



Companion Guide

ASC X12N 270/271 (004010X092A1) Health Care Eligibility/Benefit Inquiry and Response

**Version 1.2
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Preface

The CIGNA Companion Guide supplements the HIPAA ASC X12N 270/271 (004010X092A1) Implementation Guide for Eligibility Benefits Inquiry and Response. This document is intended to clarify the specific requirements for electronically exchanging eligibility and benefit data with CIGNA. This document complies with the CORE (Committee on Operating Rules for Information Exchange) standard format.

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1 INTRODUCTION

1.1 SCOPE

This Companion Guide has been designed to describe to CIGNA's trading partners the format and data content of the Eligibility and Benefit 270/271 transaction set in the Electronic Data Interchange (EDI) environment. The 270 transaction is used to request eligibility and benefit information for Medical, Behavioral and Dental lines of business and the 271 transaction is used to respond with this information for the specified member. Entities requesting health care eligibility and benefit information can include hospitals, nursing homes, laboratories, physicians and allied professional groups.

1.2 OVERVIEW

The Council for Affordable and Quality Healthcare (CAQH) created the Committee on Operating Rules for Information Exchange (CORE). This committee established a common set of operating rules for health care systems which allow providers and other health care entities the ability to receive consistent data across health care systems. CIGNA has implemented the operating rules for CORE Phase I.

1.3 REFERENCES

This document is a companion to the ASC X12N Implementation Guide (004010X092A1) Health Care Eligibility Benefit Inquiry and Response 270/271.

1.4 ADDITIONAL INFORMATION

Assumptions

- All 270 real-time transactions coming from a provider pass through a Third Party Vendor/Clearinghouse
- A Third Party Vendor/Clearinghouse is responsible for insuring provider connectivity and all incoming 270 transactions conform to CIGNA's transaction specifications.

2 GETTING STARTED

2.1 WORKING WITH CIGNA

CIGNA offers multiple options for exchanging EDI transactions – by directly connecting to the CIGNA systems using software from Post-N-Track, or through a clearinghouse.

Direct Connection:

Direct connection to CIGNA for the purpose of 270/271 0004010A1 Eligibility Benefit Inquiry and Response transaction submission is available via Post-N-Track. This connection type will support real-time submissions and responses. Contact Post-N-Track at 860.257.2030 or www.Post-N-Track.com, click Enroll.

Clearinghouse:

Health care professionals should contact their current clearinghouse vendor to discuss their ability to support the 270/271 004010X092A1 Health Care Eligibility Benefit Inquiry and Response transaction, as well as associated timeframe, costs, etc. Health care professionals that do not already have a clearinghouse vendor can contact one of the CIGNA connected clearinghouses. For a list of available clearinghouses visit www.cigna.com/edivendors. The list is also available on www.cignaforhcp.com under Resources > Policies & Procedures > Claim Policies & Procedures > How to File.

2.2 TRADING PARTNER REGISTRATION

All trading partners who wish to submit Eligibility Transactions to CIGNA via the ASC X12 270 (Version 004010X092A1) and receive corresponding EDI responses (271) must contact Post-N-Track or one of the CIGNA connected clearinghouses to establish a connection and determine testing requirements.

For a list of available clearinghouses visit www.cigna.com/edivendors. The list is also available on www.cignaforhcp.com under Resources > Policies & Procedures > Claim Policies & Procedures > How to File.

2.3 SYSTEM AVAILABILITY AND DOWNTIME

The 270/271 is generally available 24 hours a day, 7 days a week. To allow for maintenance, the 270/271 transactions may be unavailable on Sunday from 12:01 a.m. until 10:00 a.m. ET

3 TESTING WITH THE PAYER

EDI Controls

CIGNA will utilize, when necessary and appropriate both the TA1 – Interchange Acknowledgement and 997 – Functional Acknowledgement responses.

X12 Transaction Processing

- X12 270 requests will be verified as originating from a CIGNA recognized clearinghouse (authenticated) and checked for access to run the eligibility inquiry transaction (authorization). Failure of ‘authorization test’ will generate a TA1 or 997 response back to the clearinghouse.

- X12 270 requests will be checked for proper X12 270 structure via “envelope test validation”. This insures the transaction request is complete and formatted as a real-time transaction. Failures of envelope tests can generate TA1 or 997 responses back to the clearinghouse.
- X12 270 data elements that are mapped to CIGNA’s copybook will be checked for validity through a defined set of “exception processing tests. If an exception occurs, the appropriate 997 response is sent back to the clearinghouse.
- Special Test Processing: If the ISA15 (Usage Indicator) is set to T (Test Data), then the X12 request ISA10, ISA11, GS04 and GS05 date and time elements are returned in the X12 response. This allows for regression test tools to validate expected data/time responses in those fields. If the ISA15 (Usage Indicator) is set to P (Production Data), then the data and time fields are populated with the current date and time.

3.1 X12 TRANSACTION AUTHORIZATION TESTS

- The following table defines the “authorization tests” to be processed on receipt of each X12 270 request.
- The authorization tests run in the order shown. Upon detection of an error, the appropriate TA1 or 997 response is sent. Multiple errors are not processed in the TA1 response since this can lead to faulty error reporting. In the 997 error response multiple errors may be sent with the exception of GS01 and GS08 errors. If both GS01 and GS08 errors are present, only the GS01 error will be sent since only 1 AK905 segment is allowed.

