*T~   Subscriber's Health Information (Smoker)
HD***024**** HLT*   CM*FAM~   Subscriber's Product 1(term)
DTP***349***D8*20081231~   Subscriber's Product 1 Benefit End date (actual term date)
REF*1L***017V0003**~   Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~   Subscriber's Class id 4 digits
COB*U**6~   Subscriber's COB (none)
HD***024****DEN**FAM~   Subscriber's Product 2 (term)
DTP***349***D8*20081231~   Subscriber's Product 2 Benefit End date (actual term date)
REF*1L***017V0003**~   Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~   Subscriber's Class id 4 digits
COB*U**6~   Subscriber's COB (none)
HD***024****PDG**FAM~   Subscriber's Product 3 (term)
DTP***349***D8*20081231~   Subscriber's Product 3 Benefit End date (actual term date)
REF*1L***017V0003**~   Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~   Subscriber's Class id 4 digits
SE*31*0001~ Contract1 end
ST*834*0002***005010X220A1**~ Contract2 begin

Details
SE*34*0002~ Contract2 end
GE*
GS*BE***591111111***521333333*20081223*0013*003112222*X***005010X220A1**~   Group2 Loop
ST*834*0001***005010X220A1**~   Contract1 begin Subscriber's1

Details
SE*34*0001~ Contract1 end
ST*834*0002***005010X220A1**~   Contract2 begin Subscriber's2

Details
SE*34*0002~ Contract2 end
ST*834*0003***005010X220A1**~   Contract3 begin Subscriber's3

Details
SE*34*0003~ Contract3 end
GE*
ISE*   end of file

12.2.5 Reinstate file example (include all members + all products to be reinstated)

ISA*00* *00* *30***525555555** *30*521333333 *09205*1913*^***00501***200902052*1*P*:~
GS*BE***594444444***521333333*20090205*1913*311326422*X***005010X220A1**~ Group1 Loop
ST*834*0001***005010X220A1**~ Contract1 Begin
BGN*00*3800*20090205*0013*ET*****2**~ Enrollment file action (Reinstatement)
DTP***303***D8*20090301~ Set the effective date of the reinstate record
N1*P5*SPONSOR1*FI***594444444**~ Sponsor1/Employer1 + Tax id (Dummy for this example)
N1*IN*CAREFIRST*FI*521333333~ CareFirst + Tax id (Dummy for this example)
N1*TV*TPA NAME*FI***525555555**~ DBE (Legal Name) + Tax id (Dummy for this example)
INS*Y***18*****025*****40***A*C:**0****AC~ Subscriber's Record (reinstated to most recent enrollment records)
REF*0F*144444555~ Subscriber's id (initial enrollment only has the SSN to send in this case)
REF***ZZ***SSN~ Subscriber's id Type
DTP***356***D8*20090301~ Subscriber's Eligibility Begin Date
NM1*IL*1*DOE*LARRY****34*144444555~ Subscriber's Name + Valid SSN
PER*IP**HP*3024393127~ Subscriber's Home Phone
N3*111149 SOME AV*APT #10~ Subscriber's Address1 + Address2
N4*WASHINGTON*DC*20051~ Subscriber's City, State, Zip Code |
DMG*D8*19510221*M*R*7*1~ Subscriber's Demographics
HLH*T~ Subscriber's Health Information
HD***025****HLT* CM*FAM~ Subscriber's Product 1
DTP*348*D8*20090301~ Subscriber's Product 1 Benefit Begin Date
REF*1L***017V0003**~ Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~ Subscriber's Class id 4 digits
COB*U**6~ Subscriber's COB
HD***025****DEN**FAM~ Subscriber's Product 2
DTP*348*D8*20090301~ Subscriber's Product 2 Benefit Begin Date
REF*1L***017V0003**~ Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~ Subscriber's Class id 4 digits
COB*U**6~ Subscriber's COB (none)
HD***021****VIS**FAM~ Subscriber's Product 3 (include new product)
DTP*348*D8*20090301~ Subscriber's Product 3 Benefit Begin Date
REF*1L***017V0003**~ Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~ Subscriber's Class id 4 digits
COB*U**6~ Subscriber's COB (none)
HD***025****PDG**FAM~ Subscriber's Product 4
DTP*348*D8*20090301~ Subscriber's Product 4 Benefit Begin Date
REF*1L***017V0003**~ Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~ Subscriber's Class id 4 digits
COB*U**6~ Subscriber's COB (none)
(Note: Please include Larry's Spouse and (2) children under max age with all products, see initial add and change examples)
SE*36*0001~ Contract1 end
ST*834*0002***005010X220A1**~ Contract2 begin

