



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

Wellmark Blue Cross Blue Shield

HIPAA Transaction Standard
Companion Guide
Section 2, 834 Enrollment and Maintenance
Refers to the X12N Implementation Guide
ANSI Version 5010X220A1

[Introduction](#)

[Matrix](#)

[Reports](#)

Version 1.0

This *Companion Guide* is a work in progress. Wellmark reserves the right to make changes to this *Companion Guide* at any time without notice. Changes appear in blue shaded areas.

November 1, 2011

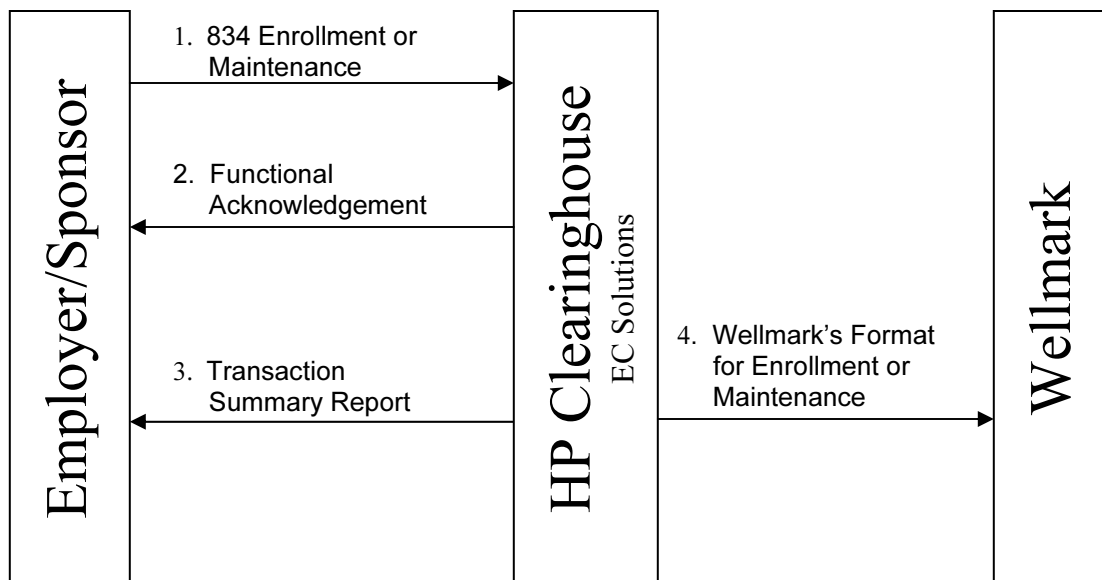
Introduction

Wellmark places a high priority on making it easy for our customers to do business with us. Electronic enrollment is one of the ways we can do this. Electronic enrollment facilitates the transfer of enrollment information from your organization to ours in a standard data format. This Section 2 of the *Wellmark Companion Guide* provides information about the American National Standards Institute (ANSI) Benefit Enrollment and Maintenance 834 transaction, Version 5010A1. This transaction is the accepted standard of the 1996 Health Insurance Portability and Accountability Act (HIPAA-AS).

The ANSI 834 transaction can be sent to Wellmark by any entity (individual or organization) that pays any or all of the premiums for a group health care plan. Employers who use the ANSI 834 transaction may realize several benefits. Using this format means that complete and detailed enrollment and disenrollment information is provided to Wellmark. Electronic submission also helps reduce errors by eliminating multiple data entries. Finally, electronic transmission can yield more timely and accurate records for use by your organization and ours.

The *Wellmark Companion Guide* is intended to be used alongside the *HIPAA-AS Implementation Guide (IG)*, which provides comprehensive information needed to create an ANSI 834 transaction. The *Wellmark Companion Guide* does not change the specifications of the *HIPAA Implementation Guide*; rather, it is intended to clarify the areas where the IG provides options or choices to be made. The *HIPAA-AS Implementation Guide* can be downloaded from the following Internet address: <http://www.wpc-edi.com/hipaa>.