HIPAA Element	Authorization Tests	TA1 Response	997 Response			
		TA105	AK401	AK402	AK403	AK905
N/A	Clearing House source can not be identified	013	N/A	N/A	N/A	N/A
ISA05/ISA06	Unknown clearing house (unknown ISA05/ISA06 combination)	006	N/A	N/A	N/A	N/A
ISA07/ISA08	Unknown Payor (unknown ISA07/ISA08 combination)	008	N/A	N/A	N/A	N/A
GS01	Unsupported Transaction Set in Group	N/A	N/A	N/A	N/A	1
GS02	Unknown Originator ID value	N/A	2	142	7	N/A
	Missing Originator ID value	N/A	2	142	1	N/A
GS03	Unknown Recipient LOB value	N/A	3	124	7	N/A
	Missing Recipient LOB value	N/A	3	124	1	N/A
GS08	Unsupported Version of Implementation Guide	N/A	N/A	N/A	N/A	2

3.2 X12 TRANSACTION ENVELOPE TEST VALIDATION

- The following table defines the “envelope tests” to be processed on receipt of each X12 270 request.
- The envelope tests run in the order shown. Upon detection of an error, the appropriate TA1 or 997 response is sent. Multiple errors are not processed since this can lead to faulty error reporting.

HIPAA Element	Envelope Tests	TA1 Response	997 Response	
		TA105	AK502	AK905
IES Segment	Control Number in IES02 does not match Control Number in ISA13	001	N/A	N/A
IES Segment	Functional Group Count in IES01 does not match actual Functional Groups counted	021	N/A	N/A
GE Segment	Group Control Number in GE02 does not match Group Control Number in GS06	N/A	N/A	4
GS Segments	IES02 value != 1 indicating multiple or no GS segments received	024	N/A	N/A
TS Segments	Transaction Sets Included count in GE01 does not match actual Transaction Sets counted	N/A	N/A	5
TS Segments	Transaction Set Control Number in ST02 does not match Transaction Set Control Number in SE02.	N/A	3	NA
TS Segments	GE01 value != 1 indicating the multiple or no TS segments received	024	N/A	N/A
HL Segment (HL03=20) Information Source Loop	Number of information source loops != 1.	024	N/A	N/A
HL Segment (HL03=21) Information Receiver Loop	Number of information receiver loops != 1.	024	N/A	N/A
HL Segment (HL03=22) Subscriber Loop	Number of subscriber loops != 1.	024	N/A	N/A
HL Segment (HL03=23) Dependent Loop	Number of dependent loops > 1.	024	N/A	N/A
SE Segment	Number of Included Segments Count in SE01 does not match actual segment count	N/A	4	N/A

3.3 X12 TRANSACTION EXCEPTION PROCESSING

The following table defines the “exception processing tests” for the data segments and data elements to be processed on receipt of each X12 270 request. These tests are a subset of the HIPAA compliance tests. On error, the 997 elements are set as defined in the table. Multiple errors are processed on these 997 responses.

HIPAA Element	Exception Process Tests	997 AK301	997 AK304	997 AK401	997 AK402	997 AK403	997 AK502
BHT Segment	Data Segment Missing	BHT	3	N/A	N/A	N/A	N/A
BHT02	Data Element Missing	BHT	8	2	353	1	N/A
	Illegal Character	BHT	8	2	353	6	N/A
	Maximum Length	BHT	8	2	353	5	N/A
	Minimum Length	BHT	8	2	353	4	N/A
	Illegal Qualifier	BHT	8	2	353	7	N/A
	Unsupported Qualifier	BHT	N/A	N/A	N/A	N/A	1
BHT03	Data Element Missing	BHT	8	3	127	1	N/A
	Illegal Character	BHT	8	3	127	6	N/A
	Maximum Length	BHT	8	3	127	5	N/A
2100A NM1 Segment	Data Segment Missing	NM1	3	N/A	N/A	N/A	N/A
2100A NM101	Data Element Missing	NM1	8	1	98	1	N/A
	Illegal Character	NM1	8	1	98	6	N/A
	Maximum Length	NM1	8	1	98	5	N/A
	Minimum Length	NM1	8	1	98	4	N/A
	Illegal Qualifier	NM1	8	1	98	7	N/A
2100A NM103	Illegal Character	NM1	8	3	1035	6	N/A
	Maximum Length	NM1	8	3	1035	5	N/A
2100A NM108	Data Element Missing	NM1	8	8	66	1	N/A
	Illegal Character	NM1	8	8	66	6	N/A
	Maximum Length	NM1	8	8	66	5	N/A
	Illegal Qualifier	NM1	8	8	66	7	N/A
2100A NM109	Data Element Missing	NM1	8	9	67	1	N/A
	Illegal Character	NM1	8	9	67	6	N/A
	Maximum Length	NM1	8	9	67	5	N/A
	Minimum Length	NM1	8	9	67	4	N/A

HIPAA Element	Exception Process Tests	997 AK301	997 AK304	997 AK401	997 AK402	997 AK403	997 AK502
2100B NM1 Segment	Data Segment Missing	NM1	3	N/A	N/A	N/A	N/A
2100B NM101	Data Element Missing	NM1	8	1	98	1	N/A
	Illegal Character	NM1	8	1	98	6	N/A
	Maximum Length	NM1	8	1	98	5	N/A
	Minimum Length	NM1	8	1	98	4	N/A
	Illegal Qualifier	NM1	8	1	98	7	N/A
2100B NM102	Data Element Missing	NM1	8	2	1065	1	N/A
	Illegal Character	NM1	8	2	1065	6	N/A
	Maximum Length	NM1	8	2	1065	5	N/A
	Illegal Qualifier	NM1	8	2	1065	7	N/A
2100B NM103	Illegal Character	NM1	8	3	1035	6	N/A
	Maximum Length	NM1	8	3	1035	5	N/A
2100B NM108	Data Element Missing	NM1	8	8	66	1	N/A
	Illegal Character	NM1	8	8	66	6	N/A
	Maximum Length	NM1	8	8	66	5	N/A
	Illegal Qualifier	NM1	8	8	66	7	N/A
2100B NM109	Data Element Missing	NM1	8	9	67	1	N/A
	Illegal Character	NM1	8	9	67	6	N/A
	Maximum Length	NM1	8	9	67	5	N/A
	Minimum Length	NM1	8	9	67	4	N/A
2000C HL04	Data Element Missing	HL	8	4	736	1	N/A
	Illegal Character	HL	8	4	736	6	N/A
	Maximum Length	HL	8	4	736	5	N/A
	Illegal Qualifier	HL	8	4	736	7	N/A