Details
SE*34*0002~ Contract2 end
GE*
GS*BE***591111111***521333333*20080205*1913*003111981*X*005010X220A1~ Group2 Loop
ST*834*0001***005010X220A1**~ Contract1 begin Subscriber's1

Details
SE*34*0001~ Contract1 end
ST*834*0002***005010X220A1**~ Contract2 begin Subscriber's2

Details
SE*34*0002~ Contract2 end
ST*834*0003***005010X220A1**~ Contract3 begin Subscriber's3

Details
SE*34*0003~ Contract3 end
GE*
ISE* **end of file**

12.2.6 Contract void file example

(Include the exact subscriber record that was enrolled in a prior file submission + all products to be Voided)

ISA*00* *00*   *30***525555555**   *30*521333333   *09205*1913*^***00501***200902052*1*P*:~
GS*BE***594444444***521333333*20090205*1913*311326422*X***005010X220A1**~   Group1 Loop
ST*834*0001***005010X220A1**~   Contract1 Begin
BGN*00*3800*20090205*0013*ET*****2**~   Enrollment file action (Reinstatement)
DTP***303***D8*20090301~   Set the effective date of void record
N1*P5*SPONSOR1*FI***594444444**~   Sponsor1/Employer1 + Tax id (Dummy for this example)
N1*IN*CAREFIRST*FI*521333333~   CareFirst + Tax id (Dummy for this example)
N1*TV*TPA NAME*FI***525555555**~   DBE (Legal Name) + Tax id (Dummy for this example)
INS*Y***18*****024*****40***A***C:0****AC~   Subscriber's Record
REF*0F*144444555~   Subscriber's id (initial enrollment only has the SSN to send in this case)
REF***ZZ***SSN~   Subscriber's id Type
DTP***356***D8*20090301~   Subscriber's Eligibility Begin Date
NM1*IL*1*DOE*LARRY****34*144444555~   Subscriber's Name + Valid SSN
PER*IP**HP*3024393127~   Subscriber's Home Phone
N3*111149 SOME AV*APT #10~   Subscriber's Address1 + Address2
N4*WASHINGTON*DC*20051~   Subscriber's City, State, Zip Code
DMG*D8*19510221*M*R*7*1~   Subscriber's Demographics
HLH*T~   Subscriber's Health Information
HD***024****HLT*   CM **V***FAM~   Subscriber's Product 1 + (Void Indicator)
DTP*349*D8*20090301~   Subscriber's Product 1 Benefit Begin Date
REF*1L***017V0003**~   Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~   Subscriber's Class id 4 digits
COB*U**6~   Subscriber's COB
HD***024****DEN*   **V***FAM~   Subscriber's Product 2 + (Void Indicator)
DTP*349*D8*20090301~   Subscriber's Product 2 Benefit Begin Date
REF*1L***017V0003**~   Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~   Subscriber's Class id 4 digits
COB*U**6~   Subscriber's COB (none)
HD***024****VIS*   **V***FAM~   Subscriber's Product 3 + (Void Indicator)
DTP*349*D8*20090301~   Subscriber's Product 3 Benefit Begin Date
REF*1L***017V0003**~   Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~   Subscriber's Class id 4 digits
COB*U**6~   Subscriber's COB (none)
HD***024****PDG*   **V***FAM~   Subscriber's Product 4 + (Void Indicator)
DTP*349*D8*20090301~   Subscriber's Product 4 Benefit Begin Date
REF*1L***017V0003**~   Subscriber's (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ***0003**~   Subscriber's Class id 4 digits
COB*U**6~   Subscriber's COB (none)
SE*36*0001~ Contract1 end
ST*834*0002***005010X220A1**~ Contract2 begin (next contract is continued)
GE*
ISE*   **end of file**

12.2.7 Audit file example

(Include all subscriber + dependents for each processing period)