When you send a transaction to Wellmark, it will go through EC Solutions Interactive Network (INet) facility first. EC Solutions translates the ANSI 834 standard transaction into a format readable by our internal systems. The process is described below. Section 1 of the *Wellmark Companion Guide* provides further information about the process of sending electronic transactions to Wellmark via EC Solutions.



Phases of Electronic Enrollment

Electronic enrollment involves two phases: Start-up and Production. The Start-up phase includes the initial request from your organization to submit enrollment records electronically, review and approval of the request by Wellmark, registration with EC Solutions, testing, and final approval for production. Production is the ongoing process of submission of electronic enrollment records.

Start-up

1. If you have an interest in electronic enrollment, you should first contact your Marketing Representative to make a request for information about Wellmark's process.
2. Your Marketing Representative will submit your request to Wellmark's Membership & Enrollment department.
3. The Marketing Representative and your Membership Liaison will next organize a conference call with your organization to discuss Wellmark's process requirements, submission options and the *Companion Guide*.
4. Your Marketing Representative will then obtain appropriate registration forms for submission of electronic transactions to Wellmark's clearinghouse – EC Solutions. These forms must be completed and submitted to EC Solutions prior to the start of testing.
5. Wellmark will next discuss a testing and implementation schedule with your organization. In order to meet the agreed upon implementation date, it is important to adhere to this schedule. Testing generally extends over a period of 6 to 8 weeks.
6. Test files with ANSI 834 transactions will be submitted to Wellmark via EC Solutions, who will evaluate the files for complete and valid information. The test transactions will then be used to update Wellmark's eligibility test system. EC Solutions will provide feedback about errors and deviations relating to front-end HIPAA-AS edits. Wellmark will also provide feedback about errors resulting from the updating of the eligibility test system. Files may be corrected and resubmitted for further evaluation.
7. When testing has been successfully completed and verified, Wellmark will provide production login information.
8. Production files will be provided to Wellmark according to an established schedule.

Production

Production begins after the conversion to electronic processing has been completed.

1. You will create ANSI 834 transactions and submit these to EC Solutions using the submitter ID number previously provided in the registration process. The transmission method will have been agreed upon according to guidelines provided in Section 1 of this *Companion Guide*.
2. EC Solutions will edit the transactions for standard HIPAA format edits and will provide error reports to you as necessary. (See Reports in Section 1 of this *Companion Guide*.)
3. EC Solutions then translates the ANSI 834 transaction into a format that is readable by Wellmark's internal systems.
4. The translated file is further edited upon being applied to Wellmark's eligibility system. Additional error reports will be provided to you, as necessary, by Wellmark's Membership & Enrollment

department. This information will be sent to you for correction and resubmission to Wellmark. (See Reports at the end of this section.)

5. If no errors have been detected, Wellmark's eligibility system will be updated within 24 hours of receipt of the transactions.
6. Failure to follow this process may result in incorrect or lost enrollment transactions, which may result in claims being suspended or rejected.

Format Layout Requirements

The ANSI 834 transaction allows you to provide the data elements necessary to process a transaction in a standard format. It also allows for numerous values for some data elements. Wellmark's eligibility system does not currently store all values allowed for some data elements, nor all of the data elements of the ANSI 834 transaction. The layout provided represents the information that Wellmark requires and uses within our eligibility system.

According to HIPAA guidelines, Wellmark and our customers must agree to not do the following:

- ✓ Modify the definition, condition, or use of a data element or segment in the ANSI 834 standard transaction
- ✓ Add any additional data elements or segments
- ✓ Use any code or data values which are not valid in the current version of the ANSI 834 transaction
- ✓ Change the meaning or intent of the ANSI 834 transaction

Enrollment File Types

The ANSI 834 transaction process allows for two types of enrollment files:

- ✓ Update (Change) File: A list of subscribers and covered dependents being added, updated, or terminated. Subscribers without enrollment changes are not included on the file. [When you use this approach, Wellmark currently requires that you provide a subscriber's full record even when making changes to dependent records only or demographic information.]
- ✓ Full File Audits (Verify): A complete list of all currently active subscribers and covered dependents with or without changes.

