











































































File extract example 1 - This HOC is terminating from CSA benefit program and starting coverage under GA2 program. There are DTP\*349 and updated DTP\*348 lines since the CSA benefit program is involved.

Before the change	After the change
INS*Y*18*030*XN*A*E**TE**N~ REF*OF*00818181~ REF*1L*985730*CSA Central State Active*ZZ:33710~ DTP*303*D8*20180701~ DTP*336*D8*20170816~ NM1*IL*1*Power*William***34*71717171~ PER*IP**HP*999992222~ N3*88 Builder Place~ N4*Majestic*TN*555556666~ DMG*D8*195901014*M*D~ EC*08~ HLH*U~ HD*024**VIS*VISEXP*EMP*****~ DTP*349*D8*20180601~	INS*Y*18*030*XN*A*E**FT**N~ REF*OF*00818181~ REF*1L*985730*GA2 Local Gov Active Prem Level 2*ZZ:51050~ DTP*303*D8*20180701~ DTP*336*D8*20180601~ NM1*IL*1*Power*William***34*71717171~ PER*IP**HP*999992222~ N3*88 Builder Place~ N4*Majestic*TN*555556666~ DMG*D8*195901014*M*D~ EC*08~ HLH*U~ HD*030**VIS*VISEXP*EMP*****~ DTP*348*D8*20180701~

File extract example 2 - This member is transferring within the HED group, the only indicator the change is the new number following the ZZ: The DTP\*348 line remained the same before and after the change.

Before the change	After the change
INS*Y*18*030*XN*A*E**FT**N~ REF*OF*00808080~ REF*1L*0717111*HED Higher Education*ZZ:18000~ DTP*303*D8*20180501~ DTP*336*D8*20041110~ NM1*IL*1*Barr*Kandy*B***34*707070707~ PER*IP**HP*999991111~ N3*3270 Dulce Drive~ N4*Hershey*TN*333337777~ DMG*D8*19780708*F*M~ EC*08~ HLH*U~ HD*030**HLT*PRPV1E*ESP*****~ DTP*348*D8*20180101~ INS*N*01*030*XN*A*E***N~ REF*OF*00808080~ REF*1L*0717111*HED Higher Education*ZZ:18000~ DTP*303*D8*20180501~ NM1*IL*1*Barr*Aaron*M***34*696969696~ N3*3270 Dulce Drive~ N4*Hershey*TN*333337777~ DMG*D8*197300908*M~ HLH*U~ HD*030**HLT*PRPV1E*ESP*****~ DTP*348*D8*20180101~	HOC Dep 1 INS*Y*18*030*XN*A*E**FT**N~ REF*OF*00808080~ REF*1L*0717111*HED Higher Education*ZZ:01000~ DTP*303*D8*20180501~ DTP*336*D8*20041110~ NM1*IL*1*Barr*Kandy*B***34*707070707~ PER*IP**HP*999991111~ N3*3270 Dulce Drive~ N4*Hershey*TN*333337777~ DMG*D8*19780708*F*M~ EC*08~ HLH*U~ HD*030**HLT*PRPV1E*ESP*****~ DTP*348*D8*20180101~ INS*N*01*030*XN*A*E***N~ REF*OF*00808080~ REF*1L*0717111*HED Higher Education*ZZ:01000~ DTP*303*D8*20180501~ NM1*IL*1*Barr*Aaron*M***34*696969696~ N3*3270 Dulce Drive~ N4*Hershey*TN*333337777~ DMG*D8*197300908*M~ HLH*U~ HD*030**HLT*PRPV1E*ESP*****~ DTP*348*D8*20180101~

## Scenario 14 - Secondary insurance (pharmacy benefit only)

If the State of Tennessee Benefits Administration is notified by one of our medical vendors of an HOC or dependent having secondary insurance, we will update our system. The field being used is typically the Medicare field on the file. However, this secondary insurance is not Medicare. This information is used by the pharmacy carrier, you can disregard this information if you are not pharmacy carrier. The change will show on the 834 file with a

- INS\* line will have an "A" instead of an \*E
- New DTP\*338 line for just the member with the secondary insurance

File extract example - Dep 2 was updated on our system for secondary coverage.