ISA*00* *00*   *30***525555556**   *30*521333333   *12206*1913*^***00501***201206052*1*P*:~
GS*BE***123199000***521333333*20120605*1913*311326422*X***005010X220A1**~   Group1 Loop
ST*834*0001***005010X220A1**~   Contract1 Begin
BGN*00***AUDIT***20120626*1924*ET*****4**~   Enrollment file action (Audit)
DTP***303***D8*20120626~   Set the effective date of audit record
N1*P5*A UNKNOWN OPLYMPICS LLC/FI***123199000**~ Sponsor1/Employer1 + Tax id (Dummy for this example)
N1*IN*CAREFIRST*FI*521333333~ CareFirst + Tax id (Dummy for this example)
N1*TV*STAR SUBMITTER*FI***525555556**~   Submitter Legal Name + Tax id (Dummy for this example)
INS*Y*18***030***AI*A*E**FT**N~   Subscriber's Record
REF*0F*078051120~   Subscriber's id (in this case matches to their respective SSN passed 2100A.NM109)
REF*ZZ*SSN~   Subscriber's id Type
M1*IL*1*AUSTIN*DREW*S***34*123456789~ Subscriber's Name + Valid SSN
PER*IP**HP*4432229008~ Subscriber's Home Phone
N3*123456 BESTWAY AVENUE~   Subscriber's Address1 + Address2
N4*FEDERICK*MD*21228~ Subscriber's City, State, Zip Code
DMG*D8*19590809*F*I*7*1~   Subscriber's Demographics
HD*030**DEN**EMP~   Subscriber's Product 1 + Maintenance Type code (Audit)
DTP*303*D8*20120601~   Subscriber's Product 1 Benefit Begin Date (Audit)
REF*1L*0MXR0001~   Subscriber's (Group id 4 digits & Subgroup id 4 digits)
REF*ZZ*0008~   Subscriber's Class id 4 digits
COB*U**5~   Subscriber's COB (unknown)
HD*030**HLT**EMP~   Subscriber's Product 2 + Maintenance Type code (Audit)
DTP*303*D8*20120601~   Subscriber's Product 2 Benefit Begin Date (Audit)
REF*1L*0MXR0001~   Subscriber's (Group id 4 digits & Subgroup id 4 digits)
REF*ZZ*0008~   Subscriber's Class id 4 digits
COB*U**1~   Subscriber's COB (Unknown Payor Responsibilty + COB =yes)
REF*SY*123456789Subscriber's COB (Policy Holders ID)
DTP*344*D8*20120601~   Subscriber's COB date
NM1*IN*2*ABC INSURANCE~ Subscriber's COB (Insurance Name)
HD*030**PDG**EMP~   Subscriber's Product 3 + Maintenance Type code (Audit)
DTP*303*D8*20120601~   Subscriber's Product 3 Benefit Begin Date (Audit)
REF*1L*0MXR0001~   Subscriber's (Group id 4 digits & Subgroup id 4 digits)
REF*ZZ*0008~   Subscriber's Class id 4 digits
HD*030**VIS**EMP~   Subscriber's Product 4 + Maintenance Type code (Audit)
DTP*303*D8*20120601~   Subscriber's Product 4 Benefit Begin Date (Audit)
REF*1L*0MXR0001~   Subscriber's (Group id 4 digits & Subgroup id 4 digits)
REF*ZZ*0008~   Subscriber's Class id 4 digits
SE*36*0001~ Contract1 end
ST*834*0002***005010X220A1**~ Contract2 begin (next contract is continued)
GE*
ISE*   **end of file**

12.2.8 Add file example under 65 (CD)

ISA*00* *00*   *30***525555555**   *30***525557777**   *081013*0013*^***00501***200810199*1*P*:~
GS*BE***9911***521385894*20081013*0013*003113264*X***005010X220A1**~   Group1 Loop
ST*834*0001***005010X220A1**~   Contract1 begin
BGN*00*3800*20081013*0013*ET*****2**~   Enrollment file action (Change)
DTP***007***D8*20081101~   Set the effective data of the initial enrollment record
N1*P5*IMD NOVEMBER RENWAL***94*****9911**~ Group Name given to submitter by CareFirst + CD Group Number
N1*IN*CAREFIRST*FI***525557777**~   Payer + Tax id
N1*BO*BROKERA*FI***525444444**~   Broker Agent + Tax id (use either BrokerA or Broker2 segments)
N1*BO*BROKER2***94*****5555**~ Broker Sales Rep + Sales ID **changed qualifier from ZZ to 94**
INS***Y*****18***021*28*E* **FT~ Subscriber's Record (**No Medicare** + No Handicap + Empl Status)
REF***0F***155544444~   Subscriber's id (9 digit SID id)
REF*ZZ*SID~   Defines the id submitted in REF01=0F
REF*QQ***72**~   Subscriber's Waiting Period
REF*3H***Y**~   Application Consent flag
DTP***356***D8*20091101~   Subscriber's Eligibility Begin Date