Wellmark can receive electronic enrollment files on a daily, weekly, bi-weekly, or monthly basis. The frequency should be determined based upon the level of enrollment activity and the number of group members.

General Rules for Reporting Eligibility

- **Use of special characters in address lines**

In address lines 1 and 2 for all addresses, only the following special characters are acceptable:

* asterisk	:	colon
# number sign	;	semi-colon
& ampersand	'	apostrophe
/ forward slash		

Note that the number sign (#) cannot be used in the first position of the address.

- **Coordination of Benefits (COB) & Medicare Secondary Payer (MSP) Information**

COB and MSP information requested in the ANSI 834 transaction is required to ensure appropriate determination of order of payments involving other carriers and/or the Center for Medicare and Medicaid Services.

- **Primary Care Provider (PCP) Designation**

For Wellmark Health Plan of Iowa coverage, submit PCP National Provider Identifier for each family member. You may locate Wellmark's provider directories on our web site at www.wellmark.com.

LEGEND for Wellmark Matrix for the 834

GRAY SHADED rows represent “segments;” **NON-SHADED** rows represent “data elements.” “Loop – specific” comments are found in the first segment of the loop. **BLUE SHADED** rows represent changes for 5010 version

Loop ID	Reference	Name	Value/ Codes	Wellmark Length	Notes/Comments
-----	ISA	Interchange Control Header			
	ISA05	Interchange ID Qualifier	ZZ		Required
	ISA06	Interchange Sender ID			Required. Use the submitter ID provided to you by the Clearinghouse.
	ISA07	Interchange ID Qualifier	ZZ		Required
	ISA08	Interchange Receiver	88848		Required
	ISA11	Repetition Separator			Use any valid HIPAA value. Wellmark suggests using “A” symbol
	ISA12	Interchange Control Number	00501		Required
-----	GS	Functional Group Header			
	GS02	Application’s Sender Code			Required. Use the submitter ID provided to you by the Clearinghouse.
	GS03	Application’s Receiver Code	88848		Required
	GS08	Version/Release	005010 X220A1		Required
-----	ST	Transaction Set Header			
	ST03	Implementation Conversion Reference	005010 X220A1		Required
-----	BGN	Beginning Segment			
	BGN02	Reference Identification			Name of Group or when sending a full audit file use the literal “COMPARE”. This will ensure the compare file does not go into production.
	BGN08	Action Code	2 4		Change (Update) Used to identify a transaction of additions, terminations, and changes to the current enrollment Verify Used to identify a full enrollment transaction to verify that the sponsor and payer’s systems are synchronized.
1000A	N1	Sponsor Name			
	N101	Entity ID Code	P5		Required Plan Sponsor
	N102	Name			Required Plan Sponsor Name
	N103	Identification Code Qualifier	FI		Required Federal Taxpayer’s Identification Number
	N104	Identification Code			Required Plan Sponsor Tax Id number

Loop ID	Reference	Name	Value/ Codes	Wellmark Length	Notes/Comments
1000B	N1	Payer			
	N101	Entity Identifier Code	IN		Required Insurer
	N102	Insurer Name		8	Required Use name "WELLMARK"
	N103	Identification Code Qualifier	FI		Required Federal Taxpayer's Identification Number
	N104	Insurer Identification Code			Required Wellmark's Tax Id Number will be provided upon registration.
2000	INS				
	INS01	Yes/No Condition Response Code	Y, N		Required Field. A "Y" value is needed for Subscriber records. All dependent records require an "N" value.
	INS02	Individual Relationship Code	18 01 53 09 10 15 17 19 25		Required Field. <i>Wellmark uses only these codes:</i> Wellmark Subscriber <i>Relationship to covered person:</i> Spouse Life Partner Adopted Child Foster Child Ward Stepson or Stepdaughter Child Ex-spouse – Not acceptable for active coverage or cancellation of active coverage
	INS03	Maintenance Type Code			Required Field but now used by Wellmark Submit any valid HIPAA values.
	INS04	Maintenance Type Code	03		Situational Field. Death Wellmark will use this code to prevent sending of HIPAA Certificate of Creditable Coverage. Wellmark does not use other values.
	INS05	Benefit Status Code	A C		Required Field. Active Subscriber Cobra Subscriber
	INS06-1	Medicare Plan Code	A B C D E		Situational Field. Medicare A only Medicare B only Medicare A and B Medicare Part Unknown No Medicare coverage Note: INS08 must be AC or TE if you are sending INS06-1