Before the change

After the change

<p>INS*Y*18*030*XN*A*E**FT**N~ REF*0F*00797979~ REF*1L*0717111*CSA Central State Active*ZZ:40433~ DTP*303*D8*20180501~ DTP*336*D8*20150622~ NM1*IL*1*King*Joe****34*686868686~ PER*IP**HP*9999900000~ N3*215 Magic Alley~ N4*Moony*TN*555554444~ DMG*D8*19691123*M*M~ EC*08~ HLH*U~ HD*030**HLT*PPOV1M*FAM*****~ DTP*348*D8*20150701~</p>	<p>HOC</p>	<p>INS*Y*18*030*XN*A*E**FT**N~ REF*0F*00797979~ REF*1L*0717111*CSA Central State Active*ZZ:40433~ DTP*303*D8*20180601~ DTP*336*D8*20150622~ NM1*IL*1*King*Joe****34*686868686~ PER*IP**HP*9999900000~ N3*215 Magic Alley~ N4*Moony*TN*555554444~ DMG*D8*19691123*M*M~ EC*08~ HLH*U~ HD*030**HLT*PPOV1M*FAM*****~ DTP*348*D8*20150701~</p>
<p>INS*N*01*030*XN*A*E****N~ REF*0F*00797979~ REF*1L*0717111*CSA Central State Active*ZZ:40433~ DTP*303*D8*20180501~ NM1*IL*1*King*Lee****34*676767676~ PER*IP**HP*9999900000~ N3*215 Magic Alley~ N4*Moony*TN*555554444~ DMG*D8*19750505*F~ HLH*U~ HD*030**HLT*PPOV1M*FAM*****~ DTP*348*D8*20150701~</p>	<p>Dep 1</p>	<p>INS*N*01*030*XN*A*E****N~ REF*0F*00797979~ REF*1L*0717111*CSA Central State Active*ZZ:40433~ DTP*303*D8*20180601~ NM1*IL*1*King*Lee****34*676767676~ PER*IP**HP*9999900000~ N3*215 Magic Alley~ N4*Moony*TN*555554444~ DMG*D8*19750505*F~ HLH*U~ HD*030**HLT*PPOV1M*FAM*****~ DTP*348*D8*20150701~</p>
<p>INS*N*19*030*XN*A*E****N~ REF*0F*00797979~ REF*1L*0717111*CSA Central State Active*ZZ:40433~ DTP*303*D8*20180501~  NM1*IL*1*King*May*E***34*656565656~ PER*IP**HP*9999900000~ N3*215 Magic Alley~ N4*Moony*TN*555554444~ DMG*D8*19970816*F~ HLH*U~ HD*030**HLT*PPOV1M*FAM*****~ DTP*348*D8*20150701~</p>	<p>Dep 2</p>	<p>INS*N*19*030*XN*A*A****N~ REF*0F*00797979~ REF*1L*0717111*CSA Central State Active*ZZ:40433~ DTP*303*D8*20180601~ <b>DTP*338*D8*20160731~</b> NM1*IL*1*King*May*E***34*656565656~ PER*IP**HP*9999900000~ N3*215 Magic Alley~ N4*Moony*TN*555554444~ DMG*D8*19970816*F~ HLH*U~ HD*030**HLT*PPOV1M*FAM*****~ DTP*348*D8*20150701~</p>

## Scenario 15 - Surviving spouse

After the death of an HOC, if the HOC was on retiree coverage at the time of death, and the spouse was covered then too, after the 6 months of free coverage, the spouse can choose to keep coverage. When this scenario happens, the spouse’s record becomes the head of contract. It is important to note, the surviving spouse will be assigned a new employee id number at this point and will no longer be passed as part of the deceased HOC’s record. Some indicators of this situation will be:

- INS\* line will now indicate spouse as an HOC
- REF\*OF line for survivor will have a new employee id (after 6 months of free coverage)
- DMG\*line will have a W for widowed (for a list of marital status codes, refer to page 12)
- NM1\*line will have the same SSN # as when member was a dependent
- Previously sent DTP\*349 date for the member as a dependent

File extract example-Member was initially covered as a spouse on HOC plan. She is eligible under “surviving spouse” conditions and chose to carry her own coverage going forward. She is now the HOC.