DTP***336***D8*20091101~   Subscriber's Hire Date (default to current date, to meet requirement)
NM1*IL*1*DOLLOR*LARRY****34*144444555~ Subscriber Name + Valid SSN
PER*IP**EM*EMAILADDRESS@YAHOO.COM*HP*1231231231*TE*3453453453~ Subscriber's contact information
N3*111 SOME AV*APT LOWER~   Subscriber's Address1 + Address2
N4*WASHINGTON*DC*20001~   Subscriber's City, State, Zip Code
DMG*D8*19550221*M*M*~Subscriber's Demographics (DOB + Gender + Marital Status)
HD*021**HLT***NN***ESP~   Subscriber's **Product 1** (add Medical + Bancorp flag=N +Medicare Disc flag=N)
DTP*348*D8*20091101~   Subscriber's Product Benefit Begin Date
REF*1L***9911DHSN**~   Subscriber's (Group id 4 digits & Subgroup id 4 digits)
REF*ZZ* **HSM2**~   Subscriber's Class id 4 digits
COB*U**6~   Subscriber's COB (none)
HD***021****PRA**ESP~   Subscriber's **Product 2** (add Medical Maternity Rider for Insurer and Spouse)
DTP*348*D8*20091101~   Subscriber's Product 2 Benefit Begin Date
REF*1L***9911DHSA**~   Subscriber's (Group id 4 digits & Subgroup id 4 digits)
REF*ZZ* **HSM2**~   Subscriber's Class id 4 digits
COB*U**6~   Subscriber's COB (none)
HD***021****PDG**ESP~   Subscriber's **Product 3** (add Drug for Insurer and Spouse)
DTP*348*D8*20091101~   Subscriber's Product 3 Benefit Begin Date
REF*1L***9911DHSB**~   Subscriber's (Group id 4 digits & Subgroup id 4 digits)
REF*ZZ***HSM2**~   Subscriber's Class id 4 digits
INS***N*****01***021***E****N~ Subscriber Spouse's Record (spouse + Add + No Medicare + No Handicap) on Initial enrollment
REF***0F***155544444~   Subscriber Spouse's id (9 digit SID id tied to Subscriber)=
REF*ZZ*SID~   Defines the id submitted in REF01=0F
REF*QQ***72**~   Subscriber Spouse's (Prior Coverage Months)
DTP***356***D8*20091101~   Subscriber Spouse's Eligibility Begin Date
NM1*IL*1*DOLLOR*LOUISE*A***34*144444333~   Subscriber Spouse's Name + Valid SSN
PER*IP**EM*EMAILADDRESS@YAHOO.COM*HP*1231231231*TE*3453453453~ Spouse's contact information
N3*111 SOME AV*APT LOWER~   Subscriber Spouse's Address1 + Address2
N4*WASHINGTON*DC*20001~   Subscriber Spouse's City, State, Zip Code
DMG*D8*19570321*F~   Subscriber Spouse's Demographics (DOB + Gender - Marital Status)
HD*021**HLT~   Subscriber Spouse's **Product 1** (add Medical for family)
DTP*348*D8*20091101~   Subscriber Spouse's Product 1 Benefit Begin Date
REF*1L***9911DHSN**~   Subscriber Spouse's (Group id 4 digits & Subgroup id 4 digits)
REF*ZZ* **HSM2**~   Subscriber Spouse's Class id 4 digits
COB*U**6~   Subscriber Spouse's COB (No COB)
HD*021**PRA~   Subscriber Spouse's **Product 2** (add Dental for family)
DTP*348*D8*20091101~   Subscriber1 Product 2 Benefit Begin Date
REF*1L***9911DHSA**~   Subscriber (Group id 4 digits & Subgroup id 4 digits)
REF*ZZ* **HSM2**~   Subscriber Class id 4 digits
COB*U**6~   Subscriber COB (No COB)
HD*021**PDG~   Subscriber **Product 3** (add Vision for family)
DTP*348*D8*20091101~   Subscriber Product 3 Benefit Begin Date
REF*1L***9911DHSB**~   Subscriber (Group id 4 digits & Subgroup id 4 digits)
REF*ZZ* **HSM2**~   Subscriber Class id 4 digits
SE*56*0001~   Contract End
GE*1*123113264~
IEA*1*200810199~