Loop ID	Reference	Name	Value/Codes	Wellmark Length	Notes/Comments
2000	INS08	Employment Status Code	RT FT PT AC TE		Situational Field. Retired Full-time employee Part-time employee Active Terminated Note: INS08 must be AC or TE if you are sending INS06-1
	INS09	Student Status Code	F N P		Situational Field. Full-time student Not a student Part-time student Code indicates the student status of the non-spouse dependent who is 19 years of age or older and not handicapped.
	INS10	Handicap Indicator	Y, N		Situational Field. A "Y" value indicates an individual is handicapped, and an "N" value indicates an individual is not handicapped.
2000	REF	Subscriber Number			
	REF01	Reference Identification Qualifier	0F		Required Field. Subscriber Number.
	REF02	Reference Identification		9	Required Field. Valid 9-digit Wellmark ID number.
2000	REF	Member Policy Number			
	REF01	Reference Identification Qualifier	1L		Required Field. Group Number
	REF02	Member Policy Number (Reference Identification)		13	Required Field. The Reference Identification is broken down into to three field areas: 1. GROUP NUMBER 9 Position Alpha/Numeric The RTMS Group Base Number: a Wellmark number given to the Group. There can be multiple numbers depending on how the Group needs member listings divided. Leading zeros provided by Wellmark are important. 2. GROUP BILLING UNIT 4 Position Alpha/Numeric The RTMS Group Billing Unit Number: a Wellmark number that designates units within a Group. There can be multiple numbers depending on how the Group needs member listings divided. Leading zeros provided by Wellmark are important.

Loop ID	Reference	Name	Codes	Wellmark Length	Notes/Comments
2000	DTP	Member Level Dates			
	DTP01	Member Level Date/Time Qualifier	300 303 336 338 340 350 351 356 357		<p>Required Field. <i>Wellmark values used:</i></p> <p>Enrollment Signature Date Date insurance application signed</p> <p>Maintenance Effective Date</p> <p>Employment Begins (Hire date)</p> <p>Medicare Begins If Medicare, date member became effective with Medicare</p> <p>COBRA Begins If COBRA, date member became effective with COBRA</p> <p>Education Begins Start date for student dependent</p> <p>Education Ends Expected graduation date</p> <p>Eligibility Begin Date This is used to convey the beginning date when a member could elect to enroll or begin benefits in any health care plan through the employer</p> <p>Eligibility End Date This code is used as the end of eligibility date (termination reason)</p>
	DTP03	Member Level Date		8	<p>Required Field. Format: CCYYMMDD Status information effective date.</p>

Loop ID	Reference	Name	Codes	Wellmark Length	Notes/Comments
2100A	NM1	Member Name			
	NM103	Name Last		17	Required Field. Member Last Name. Name fields CANNOT include periods or commas. These characters will cause errors. Example: "John Smith, Jr. " must be submitted as "SMITH JR" in the Last Name field.
	NM104	Name First		12	Required Field. Member First Name. Name fields CANNOT include periods or commas. These characters will cause errors. Example: "J. Smith" must be submitted as "J" in the First Name Field without the period.
	NM105	Name Middle		1	Situational Field. Member Middle Name. Send if supplied by member.
	NM108	Identification Code Qualifier	34		Situational Field. Valid value for Wellmark: Social Security Number
	NM109	Identification Code		9	Situational Field. Subscriber Identifier or Social Security Number of subscriber.
2100A	PER	Member Communication Numbers			
	PER03	Communication Number Qualifier	HP TE		Situational Field. Valid Code identifying phone number for Wellmark. Use either value. Home Phone Number Telephone Number
	PER04	Communication Number		10	Situational Field. Area code and phone number numeric only, i.e., 9999999999.