HIPAA Element	Exception Process Tests	997 AK301	997 AK304	997 AK401	997 AK402	997 AK403	997 AK502
2100C NM1 Segment	Data Segment Missing	NM1	3	N/A	N/A	N/A	N/A
2100C NM101	Data Element Missing	NM1	8	1	98	1	N/A
	Illegal Character	NM1	8	1	98	6	N/A
	Maximum Length	NM1	8	1	98	5	N/A
	Minimum Length	NM1	8	1	98	4	N/A
	Illegal Qualifier	NM1	8	1	98	7	N/A
2100C NM108	Illegal Character	NM1	8	8	66	6	N/A
	Maximum Length	NM1	8	8	66	5	N/A
	Illegal Qualifier	NM1	8	8	66	7	N/A
2100C NM109	Illegal Character	NM1	8	9	67	6	N/A
	Maximum Length	NM1	8	9	67	5	N/A
	Minimum Length	NM1	8	9	67	4	N/A
2100C or 2100D NM103 (see note1)	Illegal Character	NM1	8	3	1035	6	N/A
	Maximum Length	NM1	8	3	1035	5	N/A
2100D NM1 Segment (see note 2)	Data Segment Missing	NM1	3	N/A	N/A	N/A	N/A
2100D NM101 (see note 2)	Data Element Missing	NM1	8	1	98	1	N/A
	Illegal Character	NM1	8	1	98	6	N/A
	Maximum Length	NM1	8	1	98	5	N/A
	Minimum Length	NM1	8	1	98	4	N/A
	Illegal Qualifier	NM1	8	1	98	7	N/A
2100C or 2100D NM104 (see note1)	Illegal Character	NM1	8	4	1036	6	N/A
	Maximum Length	NM1	8	4	1036	5	N/A
2100C or 2100D DMG01 (see note1)	Illegal Character	DMG	8	1	1250	6	N/A
	Maximum Length	DMG	8	1	1250	5	N/A
	Minimum Length	DMG	8	1	1250	4	N/A
	Illegal Qualifier	DMG	8	1	1250	7	N/A
2100C or 2100D DMG02 (see note1)	Illegal Character	DMG	8	2	1251	6	N/A
	Maximum Length	DMG	8	2	1251	5	N/A
	Illegal Date	DMG	8	2	1251	8	N/A
2100C or 2100D DMG03 (see note1)	Illegal Character	DMG	8	3	1068	6	N/A
	Maximum Length	DMG	8	3	1068	5	N/A
	Illegal Qualifier	DMG	8	3	1068	7	N/A

HIPAA Element	Exception Process Tests	997 AK301	997 AK304	997 AK401	997 AK402	997 AK403	997 AK502
2100C or 2100D INS01 (see note1)	Data Element Missing	INS	8	1	1073	1	N/A
	Illegal Character	INS	8	1	1073	6	N/A
	Maximum Length	INS	8	1	1073	5	N/A
	Illegal Qualifier	INS	8	1	1073	7	N/A
2100C or 2100D INS02 (see note1)	Data Element Missing	INS	8	2	1069	1	N/A
	Illegal Character	INS	8	2	1069	6	N/A
	Maximum Length	INS	8	2	1069	5	N/A
	Minimum Length	INS	8	2	1069	4	N/A
	Illegal Qualifier	INS	8	2	1069	7	N/A
2100C or 2100D DTP01 (see note1)	Data Element Missing	DTP	8	1	374	1	N/A
	Illegal Character	DTP	8	1	374	6	N/A
	Maximum Length	DTP	8	1	374	5	N/A
	Minimum Length	DTP	8	1	374	4	N/A
	Illegal Qualifier	DTP	8	1	374	7	N/A
2100C or 2100D DTP02 (see note1)	Data Element Missing	DTP	8	2	1250	1	N/A
	Illegal Character	DTP	8	2	1250	6	N/A
	Maximum Length	DTP	8	2	1250	5	N/A
	Minimum Length	DTP	8	2	1250	4	N/A
	Illegal Qualifier	DTP	8	2	1250	7	N/A
2100C or 2100D DTP03 (see note1)	Data Element Missing	DTP	8	3	1251	1	N/A
	Illegal Character	DTP	8	3	1251	6	N/A
	Maximum Length	DTP	8	3	1251	5	N/A
	Illegal Date	DTP	8	3	1251	8	N/A
2100C or 2100D REF01 (see note1)	Data Element Missing	REF	8	1	128	1	N/A
	Illegal Character	REF	8	1	128	6	N/A
	Maximum Length	REF	8	1	128	5	N/A
	Minimum Length	REF	8	1	128	4	N/A
	Illegal Qualifier	REF	8	1	128	7	N/A

HIPAA Element	Exception Process Tests	997 AK301	997 AK304	997 AK401	997 AK402	997 AK403	997 AK502
2100C or 2100D REF02 (see note1)	Data Element Missing	REF	8	2	127	1	N/A
	Illegal Character	REF	8	2	127	6	N/A
	Maximum Length	REF	8	2	127	5	N/A
2110C or 2110D EQ01 (see note3)	Data Element Missing	EQ	8	1	1365	1	N/A
	Illegal Character	EQ	8	1	1365	6	N/A
	Maximum Length	EQ	8	1	1365	5	N/A
	Illegal Qualifier	EQ	8	1	1365	7	N/A