Before the change

After the change

<p>INS*N*01*030*XN*A*A****N~                  REF*OF*00787878~                  REF*1L*0717111*HED Higher Education*ZZ:00045~                  DTP*303*D8*20180401~                  DTP*338*D8*20040101~                  NM1*IL*1*Wise*Penny****34*646464646~                    N3*55 Lincoln Place~                  N4*Dinero*TN*111115555~                  DMG*D8*19540331*F~                    HLH*U~                  HD*024**HLT*PPOV1M*****~                  DTP*349*D8*20180501~</p>	<p>INS*Y*18*030*XN*A*E**FT**N~                  REF*OF*00757575~                  REF*1L*0717111*RCS Retiree Central State*ZZ:71999~                  DTP*303*D8*20180401~                  DTP*336*D8*20180401~                  NM1*IL*1*Wise*Penny****34*646464646~                  PER*IP**HP*8888899999~                  N3*55 Lincoln Place~                  N4*Dinero*TN*111115555~                  DMG*D8*19540331*F*W~                  EC*08~                  HLH*U~                  HD*030**HLT*PPOV1M*EMP*****~                  DTP*348*D8*20180501~</p>
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## Scenario 16 - Dependent only coverage

When members retire, sometimes the HOC does not enroll in coverage but his/her dependents still have the option to if they were enrolled in coverage at the time of the HOC's retirement. In this scenario the dependents remain associated with the retired HOC. Therefore you will have to split the spouse or child record(s) who are continuing with coverage from the head of contract record. Some indicators on the file for this situation will be:

- The HOC record will continue to be sent even though the HOC does not have coverage
- REF\*OF line has the same employee ID for dependents as the HOC
- HD\* line for the HOC will indicate the new *dependent only* coverage code (see page 14 for a list of coverage codes)
- There will have been a previously sent DTP\*349 date for the HOC and any enrolled dependents.
- New date on DTP\*348 line for coverage level change
- Dependent only coverage is only available to retiree groups. REF\*IL line will have a retiree benefit group indicated.

File extract example 1 - HOC retired from Central State Active employment. He will not keep coverage for himself but will still remain the HOC for his spouse. Coverage code changed from ESP (employee + spouse) to SPO (spouse only).

### Before the change

```

INS*Y*18*030*XN*A*E**RT**N~
REF*OF*00767676~
REF*1L*0717111*CSA Central State Active*ZZ:32942~
DTP*286*D8*20180426~
DTP*303*D8*20180601~
NM1*IL*1*White*Barry***III*34*636363636
PER*IP**HP*888887777~
N3*7717 Gate Way~
N4*Green House*TN*222223333~
DMG*D8*19520222*M*M~
EC*08~
HLH*U~
HD*024**HLT*PRPV1M*ESP******~
DTP*349*D8*20180601~
INS*N*01*030*XN*A*E****N~
REF*OF*00767676~
REF*1L*0717111*CSA Central State Active*ZZ:32942~
DTP*303*D8*20180601~
NM1*IL*1*White*Pearl*E***34*626262626~
PER*IP**HP*888886666~
N3*7717 Gate Way~
N4*Green House*TN*222223333~
DMG*D8*19560622*F~
HLH*U~
HD*024**HLT*PRPV1M*****~
DTP*349*D8*20180601~
    
```

### After the change

```

HOC
INS*Y*18*030*XN*A*E**FT**N~
REF*OF*00767676~
REF*1L*0717111*RCS Retiree Central State*ZZ:71100~
DTP*303*D8*20180601~
DTP*336*D8*20180501~
NM1*IL*1*White*Barry***III*34*636363636
PER*IP**HP*888887777~
N3*7717 Gate Way~
N4*Green House*TN*222223333~
DMG*D8*19520222*M*M~
EC*08~
HLH*U~
HD*030**HLT*PRPV1M*SPO******~
DTP*348*D8*20180601~
Dep 1
INS*N*01*030*XN*A*E****N~
REF*OF*00767676~
REF*1L*0717111*RCS Retiree Central State*ZZ:71100~
DTP*303*D8*20180601~
NM1*IL*1*White*Pearl*E***34*626262626~
PER*IP**HP*888886666~
N3*7717 Gate Way~
N4*Green House*TN*222223333~
DMG*D8*19560622*F~
HLH*U~
HD*030**HLT*PRPV1M*****~
DTP*348*D8*20180601~
    
```