Loop ID	Reference	Name	Codes	Wellmark Length	Notes/Comments
2100A	N3	Member Residence Street Address			
	N301	Address Information		24	Required Field. Subscriber Street Address 1. See Section 1 for details on special characters.
	N302	Address Information		24	Situational Field Subscriber Street Address 2 Same as Address 1. ***For foreign address send city name
2100A	N4	Member Address City, State, Zip Code			
	N401	City Name		20	Required Field. Subscriber City Name. ***For foreign address send country name
	N402	State or Province Code			Required Field. Subscriber State Code. A valid 2-character US Postal state code. ***For foreign address send ZZ
	N403	Postal Code		9	Required Field. Subscriber Postal Zone or ZIP Code. The ZIP code must be valid for state.
2100A	DMG	Member Demographics			
	DMG02	Member Birth Date		8	Required Field. Member birth date.
	DMG03	Gender Code	F M		Required Field. Code indicating the sex of the individual. Do not use "U", unknown. Female Male
	DMG04	Marital Status Code	S M R		Situational Field. Code identifying the marital status of a person. Single Married Unreported
2100A	HLH	Member Health Information			
	HLH01	Health Related Code	S, T U N		Situational Field. Life Style Indicator. Smoker/Tobacco use Unknown, If blank, U is assigned. Non-smoker

Loop ID	Reference	Name	Codes	Wellmark Length	Notes/Comments
2300	HD	Health Coverage			
	HD01	Maintenance Type Code			Required Field. Although required by HIPAA, Wellmark does not use. Submit any valid HIPAA values.
	HD03	Insurance Line Code			Required Field. Although required by HIPAA, Wellmark does not use. Submit any valid HIPAA values.
	HD04	Plan Coverage Description	001 – 099		Required by Wellmark. Wellmark assigned code to identify the benefit package the member has elected.
	HD05	Coverage Level Code			Situational Field. Wellmark does not use. Submit any valid HIPAA values.
2300	DTP	Health Coverage Dates			
	DTP01	Health Coverage Date Qualifier	303 348 349		Required Field. Maintenance Effective This is the effective date of a change where a member's coverage is not being added or removed. Date that coverage was effective or terminated. Benefits Begin. This is the effective date of coverage. It should always be sent when adding coverage. Benefits End. This is the date the coverage is being terminated. This code should be sent when removing coverage from a member. If this date is submitted for an employee, all members (spouse and/or dependents) associated with the employee (contract) will be cancelled. If only certain members within the family are being cancelled, submit the date for the family members affected. The cancellation date is the first day on which coverage is not active. For example, coverage through January 2006 would have a cancel date of 2-1-06, not 1-31-06 in the Cancel Date field.
	DTP03	Health Coverage Date		8	Required Field Format CCYYMMDD