4 CONNECTIVITY WITH THE PAYER / COMMUNICATIONS

4.1 SYSTEM AVAILABILITY

The 270/271 is generally available 24 hours a day, 7 days a week. To allow for maintenance, the 270/271 transactions may be unavailable on Sunday from 12:01 a.m. until 10:00 a.m. ET

4.2 PROCESS FLOWS

Protocol Family: TCP/IP

Application Protocol: https

HTTP Language: HTML

HTTP Method: POST

HTML element for “X12 transaction data”: Form

Form Input Element Name: reqX12

Form Encoding Type: “application/x-www-form-urlencoded”

Form Action URL (Eligibility Inquiry) Stage:

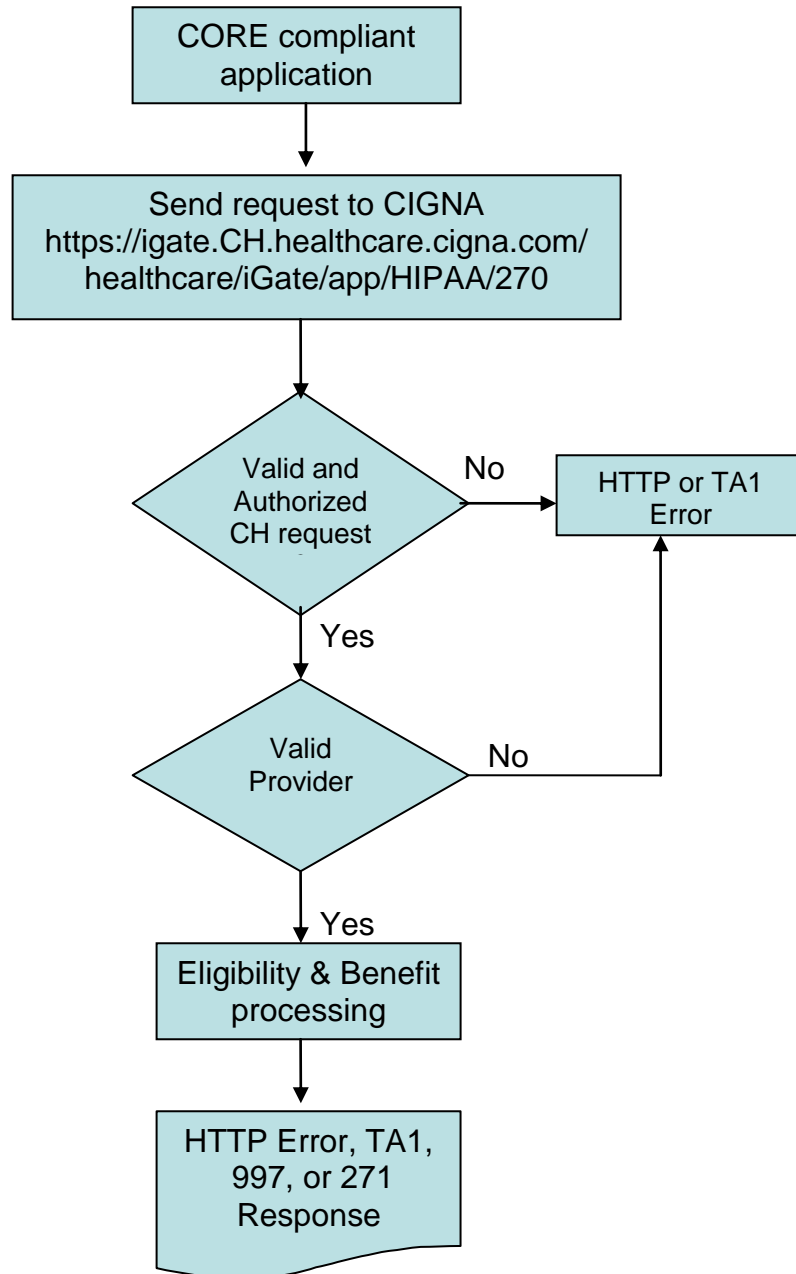
<https://s-igate.CH.healthcare.cigna.com/healthcare/iGate/app/HIPAA/270>

Form Action URL (Eligibility Inquiry) Production:

<https://igate.CH.healthcare.cigna.com/healthcare/iGate/app/HIPAA/270>

Note: CH = Clearinghouse name

Real-Time Submission Flow



Note: Substitute 'CH' with Clearinghouse Identifier in URL

4.3 TRANSMISSION ADMINISTRATIVE PROCEDURES

Real-time 270 requests contain only one inquiry per member per transaction. The following responses to the inquiry will be provided within 10 seconds: TA1, 997 reject or 271.

4.3.1 RE-TRANSMISSION PROCEDURE

A duplicate transaction may be sent by the user's CORE compliant system if the HTTP post reply message is not received within the 60 second response period.

4.4 COMMUNICATION PROTOCOL SPECIFICATIONS

Stage Form URL for Real Time Eligibility Inquiry Submission:

<https://s-igate.CH.healthcare.cigna.com/healthcare/iGate/app/HIPAA/270>

Production Form URL for Real Time Eligibility Inquiry Submission:

<https://igate.CH.healthcare.cigna.com/healthcare/iGate/app/HIPAA/270>

Note: CH = Clearinghouse name

4.5 PASSWORDS

Passwords – N/A

4.6 Security and Authentication Requirements

Clearinghouse must provide CIGNA with IP address of server posting the request.

5 CONTACT INFORMATION

5.1 EDI CUSTOMER SERVICE

Most questions can be answered by referencing this Companion Guide. If you have additional questions related to CIGNA's Eligibility & Benefits transaction, contact your vendor.

5.2 EDI TECHNICAL ASSISTANCE

For technical questions related to CIGNA's Eligibility and Benefits transaction, contact your vendor.

For vendors that submit directly to CIGNA, contact the Customer Support Center for technical questions at 1 800.261.6232.