12.2.9 Add file example over 65 (CD)

ISA*00* *00*   *30***525555555**   *30***525557777**   *081013*0013*^***00501***200810199*1*P*:~
GS*BE***9911***521385894*20081013*0013*003113264*X***005010X220A1**~   Group1 Loop
ST*834*0001***005010X220A1**~   Contract1 begin
BGN*00*3800*20081013*0013*ET*****2**~   Enrollment file action (Change)
DTP***007***D8*20081101~   Set the effective data of the initial enrollment record
N1*P5*IMD NOVEMBER RENWAL***94*****9911**~ Group Name given to submitter by CareFirst + CD Group Number
N1*IN*CAREFIRST*FI***525557777**~   Payer + Tax id
N1*BO*BROKERA*FI***525444444**~   Broker Agent + Tax id (use either BrokerA or Broker2 segments)
N1*BO*BROKER2***94*****5555**~ Broker Sales Rep + Sales ID **changed qualifier from ZZ to 94**
INS***Y*****18***021*28*A***C:0****AC~ Subscriber's Record (**Medicare AB:age** + No Handicap + Empl Status)
REF*0F*155544444~   Subscriber's id (9 digit SID id)
REF*ZZ*SID~   Defines the id submitted in REF01=0F
REF*QQ***72**~   Subscriber's Waiting Period
REF*3H***Y**~   Application Consent flag
DTP***356***D8*20091101~   Subscriber's Eligibility Begin Date
DTP***336***D8*20091101~   Subscriber's Hire Date (default to current date, to meet requirement)
DTP***338***D8*20091101~   Subscriber's Medicare Begin Date (Part A)
DTP***338***D8*20091101~   Subscriber's Medicare Begin Date (Part B)
NM1*IL*1*DOLLOR*LARRY****34*144444555~ Subscriber Name + Valid SSN
PER*IP**EM*EMAILADDRESS@YAHOO.COM*HP*1231231231*TE*3453453453~ Subscriber's contact information
N3*111 SOME AV*APT LOWER~   Subscriber's Address1 + Address2
N4*WASHINGTON*DC*20001~   Subscriber's City, State, Zip Code
DMG*D8*19550221*M*M*~Subscriber's Demographics (DOB + Gender + Marital Status)
HD*021**HLT***YY***ESP~   Subscriber's **Product 1** (add Medical + Bancorp flag=Y +Medicare Disc flag=Y)
DTP*348*D8*20091101~   Subscriber's Product Benefit Begin Date
REF*1L***9911DHSN**~   Subscriber's (Group id 4 digits & Subgroup id 4 digits)
REF*ZZ* **HSM2**~   Subscriber's Class id 4 digits
COB*U**6~   Subscriber's COB (none)
HD***021****PRA**EMP~   Subscriber's **Product 2** (add Medical Maternity Rider for Insurer and Spouse)
DTP*348*D8*20091101~   Subscriber's Product 2 Benefit Begin Date
REF*1L***9911DHSA**~   Subscriber's (Group id 4 digits & Subgroup id 4 digits)
REF*ZZ* **HSM2**~   Subscriber's Class id 4 digits
COB*U**6~   Subscriber's COB (none)
HD***021****PDG**ESP~   Subscriber's **Product 3** (add Drug for Insurer and Spouse)
DTP*348*D8*20091101~   Subscriber's Product 3 Benefit Begin Date
REF*1L***9911DHSB**~   Subscriber's (Group id 4 digits & Subgroup id 4 digits)
REF*ZZ***HSM2**~   Subscriber's Class id 4 digits
SE*32*0001~   Contract End
GE*1*123113264~
IEA*1*200810199~

12.2.10 Further record type clarifications

Subscriber's Maintenance Code	Definition
ADD	New contract/subscriber. Subscriber did not exist in group. Submitter will pass all member records (subscriber and dependents) with complete list of products applicable for each member. All member maintenance codes and all product maintenance codes must be set to ADD.
CHANGE	Existing contract in the group. Product maintenance code for all products should not be all TERMINATE. Product maintenance code for all products should not be all ADD. Product maintenance code for all products should not be all REINSTATE. Product maintenance code for all products can all be CHANGE. Product maintenance code for all products can all be AUDIT (Only allowed at the 2300 level). Valid scenarios: ▪ **Change an existing subscriber** Subscriber change in demographic information Add a new product Change an existing product Terminate an existing product (but not all products) Reinstate a terminated product (but not all products) Terminate an existing dependent Reinstate a terminated dependent Change in coverage level downgrades send term record for dependants effected Add a new dependent Change from class to class (must send all active product as of the effective date of the new transaction) ▪ **Change an existing dependent** Dependent change in demographic information Add a new product Change an existing product and when changing PCP/COB terminate an existing product (but not all products) Reinstate a terminated product (but not all products) Submitter will always pass a subscriber record. **Note:** Submitter will always pass a full list of products in each dependent record even if the product did not change, with the Maintenance Type code set to 030 for those dependens without changes. **Note:** Submitter will always pass all dependent records even if the product did not change, with the Maintenance Type code set to 030 for those dependens without changes. **Note:** When reinstating a voided product send product transactions as add, with member transaction as change.
TERMINATE	Existing terminated contract in the group. For contract terminations submitter will only pass subscriber record with complete list of products for the contract. Subscriber's member maintenance code and all product maintenance codes must be set to TERMINATE.