Loop ID	Reference	Name	Codes	Wellmark Length	Notes/Comments
2300	REF	Health Coverage Policy Number			Wellmark accepts Policy number in either 2000 REF01 1L loop or 2300 REF01 1L loop. If you choose to provide it here, refer to the specifications in the 2000 REF01 1L loop.
	REF	Prior Coverage Months			
	REF01	Reference Identification Qualifier	QQ		Situational Field. Indicates that prior coverage is applicable.
	REF02	Reference Identification			Situational Field. Prior Coverage Month Count. This field contains the number of months of prior health insurance coverage that meets the HIPAA portability requirements.
2310	LX	Provider Information			Required Field (if submitting PCP & OBGYN)
2310	NM	Provider Name			
	NM101	Entity Identifier Code			Required Field (if submitting PCP & OBGYN) Although required by HIPAA, Wellmark does not use. Submit any valid HIPAA values.
	NM102	Entity Type Qualifier	1 2		Required Field (if submitting PCP & OBGYN) Person Non-Person Entity
	NM108	Identification Code Qualifier	SV		Required Field (if submitting PCP & OBGYN) Service Provider Number
	NM109	Identification Code		14	Required Field (if submitting PCP & OBGYN) Use valid Wellmark provider number preceded by leading zeroes to create 14 byte field
	NM110	Entity Relationship Code	25 26 27		Required Field (if submitting PCP & OBGYN) Established Patient Not Established Patient Unknown In all cases, use 25
2320	COB	Coordination of Benefit (COB)			Situational Field. Wellmark uses to coordinate additional insurance for proper claim payment Submit any valid HIPAA values
	REF	Additional COB Identifiers			Situational Field. Wellmark uses to coordinate additional insurance for proper claim payment Submit any valid HIPAA values
	DTP	COB Eligibility Dates			Situational Field. Wellmark uses to coordinate additional insurance for proper claim payment Submit any valid HIPAA values.
2330	NM1	COB Related Entity			Situational Field. Wellmark uses to coordinate additional insurance for proper claim payment Submit any valid HIPAA values.

Loop ID	Reference	Name	Codes	Wellmark Length	Notes/Comments
2330	N3	COB Related Entity Address			Situational Field. Wellmark uses to coordinate additional insurance for proper claim payment Submit any valid HIPAA values.
	N4	COB Other Insurance Company City, State, ZIP			Situational Field. Wellmark uses to coordinate additional insurance for proper claim payment Submit any valid HIPAA values.

Reports

Editing incoming data is an important part of the electronic enrollment process. If errors are identified that prevent the updating of Wellmark's eligibility system, the information is listed on error reports. See Section 1 of this *Companion Guide* for further information about error reports resulting from editing by EC Solutions. The following reports list member transactions with invalid or missing data elements identified when Wellmark's eligibility system was updated. These reports will be provided to you via e-mail or fax after each enrollment file is processed.

Notification of Electronic Eligibility Data Received

This automated email notifies you about the number of transactions received on the enrollment file submitted to Wellmark.

Below is a list of totals as a result of processing the electronic enrollment file you sent. Please contact the Wellmark membership processor for your account if you have any questions or you believe these totals to be abnormally high or low.

Do not reply to this email.

ACCOUNT KEY:

ACCOUNT NAME:

SUBSCRIBER ADDS: XX

SUBSCRIBER CANCELS: XX

SUBSCRIBER REINSTATES: XX

SUBSCRIBER REENROLLS: XX

SUBSCRIBER TRANSFERS: XX

SUBSCRIBER UPDATES: XX

ADDRESS CHANGES: XX

BENEFIT CHANGES: XX

PCP UPDATES: XX

DEPENDENT ADDS: XX

DEPENDENT CANCELS: XX

DEPENDENT UPDATES: XX

OTHER UPDATES: XX

RECORDS RECEIVED: XXXX

Regards,

Wellmark Electronic Enrollment Team

Notification of Incomplete or Inaccurate Electronic Eligibility Data

This report notifies you about incomplete or inaccurate eligibility transactions submitted on your enrollment files to Wellmark.

Notification of Incomplete or Inaccurate Electronic Eligibility Data						
Group Name:						
Date Received:						
Your electronic eligibility file was received on the above date and contained incomplete and inaccurate data related to an add, change or cancel. Please review the below records and take the required action to help ensure that your members' claims are processed accurately and timely. Thank you for your assistance.						
Subscriber #	Group Number	Subscriber Name	Member Name	Error Description	Action Required	Comments or Group Response, if required
				Invalid type of contract.	Please correct your eligibility records and resubmit this information on your next electronic eligibility file.	
				Invalid member name.	Please correct your eligibility records and resubmit this information on your next electronic eligibility file.	
				Hire date is missing.	Please correct your eligibility records and resubmit this information on your next electronic eligibility file.	
				Benefit status code is missing. e.g. active, COBRA, TEFRA	Please correct your eligibility records and resubmit this information on your next electronic eligibility file.	