5.3 PROVIDER SERVICE NUMBER

Contracting, Provider Service and Credentialing questions, contact 1.800.88CIGNA (882.4462).

5.4 APPLICABLE WEBSITES / E-MAIL

For information about CIGNA policies, Coverage Positions and claim edits access the secure provider website at www.cignaforhcp.com. Registration is required.

6 CONTROL SEGMENTS / ENVELOPES

6.1 ISA – IEA (270)

This section describes the use of the Interchange Control segments, ISA and IEA. These segments mark the beginning and ending of an interchange. The ISA segment has a fixed length and all the elements within this segment must be populated. This segment includes a description of the expected sender and receiver codes and delimiters. The first element delimiter in the ISA segment is an Asterisk (*) which will be used as the delimiter throughout the transaction. The final character in the ISA segment is a Tilde (~) will be used as the delimiter for each segment in the transaction.

Segment ID	Element ID	Name	Code	Definition of Code / Notes
ISA		Interchange Control Header Segment		
	ISA01	Authorization Information Qualifier	'00'	No Authorization Information Present
	ISA02	Authorization Information	10 'spaces'	Authorization Information
	ISA03	Security Information Qualifier	'00'	No Security Information Present
	ISA04	Security Information	10 'spaces'	No Security Information Note: Value should always be 'spaces'
	ISA05	Interchange ID Qualifier of Sender	'ZZ'	Mutually defined
	ISA06	Interchange Sender ID	<Sender ID>	Interchange Sender ID for clearinghouse
	ISA07	Interchange ID Qualifier of Receiver	'30'	U.S. Federal Tax Identification Number
	ISA08	Interchange Receiver ID	'06-1059331'	Interchange Receiver ID for CIGNA
	ISA09	Interchange Date	Format: YYMMDD	Date of the interchange See note for ISA15
	ISA10	Interchange Time	Format: HHMM	Time of the interchange See note for ISA15
	ISA11	Interchange Control Standards Identifier	'U'	U.S. EDI Community of ASC X12, TDCC and UCS
	ISA12	Interchange Control Version Number	'00401'	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997
	ISA13	Interchange Control Number	'000000001'	Control Number used by the interchange sender; must be identical to the associated Interchange Trailer IEA02
	ISA14	Acknowledgment Requested	'0'	No Acknowledgement Requested
	ISA15	Usage Indicator; Code to indicate whether data enclosed by this interchange envelope is test or production informantio	'T' 'P'	'T': Test data Note: Date and Time fields in ISA09, ISA10, GS04 and GS05 are returned in the X12 response. 'P': Production Data Note: Date and time fields are populated with current date and time.
	ISA16	Component Element Separator	:	Component element separator is a delimiter and not a data element

IEA		Interchange Control Trailer Segment		
	IEA01	Number of Included Functional Groups	'1'	CIGNA Functional Group count
	IEA02	Interchange Control Number	'000000001'	CIGNA Interchange Control Number

6.2 GS – GE (270)

This section describes the Functional Group Control segments, GS and GE. These segments identify the application sender and receiver codes. The GS Control Segment indicates the beginning of a Functional Group and the GE Control Segment indicates the ending of a Functional Group. These control segments describe how CIGNA expects a Clearinghouse to send functional groups and how CIGNA will send functional groups back to the Clearinghouse.

Segment ID	Element ID	Name	Code	Definition of Code / Notes
GS		Functional Group Header		
	GS01	Functional Identifier Code	'HS'	Eligibility, Coverage or Benefit Inquiry (270)
	GS02	Application Sender's Code	<Sender Code>	Code identifying party sending transmission; codes agreed to by trading partners.
	GS03	Application Receiver's Code	'CIGNA'	Code identifying party receiving transmission; Value should always be CIGNA.
	GS04	Date	Format: CCYYMMDD	Date of functional group creation
	GS05	Time	Format: HHMM	Creation time
	GS06	Group Control Number	'002'	Assigned number originated by sender; Control Number must be equal same data element in Group Trailer, GE02.
	GS07	Responsible Agency Code	'X'	Accredited Standards Committee X12. Value should always be 'X'.
	GS08	Version / Release / Industry Identifier Code	'004010X092A1'	Health Care Eligibility Benefit Inquiry and Response 270/271 Implementation Guide originally published in May 2000 as "004010X092", and now includes the addenda published in October 2002 as "004010X092A1".
GE		Functional Group Trailer		
	GE01	Number of Transaction Sets Included	'1'	Number of transactions included
	GE02	Group Control Number	'002'	Group Control Number must be identical to same data element in functional group header, GS06.

6.3 ST – SE (270)

This section indicates the beginning and the ending of a transaction set and provides the count of the transmitted segments including the beginning (ST) and ending (SE) segments. These segments also provide a Transaction Set Control Number which must be identical in each segment.

Segment ID	Element ID	Name	Code	Definition of Code / Notes
ST		Transaction Set Header		
	ST01	Transaction Set Identifier Code	'270'	Eligibility, Coverage or Benefit Inquiry
	ST02	Transaction Set Control Number	'TSC1'	Transaction Set Control Number assigned by CIGNA. The transaction set control numbers in ST02 and SE02 must be identical.
SE		Transaction Set Trailer		
	SE01	Transaction Segment Count	<Total Segments>	Total number of segments included in a transaction set including ST and SE segments
	SE02	Transaction Set Control Number	'TSC1'	Transaction Set Control Number assigned by CIGNA