Subscriber's Maintenance Code	Definition
REINSTATE	Existing contract in the group.
	Submitter will pass subscriber and ONLY the dependent records that should be reinstated with complete list of products for each of those members. Subscriber's maintenance code (INS03) must be REINSTATE, and product maintenance codes must be set to REINSTATE or ADD.
	Valid scenarios:
	▪ Reinstate all the members ▪ Reinstate a subset of members ▪ Reinstate all the products ▪ Reinstate a subset of products ▪ Add new dependent(s) ▪ Add new product(s)
	Note: if enrolling in a new group scenario changes to an add. When reinstating a voided member send product transactions as add, with member transaction as reinstate.
OPEN ENROLLMENT/ RENEWALS	Existing contract in the group. Complete contract are renewals.
	When creating these files by passing the add the HDR.BGN02 1st 2 digit = **99** and HDR. DTP01=**382** as renewal flag per contract. Only send renewals in this file only, do not send in maintenance at this time.
MEDICARE DATES	When working with Medicare parts then follow this logic:
	If INS06 = C for both Medicare Part A/B, first iteration of **2000.DTP01=338** always represents Part A second iteration represents Part B.
	▪ **INS06=C** ▪ DTP***338***D8*20080101~ Member Medicare Part **A** Begin ▪ DTP***338***D8*20090101~ Member Medicare Part **B** Begin
	When down grading Medicare Part from C to A, Then send as the following dates;
	▪ **INS06=A** ▪ DTP***338***D8*20080101~ Member Medicare Part **A** Begin ▪ DTP*3**39***D8*20090701~ Member Medicare Part **B** End
	When down grading Medicare Part from C to B, Then send as the following dates;
	▪ **INS06=B** ▪ DTP***339***D8*20080101~ Member Medicare Part **A** End ▪ DTP***338***D8*20090701~ Member Medicare Part **B** Begin
	When down grading both Medicare Part's, Then send as the following dates;
	▪ **INS06=C** ▪ DTP***338***D8*20080101~ Member Medicare Part **A** Begin ▪ DTP***338***D8*20080101~ Member Medicare Part **B** Begin ▪ DTP***339***D8*20090701~ Member Medicare Part **A** End DTP***339***D8*20090701~ Member Medicare Part **B** End
CD	When sending the billing address that is not the same as the subscriber residential/home, submitter please include that address in the 834/2100C—MEMBER MAILING ADDRESS section.

13. CareFirst Outbound Startup File Generation

CareFirst will provide trading partners the ability to request for an enrollment startup file. The startup file will be routed to the trading partner's designated folder for pickup.

13.1 File clarifications

- Requester must be a contracted submitter
- File naming convention :
  - Companyname_834P_5010_@GRP#.txt, when all records are included
  - Companyname_834P_5010_@GRP#-incomplete.txt, when some records are in error
- Requester must have created an inbound 834 or have an understanding of the current process as described in Sections 1–12 in this document.
- Relationship check will be verified for submitter and group using the requested date and authentication, if the relationship is not active the file will not be generated and no notification will be generated
- Current process supports; 1 group per file
- The BGN02 element will have a file type flag "STUP" = startup file
- All product maintenance qualifiers will be set to audit (030)
- All eligibility/product effective date fields will be set to audit (303)
- If SSN is not present on the member record it is not available to extract, the following criteria for should be used as search logic;
  - First and last name
  - Date of birth
  - Gender
- Process will get all records using the "From Date" parameter. The requester will only receive the subscribers that are active on or within 60 days of the from date from input, even if the subscriber had multiple records.