## Scenario 17 - COBRA enrollments

Eligible members whose coverage terminated can choose to enroll in COBRA. If the member had an employee ID before, he/she will keep the same employee ID found on the REF\*OF line. If the member did not have an employee ID before, he/she will receive an employee ID that starts with a "C." Some values representative of this situation will be:

- INS\* line will have a "C" instead of an "A"
- REF\*OF line can have the same employee ID as before or one that begins with a "C0000000\_"
- NM1\*line will have the same SSN as when member was on active coverage
- A previously sent DTP\*349 date for the member

File extract example - This member had coverage as the HOC when active and chose COBRA once terminated. The member keeps the same employee ID on the REF\*OF line since she had an ID already.

Before the change

After the change

INS*Y*18*030*XN*A*E**TE**N~ REF*OF*00757575~ REF*1L*0717111*CSA Central State Active*ZZ:31720~ DTP*303*D8*20180501~ DTP*336*D8*20130211~ NM1*IL*1*Poole*Jeane*M***34*616161616~ PER*IP**HP*8888855555~ N3*31019 Water Way~ N4*Everblue*TN*3333355555~ DMG*D8*19641001*F*D~ EC*08~ HLH*U~ HD*024**HLT*PRPV1M*EMP*****~ DTP*349*D8*20180501~	INS*Y*18*030*XN*C*E*1*TE**N~ REF*OF*00757575~ REF*1L*0717111*CSA Central State Active*ZZ:31720~ DTP*303*D8*20180701~ DTP*336*D8*20130211~ NM1*IL*1*Poole*Jeane*M***34*616161616~ PER*IP**HP*8888855555~ N3*31019 Water Way~ N4*Everblue*TN*3333355555~ DMG*D8*19641001*F*D~ EC*08~ HLH*U~ HD*030**HLT*PRPV1M*EMP*****~ DTP*348*D8*20180501~
---	--

File extract example - This member first had coverage as a *dependent* and never had an employee ID. For COBRA coverage a new employee ID is now present on the REF\*OF line that starts with a "C000000."

Before the change

After the change

INS*N*01*030*XN*A*E***N~ REF*OF*747474~ REF*1L*0717111*CSA Central State Active*ZZ:34570~ DTP*303*D8*20180401~  NM1*IL*1*Case*Justine****34*595959595~  N3*6477 Rainbow Rd~ N4*Weathertown*TN*11112222~ DMG*D8*19571212*F~  HLH*U~ HD*024**HLT*PPOV1W*****~ DTP*349*D8*20180401~	INS*Y*18*030*XN*C*E*1*TE**N~ REF*OF*C0000009999~ REF*1L*0717111*CSA Central State Active*ZZ:34570~ DTP*303*D8*20180601~ DTP*336*D8*20110104~ NM1*IL*1*Case*Justine****34*595959595~ PER*IP**HP*8888844444~ N3*6477 Rainbow Rd~ N4*Weathertown*TN*11112222~ DMG*D8*19571212*F*M~ EC*08~ HLH*U~ HD*030**HLT*PPOV1W*****~ DTP*348*D8*20180401~
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## Appendix

List # 1: Benefit Program Codes [REF03]

Benefit Program ID Code	Description	Benefits Group (used for reporting)
CSA	Central State Active	State
CSO	Central State Out of State	State
FIR	Full Time Irregular Officer Cd	State
FML	FML Benefits Billing	State
GA1	Local Gov Active Prem Level 1	Local Government
GA2	Local Gov Active Prem Level 2	Local Government
GA3	Local Gov Active Prem Level 3	Local Government
HED	Higher Education	State
MSC	Limited Term (i.e. Legislators)	State
OLA	Offline Actives	State
OLC	Offline Closed	State
PAR	Part Time Non-1450 Hours	State
PTN	Local Education 25 Hours	Local Education
PTP	Part Time 1450 Hours	State
RCS	Retiree Central State	State
RG1	Local Gov Retiree Prem Level 1	Local Government
RG2	Local Gov Retiree Prem Level 2	Local Government
RG3	Local Gov Retiree Prem Level 3	Local Government
RGF	Retiree Grandfathered	State
RSS	Loc Ed Retiree Support Staff	Local Education
RTE	Loc Ed Retiree Teacher	Local Education
SUR	Survivor Benefit Program	State
TEA	Local Education	Local Education
WCP	Workers Compensation	State
ALL	No specific assignment	Contact us and we will provide the correct benefit program code.