6.4 ISA – IEA (271)

Segment ID	Element ID	Name	Code	Definition of Code / Notes
ISA		Interchange Control Header Segment		
	ISA01	Authorization Information Qualifier	'00'	No Authorization Information Present
	ISA02	Authorization Information	10 'spaces'	No Authorization Information
	ISA03	Security Information Qualifier	'00'	No Security Information Present
	ISA04	Security Information	10 'spaces'	No Security Information Note: Value should always be 'spaces'
	ISA05	Interchange ID Qualifier of Sender	'30'	U.S. Federal Tax Identification Number
	ISA06	Interchange Sender ID	'06-1059331'	Interchange Sender ID for CIGNA
	ISA07	Interchange ID Qualifier of Receiver	'ZZ'	Mutually defined
	ISA08	Interchange Receiver ID	<Receiver ID>	Interchange Receiver ID for Clearinghouse
	ISA09	Interchange Date	Format YYMMDD	Date of the interchange
	ISA10	Interchange Time	Format HHMM	Time of the interchange
	ISA11	Interchange Control Standards Identifier	'U'	U.S. EDI Community of ASC X12, TDCC and UCS
	ISA12	Interchange Control Version Number	'00401'	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997
	ISA13	Interchange Control Number	'000000001'	CIGNA Functional Group count default
	ISA14	Acknowledgment Requested	'0'	No Acknowledgement Requested

	ISA15	Usage Indicator; Code to indicate whether data enclosed by this interchange envelope is test or production information	'T' 'P'	T': Test data; Note: Date and Time fields in ISA10, ISA11, GS04 and GS05 are returned in the X12 response. 'P': Production Data Note: Date and time fields are populated with current date and time
	ISA16	Component Element Separator	:	Component element separator is a delimiter and not a data element
IEA		Interchange Control Trailer Segment		
	IEA01	Functional Group Count	'1'	Functional Group count
	IEA02	Interchange Control Number	'000000001'	Interchange Control Number

6.5 GS – GE (271)

Segment ID	Element ID	Name	Code	Definition of Code / Notes
GS		Functional Group Header		
	GS01	Functional Identifier Code	'HB'	Eligibility, Coverage or Benefit Information (271)
	GS02	Application Sender's Code	'CIGNA'	Code identifying party sending transmission; value should always be 'CIGNA'.
	GS03	Application Receiver's Code	<Receiver Code>	Application Receiver Code for Clearinghouse
	GS04	Date	Format: CCYYMMDD	Date for Functional Group creation
	GS05	Time	Format: HHMM	Time for Functional Group creation
	GS06	Group Control Number	'002'	Group Control Number originated and maintained by sender
	GS07	Responsible Agency Code	'X'	Accredited Standards Committee X12
	GS08	Version / Release / Industry Identifier Code	'004010X092A1'	Health Care Eligibility Benefit Inquiry and Response 270/271 Implementation Guide originally published in May 2000 as "004010X092", and now included the addenda published in October 2002 as "004010X092A1".
GE		Functional Group Trailer		
	GE01	Number of Transaction Sets Included	'1'	Transaction Count; value should always be '1'.
	GE02	Group Control Number	'002'	Group Control Number must equal element in Functional Group, GS06.

6.6 ST – SE (271)

Segment ID	Element ID	Name	Code	Definition of Code
ST		Transaction Set Header		
	ST01	Transaction Set Identifier Code	'271'	Eligibility, Coverage or Benefit Information
	ST02	Transaction Set Control Number	'TSC1'	Transaction Set Control Number assigned by CIGNA. The transaction set control numbers in ST02 and SE02 must be identical.
SE		Transaction Set Trailer		
	SE01	Number of Transaction Segments	<Segment Total>	Total number of segments in a transaction set including ST and SE segments
	SE02	Transaction Set Control Number	'TSC1'	Transaction Set Control Number used by CIGNA

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

CIGNA is in the process of becoming CORE Phase I certified. 271 responses will comply with CORE Phase I requirements as of 10/20/2009.

270 Request:

Eligibility requests for any explicit service type code (EB03) as well as a generic service type code “30” will generate a 271 response. Supported Service Type codes:

Medical Services:

- 1 – Medical Care
- 2 – Surgical
- 3 – Consultation (Specialist)
- 4 – Diagnostic X-Ray
- 6 – Radiation Therapy
- 7 – Anesthesia
- 8 – Surgical Assistance
- 10 – Blood Charges
- 12 – DME Purchase
- 17 – Pre-Admission Testing
- 19 – Pneumonia Vaccine
- 20 – Second Surgical Opinion
- 30 – Health Benefit Plan Coverage
- 33 – Chiropractic
- 42 – Home Health Care
- 45 – Hospice
- 46 – Respite Care
- 47 – Hospital
- 48 – Hospital – Inpatient
- 50 – Hospital – Outpatient
- 51 – Hospital – Emergency Accident
- 52 – Hospital – Emergency Medical
- 56 – Medically Related Transportation
- 61 – In-vitro Fertilization
- 52 – MRI/CAT Scan
- 64 – Acupuncture
- 67 – Smoking Cessation
- 68 – Well Baby Care
- 69 – Maternity
- 70 – Transplants
- 71 – Audiology Exam
- 72 – Inhalation Therapy
- 73 – Diagnostic Medical (X-ray and Lab)
- 74 – Private Duty Nursing
- 75 – Prosthetic Device
- 76 – Dialysis
- 78 – Chemotherapy
- 79 – Allergy Testing
- 80 – Immunizations
- 81 – Routine Physical
- 82 – Family Planning
- 83 – Infertility
- 84 – Abortion
- 86 – Emergency Services

88 – Pharmacy
90 – Medical Order Prescription Drug (CIGNA formulary)
91 – Brand Name Prescription Drug (CIGNA formulary)
92 – Generic Prescription Drug (CIGNA generic)
93 – Podiatry
96 – Professional (Physician)
97 – Anesthesiologist
98 – Professional (Physician) Visit – Office
A0 – Professional (Physician) Visit – Outpatient
A3 – Professional (Physician) Visit – Home
A9 – Rehabilitation
AC – Rehabilitation – Outpatient
AD – Occupational Therapy
AF – Speech Therapy
AG – Skilled Nursing Care
AL – Vision (Optometry)
AM – Frames
AN – Routine Exam
AO – Lenses
AR – Experimental Drug Therapy
BD – Cognitive Therapy
BF – Pulmonary Rehabilitation
BG – Cardiac Rehabilitation
BH – Pediatric
BK – Orthopedic
BL – Cardiac
BN – Gastrointestinal
BQ – Neurology
BR – Eye