13.2 Scenarios

Member1 Benefits:	Enrollment Record Dates for M1	Active TP
Group: ABCD Class 001	01/01/2010 to 02/28/2010	Submitter2
Group: ABCD Class 002	03/01/2010 to 05/31/2010	Submitter1
Group: ABCD Class 007	06/01/2010 to 09/30/2010	Submitter3

13.2.1 Scenario #1

Submiter1 submitted on a request on 1/1/2010. **Submitter1** enters **Group ID: ABCD** and from date = 3/1/2010. The system will retrieve the benefits that are active using the from date provided.

In this case, the system will retrieve the benefits for **Member1**, which will be active for this submitter from 3/1 thru 5/31/2010 (Clas002). This also adheres to the 60 days rule.

13.2.2 Scenario #2

Submiter1 submitted on a request on 1/1/2010. The requester enters **Group ID: ABCD** and from date = 1/1/2010. The system will retrieve the benefits that are active as of 1/1/2010.

In this case, the system will retrieve the benefits for **Member1** that are active under **Submitter2** from 1/1 thru 2/28/2010. This adheres to the 60 days rule. If changes are anticipated, **Submitter1** will need to request another file to reconcile.

13.2.3 Scenario #3

Submiter3 submitted on a request on 3/1/2010. The requester enters **Group ID: ABCD** and from date = 6/1/2010.

The request will fail. The request will fail because the group id(s) entered are not active with the receiver and does not adhere to the 60 days rule.

The requester will receive a notification informing them that they do not have access to the group [ENTERED ID], please retry.

13.2.4 Scenario #4

Submiter3 submitted on a request on 5/1/2010. The requester enters **Group ID: ABCD** and from date = 3/1/2010.

The request will fail because the group id(s) entered are not active with the receiver and does not adhere to the 60 days rule.

The requester will receive a notification informing them that they do not have access to the group [ENTERED ID], please retry.

13.3 File delivery

Navigate to the following SFT site.

- URL paths;
  - ☐ Test; **https://ast-tech.carefirst.com**
  - ☐ Prod; **https://ast.carefirst.com**

- The start up file will be created and placed into the trading partners designated folder Out/834.

-

13.4 File notification

The email process is designed to send one of the following notifications;

- Failure notification will be sent to the requestor and the CareFirst support team, when at least 1 or more contracts for the group requested where in error. This includes all or partial contract failures. If multiple records fail, the subscriber ids will be listed in the body of the email, separated by commas.

```
To: (X) Trading Partner
Subject: Start-up file action required for the following
errors.

Errors occurred when creating the Start Up file.    2010-01-
22T12:04:43.212-05:00
Group ID OJ06: Failed Subscriber Ids 90XXXXXX1, 90XXXXXX6
```

- Success notification will be sent to the requestor when the start up file is created without error(s) and is ready for pickup. The outbound 834 file is considered complete for the requested date.

```
To: (X) Trading Partner
Subject: Start-up files created successfully for BCT9

2010-01-22T13:01:59.695-05:00 BCT9
```