These codes are used to derive Public Sector plan type per contract

List # 2: Benefit Plan Coverage Codes [HD04]

Plan Coverage ID Codes - Medical	Description	Benefits Groups
PPLV1E	Limited PPO BCBS East	Local Education and Local Government
PPLV1M	Limited PPO BCBS Middle	Local Education and Local Government
PPLV1W	Limited PPO BCBS West	Local Education and Local Government
PPLV3E	Limited PPO Cigna LP East	Local Education and Local Government
PPLV3M	Limited PPO Cigna LP Middle	Local Education and Local Government
PPLV3W	Limited PPO Cigna LP West	Local Education and Local Government
PPLV2S	Limited PPO Cigna OAP	Local Education and Local Government
PPOV1E	Standard PPO BCBS East	All
PPOV1M	Standard PPO BCBS Middle	All
PPOV1W	Standard PPO BCBS West	All
PPOV3E	Standard PPO Cigna LP East	All
PPOV3M	Standard PPO Cigna LP Middle	All
PPOV3W	Standard PPO Cigna LP West	All
PPOV2S	Standard PPO Cigna OAP	All

<b>HSAV1E</b>	CDHP/HSA BCBS East	State, Higher Education and Offlines
<b>HSAV1M</b>	CDHP/HSA BCBS Middle	State, Higher Education and Offlines
<b>HSAV1W</b>	CDHP/HSA BCBS West	State, Higher Education and Offlines
<b>HSAV3E</b>	CDHP/HSA Cigna LP East	State, Higher Education and Offlines
<b>HSAV3M</b>	CDHP/HSA Cigna LP Middle	State, Higher Education and Offlines
<b>HSAV3W</b>	CDHP/HSA Cigna LP West	State, Higher Education and Offlines
<b>HSAV2S</b>	CDHP/HSA Cigna OAP	State, Higher Education and Offlines
<b>HSIV1E</b>	Local CDHP BCBS East	Local Education and Local Government
<b>HSIV1M</b>	Local CDHP BCBS Middle	Local Education and Local Government
<b>HSIV1W</b>	Local CDHP BCBS West	Local Education and Local Government
<b>HSIV3E</b>	Local CDHP Cigna LP East	Local Education and Local Government
<b>HSIV3M</b>	Local CDHP Cigna LP Middle	Local Education and Local Government
<b>HSIV3W</b>	Local CDHP Cigna LP West	Local Education and Local Government
<b>HSIV2S</b>	Local CDHP Cigna OAP	Local Education and Local Government
<b>PRPV1E</b>	Premier PPO BCBS East	All
<b>PRPV1M</b>	Premier PPO BCBS Middle	All
<b>PRPV1W</b>	Premier PPO BCBS West	All
<b>PRPV3E</b>	Premier PPO Cigna LP East	All
<b>PRPV3M</b>	Premier PPO Cigna LP Middle	All
<b>PRPV3W</b>	Premier PPO Cigna LP West	All
<b>PRPV2S</b>	Premier Cigna OAP	All
<b>Plan Coverage ID Codes Non Medical</b>	<b>Description</b>	
<b>MEDSUP</b>	Supplemental Coverage to Medicare	All
<b>MSDUAL</b>	Supplemental Medicare Cvg - Dual Service	All
<b>VISBAS</b>	Basic Vision	All
<b>VIEXP</b>	Expanded Vision	All
<b>PDON</b>	Dental Preferred Provider	All
<b>PDRN</b>	Dental Preferred Provider Ret	All
<b>PPDN</b>	Pre-Paid Dental	All
<b>PPRN</b>	Pre-Paid Retiree Dental	All
<b>EAP</b>	Employee Assistance Program	All