Dental Services:

35 – Dental Care

Behavioral Services:

5 – Diagnostic Lab
9 – Other Medical
22 – Social Work
49 – Hospital – Room and Board
59 – Licensed Ambulance
99 – Professional (Physician) Visit – Inpatient
A2 – Professional (Physician) Visit – Skilled Nursing Facility
A4 – Psychiatric
A5 – Psychiatric – Room and Board
A6 – Psychotherapy
A7 – Psychiatric – Inpatient
A8 – Psychiatric – Outpatient
AA – Rehabilitation – Room and Board
AI – Substance Abuse
AJ – Alcoholism
AK – Drug Addiction
BB – Partial Hospitalization (Psychiatric)
BC – Day Care (Psychiatric)

The 270 inquiry must include the patient's member ID number, last name, first name, and date of birth.

271 Response:

The 271 response for a generic service type code "30" (Health Benefit Plan Coverage) will include the following service type codes:

- 1 – Medical Care
- 33 – Chiropractic
- 35 – Dental Care
- 48 – Hospital Inpatient
- 50 – Hospital Outpatient
- 86 – Emergency Services
- 88 – Pharmacy
- 98 – Professional (Physician) Visit – Office
- AL – Vision (Optometry)

It may include additional service types as information is available in CIGNA's source systems.

The 271 response for dental care service type code "35" will include the general dental benefits as well as additional dental benefit specifics available in the CIGNA Dental source systems.

The 271 response for a specific service type code will include the health plan benefit information and the benefits for the specific benefit type only.

CIGNA's response to a generic "30" inquiry will contain the member's status (Active, Inactive, and Not Covered) for CORE required benefits. The response may also contain other specific benefits as available in conjunction with the member's benefit plan. The absence of a specific benefit is not meant to imply that the benefit is not covered and should not be construed as such.

- Service Type Code 1 indicates the status of the member's medical benefits.
- Service Type Code 30 represents the member's plan level benefits – deductible, out of pocket, coinsurance
- Service Type Codes 48 and 50 representing the applicable in/out patient hospital benefits may also return benefit rows containing EB01=CB to indicate the necessity for precertification for in/outpatient hospital services.
- Service Type Codes 33, 48, 50, 86, 88 and 98 will contain the appropriate benefit information – deductible (if different from plan level deductible), co-payment, and/or coinsurance (if different from plan level coinsurance)
- Service Type Code 88 represents a benefit that may be embedded in a medical product or be available as a stand alone benefit. Therefore, an 88 response may be available in absence of standard medical coverage. Likewise, it may be not covered.
- Service Type Code AL represents a benefit that may be embedded in a medical product or be available as a stand alone benefit. Therefore, an AL response may be available in absence of standard medical coverage. Likewise, it may be not covered.
- When part of a standard 30 request, Service Type Code 35 will be responded to at a high level – Active, Inactive or Not Covered. A specific 35 request will return detailed Dental benefit information.

CIGNA's response to a specific CORE benefit will contain the member's status (Active, Inactive, and Not Covered) for the requested Service Type Code. When available, plan level medical or dental benefits will be returned (Service Type Codes 1 and 30, or 35), as applicable.

CIGNA's response to a specific non-CORE benefit will contain the member's status as active or inactive for the requested Service Type Code. When available, plan level medical or dental benefits will be returned (Service Type Codes 1, and 30, or 35) as applicable.

NOTE: A non-CORE specific Service Type Code may be available for one benefit plan but not for another, depending on the structure of the benefit plan. As such, a specific non-CORE service type code response may be returned for one plan that may result in a response of EB*V for another.

An EB*V response to a request for a specific non-CORE service type code does not imply that the benefit is not covered and should not be construed as such.

A 270 inquiry containing multiple EQ*01 codes is accepted by CIGNA. CIGNA looks at the first EQ*01 segment to determine the Line of Business. If a second or subsequent Service Type Code is considered by CIGNA to be part of a different line of business than the first, the subsequent service type code may not be acknowledged.

For example, an inquiry containing Service Type Codes of 33 and A5 - A5, to CIGNA, is a behavioral Service Type Code and therefore would not be acknowledged or contained in the response.

Requests for behavioral benefits should be submitted separately.

8 ACKNOWLEDGEMENTS AND OR REPORTS

Internal Tracking Reports only

9 TRADING PARTNER AGREEMENTS

To initiate the evaluation process for potentially becoming a Trading Partner with CIGNA, please contact us using our Trading Partner Inquiries email address Newtradingpartnerinquiries@CIGNA.com. See form under Appendix 4.

In your request, please include the following information:

- Company Name and Address
- Primary and Alternate Contact Information (Email Address and Phone Numbers)
- Supported Transactions (Current Environment)
- Proposed Transactions
- Provider pricing model
- High Level Workflow of Proposed Business Model
- Current Compliance Levels (HIPAA/ANSI, etc.)
- File Submission Size and Frequency (Current Environment)

CIGNA requires all Trading Partners meet the minimum requirements:

- CAQH CORE Phase I certified with plans and a deadline for CORE Phase II certification.
- EHNAC accreditation (Electronic Healthcare Network Accreditation Commission), Maryland regulation (<http://www.ehnac.org>)
- HIPAA Compliance
- ANSI Compliant

Note: CIGNA reviews each trading partner request against the needs of it's existing trading partner arrangements.

