

ELIGIBILITY

Full Roster

This document represents the inventory of data elements and the format by which health plans will send a full roster of enrollees eligible for health care coverage to health care provider groups. The expectation is that all data elements available to the health plan will be sent in the following format to the provider groups. The ANSI X12 271 (4010 version) Category represents the electronic transmission requirements for eligibility but is not included under the Health Insurance Portability Accountability Act (HIPAA) – 1996. The column for CALINX Agreement is a categorization of the expectations of data sharing based on the CALINX Eligibility Workgroup agreement.

Item #	Data Element	Definition	ANSI X12 271 Category	CALINX Agreement*	Comments
Member Demographics					
1	Last Name (Subscriber/Member)	The surname of the insured individual or subscriber to the coverage.		Essential	
2	First Name (Subscriber/Member)	The first name of the insured individual or subscriber to the coverage.		Essential	
3	Middle Name (Subscriber/Member)	The middle name of the subscriber to the indicated coverage or policy.		Conditional	If none, left blank.
4	Name Suffix (Subscriber/Member)	Suffix of the insured individual or subscriber to the coverage.		Conditional	
5	Member Identification Number	Insured's or subscriber's unique identification number assigned by a payer.		Essential	
6	Social Security Number	The unique 9 digit number of the insured individual or subscriber assigned by the Social Security Administration.		Conditional	The SS# of subscriber needs to be collected as a separate data element regardless of the use. It is used as patient identifier at some health plans.
7	Address (Subscriber/Member)	Address line of the current mailing address of the insured individual or subscriber to the coverage.		Essential	
8	City	City name of the insured individual or subscriber to the coverage.		Essential	

***CALINX – Business Agreement Definitions**

Essential – All data elements must be included.

Conditional – If these data elements are available or applicable to the health plan, required to be included.

Discretionary – These data elements, if available, can be included at the discretion of the health plan.

Eligibility Data Guidelines

Item #	Data Element	Definition	ANSI X12 271 Category	CALINX Agreement*	Comments
9	State	State postal code of the insured individual or subscriber to the coverage.		Essential	
10	Postal Zone or ZIP Code	The ZIP code of the insured individual or subscriber to the coverage.		Essential	
11	Home Phone	Telephone number, including area code, at which the subscriber may be contacted.		Discretionary	
12	Work Phone	Telephone number, including area code, at which the subscriber may be contacted.		Discretionary	
13	Date of Birth	The date of birth of the individual or subscriber to indicated coverage or policy.		Essential	
14	Gender	Code indicating the sex of the insured individual or subscriber to the indicated coverage or policy.		Essential	
SUBSCRIBER RELATIONSHIP TO INSURED					
15	Individual Relationship Code	Code indicating the relationship between two individuals or entities.		Essential	
16	Subscriber Name	The full name of the subscriber to the coverage.		Conditional	Required if the Individual Relationship code used to connect with the subscriber.
17	Subscriber Social Security Number	The unique 9 digit number subscriber assigned by the Social Security Administration.		Conditional	Required if the Individual Relationship code used to connect with the subscriber.
18	Subscriber/Member ID Number	Subscriber's unique identification number assigned by payer.		Essential	
CARRIER AND ELIGIBILITY INFORMATION					
19	Health Plan/Payer Name	The organization name who is the source of the eligibility information.		Discretionary	Anytime electronic information is sent - this information should be in the "header" or envelope to clearly identify the plan.

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20	Health Plan/Payer Identification Code	Identifies the number by which the information source is know to the receiver.		Essential	
21	Subscriber/Member Effective Date	Date format code conveys the eligibility, service or admission date(s) for the insured individual or subscriber.		Essential	
22	Benefit Code	Information based on Eligibility Benefit Information Code linked to the payer's definitions.		Conditional	Benefit code conversion table to be provided by health plan electronically for HMO only.
PROVIDER INFORMATION					
23	Medical Group Name	Name of the organization that expects to receive eligibility information.		Discretionary	
24	IPA Name	Name of the organization or individual that expects to receive eligibility information.		Discretionary	Confirmatory information
25	Medical Group/IPA Number	The identification number of the individual or organization who expects to receive information.		Conditional	Necessary for HMO members.
26	Subscriber/Member Effective Date (Medical Group/IPA)	Date format code conveys the eligibility, service or admission date(s) for the insured individual or subscriber.		Essential	
27	Provider Name	Name of the individual that expects to receive eligibility information.		Conditional	Discretionary when used with provider code number.
28	Provider Code #	Number assigned by the payer, regulatory authority or other authorized body or agency to identify provider.		Conditional	Encourage use of one number scheme, like state license number, by health plans to coordinate physician identifiers.
29	Subscriber/Member Effective Date (Individual Provider)	Date format code conveys the eligibility, service or admission date(s) for the insured individual or subscriber.		Essential	

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EMPLOYER INFORMATION					
30	Group Number (Employer)	The identification number, control number or code assigned by the carrier or administrator to identify the group under which the individual is covered.		Essential	
31	Employer Name	Name of the insured individual's employer.		Essential	
32	Employer Address/City/State/Zip	Mailing address, city, state code and ZIP code of the insured individual's employer.		Discretionary	
OTHER					
33	Activity Code	Code indicating type of action.		Essential	Add, delete, change PCP, change address, etc. Clarification of codewill be included in ASI 271 Implementation Guide.

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