

ENROLLMENT

Item #	Data Element	Definition	ANSI X12 834 V.4010 Category	CALINX Agreement*	Comments
Sender/Receiver Information					
1	Name of the Sender of the Enrollment Information	This is the name or address identifying the sender.	Required	Essential	
2	Name of the Receiver of the Enrollment Information	This is the name or address identifying the receiver.	Required	Essential	If the receiver is a TPA/Broker, the information is conditional.
3	Identification Number for the Sender of the Enrollment Information	This unique number identifies the system or method used to identify the sender.	Required	Essential	
4	Identification Number for the Receiver of the Enrollment Information	This unique number identifies the system or method used to identify the receiver.	Required	Essential	Some unique identifier #s, such as the TPA/Broker Federal Tax ID # are essential but only used if the TPA/Broker is the receiver.
5	TPA or Broker Account Number	This is the assigned account number.	Required	Essential	
Member Information					
6	Handicapped Identifier	This element should be used if the member is handicapped or to correct previous report of handicapped status.	Situational	Conditional	
7	Individual Relationship Code	This information identifies the relationship between the subscriber and the dependent.	Required	Essential	
8	Type of Changes To Benefit	This element identifies the specific type of action to be taken with benefit information for insured persons and health coverage.	Required	Essential	

For more information, and code legends, refer to:
ANSI ASC X12 Insurance Subcommittee 834 (004010x095) Benefit Enrollment and Maintenance Implementation Guide

***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.

Enrollment Data Guidelines

Item #	Data Element	Definition	ANSI X12 834 V.4010 Category	CALINX Agreement*	Comments
9	Reason for a Change To Benefits	This element identifies the reason a change occurred to the benefit information for insured persons. Examples are: Divorce, Terminated, Birth. It can also be used to identify the reason for a change in the member's primary care provider.	Required	Essential	
10	Status of the Benefits	The element defines the type of coverage under which benefits are paid.	Required	Essential	
11	Medicare Plan	This element identifies if a member is being enrolled in or is enrolled in a Medicare Program.	Situational	Conditional	
12	Consolidated Omnibus Budget Reconciliation Act (COBRA)	This element identifies if a member is being enrolled in or is enrolled for a benefit covered by COBRA.	Situational	Conditional	
13	Employment Status	This element provides information about the status of the subscriber.	Situational	Conditional	This is required information for the subscriber.
14	Student Status	This element identifies the student status of the patient if the patient is 19 years of age or older, not handicapped, and not the insured.	Situational	Conditional	
15	Insured Individual Death Date		Situational	Conditional	
16	Subscriber Number	This is a unique ID # such as a social security number or other number.	Required	Essential	If the social security number of the subscriber or dependent is known, it should be used.
17	Member Policy Number		Situational	Conditional	
18	Member Identification Number	This is an identification number such as a Health Insurance Claim (HIC) # or prior identifier #, that identifies the member.	Situational	Conditional	

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19	Enrollment/Disenrollment Dates		Situational	Conditional	
20	Member's First, Middle and Last Name		Required	Essential	Middle Name Use is Conditional.
21	Member Communication Numbers	Examples of these numbers are the phone number and email address.	Situational	Conditional	
22	Dependent Mailing Address, City, State and Zip Code, Country	Sent when dependent mailing address is different from subscriber's mail address.	Situational	Conditional	
23	Member Residence Street Address, City, State and Zip Code, Country		Situational	Conditional	
	Member Demographics		Situational	Conditional	
24	Subscriber Birth Date		Required	Essential	
25	Language Used by Member and Description of Language		Situational	Conditional	
26	Race or Ethnicity		Situational	Conditional	
27	Marital Status		Situational	Conditional	
28	Citizenship Status Code		Situational	Conditional	
29	Gender		Required	Essential	
30	Member Mailing Address	This is the postal mailing address used if different from the residence address.	Situational	Conditional	

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	Member Employer Information		Situational	Conditional	This loop information is sent when the member is employed by someone other than the sponsor and the insurance contract requires the payer be notified of this employment.
31	Member Employer Name		Situational	Conditional	
32	Employer Communications Numbers		Situational	Conditional	
33	Employer Street Address, City, State and Zip Code, Country		Situational	Conditional	
	Member School Information		Situational	Conditional	
34	School Name		Required	Essential	
35	School Communication Numbers		Required	Essential	
36	School Address, City, State and Zip Code, Country		Required	Essential	
	Custodial Parent or Responsible Person Information	Used if the custodial parent or responsible person for a dependent is someone other than the subscriber.	Situational	Conditional	
37	First, Middle and Last Name		Required	Required	Middle Name is Situational
38	Name Suffix or Prefix		Situational	Conditional	
39	Social Security Number		Situational	Conditional	Sent when available
40	Member Identification Number		Situational	Conditional	Use SS# or Member ID #

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Version: January 2000

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41	Custodial Parent or Responsible Party Number		Situational	Conditional	Send if supplied by the subscriber.
42	Communication Numbers		Situational	Conditional	
43	Address, City, State and Zip Code, Country		Situational	Conditional	
	Disability Information	Send this information when enrolling a disabled member or if disability information about an existing member has changed.	Situational	Conditional	
44	Type of Disability		Required	Essential	
45	Medical Code		Situational	Conditional	End Stage Renal Disease is the only medical code information used.
46	Disability Eligibility Dates		Situational	Situational	
	Health Coverage Information		Situational	Situational	
47	Type of Change to Coverage		Required	Essential	
48	Line of Insurance	This element identifies a group of insurance products associated with health coverage.	Required	Essential	
49	Plan Coverage Description		Situational	Conditional	
50	Health Coverage Dates		Required	Essential	
51	Health Coverage Policy Number		Situational	Conditional	
52	Coverage Level	Indicates the level of coverage being provided for the insured.	Situational	Conditional	
53	Insured Group or Policy Number		Required	Required	

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	Identification Card Information		Situational	Conditional	
54	Plan Coverage Description		Required	Essential	
55	Type of Identification Card		Required	Essential	
56	Number of Cards		Situational	Conditional	
57	Reason for Card Request		Situational	Conditional	
	Provider Information		Situational	Conditional	
58	Type of Provider		Required	Essential	
59	Provider Name First, Middle and Last Name		Situational	Conditional	
60	Provider Prefix and Suffix		Situational	Conditional	
61	Type of Provider ID Used		Situational	Conditional	
62	Provider Identifier Number		Situational	Conditional	
63	Patient Relationship to Provider	This information indicates whether or not the member is an existing patient of the provider.	Required	Essential	
64	Reason for PCP Change		Situational	Conditional	
65	Provider Effective Date	This is the effective date of the change of the primary care provider.	Required	Essential	

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	Coordination of Benefits Information		Situational	Conditional	
66	Payer Responsibility Sequence	Identifies the insurance carrier's level of responsibility for payment of a claim.	Required	Essential	
67	Insured Group or Policy Number		Situational	Conditional	Always supply when available.
68	Coordination of Benefits Code	Identifies whether there is a coordination of benefits.	Required	Essential	
69	Additional COB Information Numbers	Example: Member ID Number	Situational	Conditional	
70	COB Eligibility Dates		Situational	Conditional	
71	Other Insurance Company Name		Situational	Conditional	Send when provided to the sponsor.

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