13.5 Outbound file example

ISA*00* *00 * *30*521333333 *30***525555555** *091112*1858*^*00501***123456789***0*P*:~
GS*BE*521333333***594444444***20091112*1858*131985*X*005010X220A1~ Functional Group start
ST*834*0001*005010X220A1~ Transaction Start (Contract1 begin)
BGN*00***STUP***20091110*1858*ET*****4**~ Enrollment file action (Verify)
DTP*303*D8*20091101~Set the qualifier to audit and effective date to the actual active date
N1*P5*SPONSOR2*FI***594444444**~ Sponsor/Employer (Legal Name) + Tax id (Dummy for this example)
N1*IN*CAREFIRST*FI**521333333~ CareFirst + Tax id (Dummy for this example)
N1*TV*TPA NAME*FI***525555555**~ DBE/TPE (Legal Name) + Tax id (Dummy for this example)
INS*Y*18*030**A***FT*N~ Subscriber's Record (Audit, Active, Full Time status)
REF*0F*987654321~ Subscriber's ID
REF*ZZ*SID~ Subscriber's ID Type
REF*F6*456142155A~ Subscriber's HICN Number
DTP*336*D8*17530101~Subscriber's Hire Date (if value is older than current century), CareFirst did not receive the actual
hire date
DTP*356*D8*20091101~ Subscriber's Effective date
NM1*IL*1*BARID*DALTON*M***34*222222223~ Subscriber's Name (Last, First, Middle Initial) + Valid SSN
PER*IP**HP*4105554321~ Subscriber's Home Phone
N3*14890 GERRAD AVE*BLDG C~ Subscriber's Address1 + Address2
N4*BALTIMORE*MD*21010~ Subscriber's City, State, Zip Code
DMG*D8*19490519*M*S~ Subscriber's Demographics (Birth date, Gender, Marital status)
HLH*T~ Subscriber's Health Information (Smoker)
HD*030**HLT* CM*FAM~ Subscriber's Product1 (Product Maintenance + Medical + Rate Mod +
coverage level
DTP*303*D8*20091101~ Subscriber's Product1 Effective date
REF*1L*17TJ0001~ Subscriber's Product1 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ*0001~ Subscriber's Product1 Class id 4 digits
COB*U**5~ Subscriber's COB (Unknown at request date)
HD*030**PDG**FAM~ Subscriber's Product2 No Change to Subscriber's coverage
DTP*303*D8*20091101~ Subscriber's Product2 Effective date
REF*1L*17TJ0001~ Subscriber's Product2 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ*0001~ Subscriber's Product2 Class id 4 digits
INS*N*01*030**A*E**FT**Y~ Subscriber Spouse's Record (Active, No -Medicare, FT employ status, Handicap)
REF*0F*987654321~ Subscriber Spouse's ID
REF*ZZ*SID~ Subscriber Spouse's ID Type
DTP*356*D8*20090401~ Subscriber Spouse's Effective date
NM1*IL*1*BARID*ANGELICA*M***34*456142185~ Subscriber Spouse's Name (Last, First, Middle Initial) + Valid SSN
DMG*D8*19650103*F~ Subscriber Spouse's Demographics (Birth date + Gender)
DSB*3~ Subscriber Spouse's Disability type (Permanent or Total Disability)
DTP*360*D8*19780125~ Subscriber Spouse's Disability Effective date
HD*030**HLT~ Subscriber Spouse's Product1 (Product Maintenance)
DTP*303*D8*20091101~ Subscriber Spouse's Product1 Effective date
REF*1L*17TJ0001~ Subscriber Spouse's Product1 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ*0001~ Subscriber Spouse's Product1 Class id 4 digits
COB*U**5~ Subscriber Spouse's COB (Unknown at request date)
HD*030**PDG~ Subscriber Spouse's Product2 (Product Maintenance)
DTP*303*D8*20091101~ Subscriber Spouse's Product2 Effective date
REF*1L*17TJ0001~ Subscriber Spouse's Product2 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ*0001~ Subscriber Spouse's Product1 Class id 4 digits
INS*N*19*030**A*E**FT*F~Subscriber Dependent Childs (Active, No -Medicare, FT Student + N/Handicap)
REF*0F*987654321~ Subscriber Dependent Childs ID
REF*ZZ*SID~ Subscriber Dependent Childs ID Type
DTP*356*D8*20091101~ Subscriber Dependent Childs Effective date
DTP*350*D8*20080915~ Subscriber Dependent Childs Education Begin date
NM1*IL*1*BARID*ANDREW~Subscriber Dependent Childs Name (without SSN)
DMG*D8*19900425*M~ Subscriber Dependent Childs Demographics (Birth date + Gender)
NM1*M8*2*UNIVERSITY OF FLORIDA~ Subscriber Dependent Childs School Name
HD*030**HLT~ Subscriber Dependent Childs Product1 (Product Maintenance)
DTP*303*D8*20091101~ Subscriber Dependent Childs Product1 Effective date
REF*1L*17TJ0001~ Subscriber Dependent Childs Product1 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ*0001~ Subscriber Dependent Childs Product1 Class id 4 digits

13. CareFirst Outbound Startup File Generation

LX*1~   Subscriber Dependent Childs PCP Information start segment
NM1*P3*1******SV*58900009*25~ Subscriber Dependent Childs PCP ID
PLA*2*1P*20091101**AI~ Subscriber Dependent Childs PCP (effective date, maintenance reason code)
COB*U**5~   Subscriber Dependent Childs COB (Unknown at request date)
HD*030**PDG~   Subscriber Dependent Childs Product2 (Product Maintenance)
DTP*303*D8*20091101~   Subscriber Dependent Childs Product2 Effective date
REF*1L*17TJ0001~ Subscriber Dependent Childs Product2 (Group's 4 digit ID & Subgroup 4 digit ID)
REF*ZZ*0001~   Subscriber Dependent Childs Product2 Class id 4 digits
SE*66*0001~   Transaction end (Contract1 end)
GE*1*131985~   Functional Group end
I**EA***1*123456789~ Interchange Control end