10 TRANSACTION SPECIFIC INFORMATION (Loops)

A Transaction Loop is a group of related segments. CIGNA specific values are required for the elements which comprise the segments for the 270/271 Transaction Loops. The following section identifies these loops, their segments and their required element values:

- Loop 2100A – Information Source
- Loop 2100B – Information Receiver
- Loop 2100C – Subscriber Information
- Loop 2110C – Subscriber Benefit or Eligibility Information
- Loop 2120C – Subscriber Benefit Related Entity Information
- Loop 2100D – Dependent Information
- Loop 2110D – Dependent Benefit or Eligibility Information
- Loop 2115D – Dependent Eligibility or Benefit Information
- Loop 2120D – Dependent Benefit Related Entity

10.1 Loop 2100A (270) – Information Source

Loop	Segment	Element	Name	Code	Definition of Code
2100A	NM1	NM101	Entity Identifier Code	'PR'	Payer
2100A	NM1	NM102	Information Source Name	'2'	Non-Person Entity
2100A	NM1	NM103	Organization Name	'CIGNA HealthCare'	Organization Name for CIGNA
2100A	NM1	NM108	Identification Code Qualifier	'FI' 'PI'	FI: Federal Tax Payer ID Number PI: Payor Identification
2100A	NM1	NM109	Identification Code	'06-1059331'	Identification Code for CIGNA

10.2 Loop 2100B (270) – Information Receiver

Loop	Segment	Element	Name	Code(s)	Definition of Code
2100B	NM1	NM101	Entity Identifier Code	'1P'	Provider
2100B	NM1	NM108	Identification Code Qualifier	'34' 'FI' 'SV' 'XX'	34: Social Security Number FI: Federal Taxpayer ID SV: Service Provider Number XX:NPI
2100B	NM1	NM109	Identification Code of Provider requesting response		When Federal Taxpayer ID or Service Provider #, CIGNA may use it to determine if in-network provider for member

10.3 Loop 2100C (270) – Subscriber Information

If multiple loops are sent, CIGNA will recognize only the first loop.

Loop	Segment	Element	Name	Code(s)	Definition of Code/Notes
2100C	NM1	NM108	Identification Code Qualifier	'MI'	Member Identification Code
2100C	NM1	NM109	Subscriber Identification Code		Unique Member Identifier or Social Security Number
2100C	DMG	DMG01	Date Time Period Format Qualifier	'D8'	D8: Date Format: CCYYMMDD
2100C	DMG	DMG02	Subscriber Birth Date		Date Format: CCYYMMDD
2100C	DTP	DTP01	Date/Time Qualifier	'307' '435' '472'	307: Eligibility 435: Admission 472: Service
2100C	DTP	DTP02	Date Time Period Format Qualifier	'D8' 'RD8'	D8: Date expressed in format CCYYMMDD; RD8: Range of Dates expressed in format CCYYMMDD-CCYYMMDD; If no date provided, use current date
2100C	DTP	DTP03	Date Time Period		Expression of date or date range. A range of dates is acceptable, but CIGNA only recognizes the first date in range. If no date provided, use current date.

10.3.1 Loop 2110C (270) – Subscriber Eligibility & Benefit Information

Loop	Segment	Element	Name	Code(s)	Definition of Code/Notes
2110C	EQ				CIGNA supports up to and including 99 occurrences of the EQ segment per transaction
2110C	EQ	EQ01	Service Type Code	'30' (Generic) Other standard codes available	Refer to Section 7 for additional details

10.4 Loop 2100D (270) – Dependent Information

If multiple loops are sent, CIGNA will recognize only the first loop.

Loop	Segment	Element	Name	Code(s)	Definition of Code / Notes
2100D	NM1	NM104	First Name		
2100D	DMG	DMG02	Dependent Birth Date		Date Format: CCYYMMDD
2100D	DTP	DTP01	Date/Time Qualifier	'307' '435' '472'	307: Eligibility 435: Admission 472: Service
2100D	DTP	DTP02	Date Time Period Format Qualifier	'D8' 'RD8'	D8: Date expressed in format CCYYMMDD; RD8: Range of Dates expressed in format CCYYMMDD-CCYYMMDD; If no date provided, use current date
2100D	DTP	DTP03	Date Time Period		Expression of date or date range. A range of dates is acceptable, but CIGNA only recognizes the first date in range. If no date provided, use current date.

10.4.1 Loop 2110D (270) – Dependent Eligibility/Benefit Information

Loop	Segment	Element	Name	Code(s)	Definition of Code / Notes
2110D	EQ				CIGNA supports up to and including 99 occurrences of the EQ segment per transaction
2110D	EQ	EQ01	Service Type Code	'30'	Refer to Section 7 for additional details.

10.5 Loop 2100A (271) - Information Source

Loop	Segment	Element	Name	Code	Definition of Code / Notes
2100A	NM1	NM101	Entity Identifier Code	'PR'	Payer
2100A	NM1	NM102	Information Source Name	'2'	Non-Person Entity
2100A	NM1	NM108	Identification Code Qualifier	'F1'	Federal Tax Payer ID Number

10.5.1 PER (271)–Source Contact for Strategic Alliance Role (End-State)

When CIGNA has an SA-R (Shared Alliance Repricing) role and the member’s eligibility source is end-state, or if CIGNA is a Supporting Party, Plan Coverage Description (EB05) will have the Alliance Partner’s Name. The Alliance Partner’s contact information will also be provided in the PER segment of the Loop 2100A.

Loop	Segment	Element	Name	Code	Definition of Code / Notes
2100A	PER	PER02	Alliance Partner’s Name		
2100A	PER	PER03	Identification Code Qualifier	'TE'	Telephone
2100A	PER	PER04	Alliance Telephone Number	Format: AAABBBCCCC	AAA= Area Code BBBCCCC=Local #

10.5.2 PER (271)–Source Contact for Strategic Alliance Role (Legacy)

When CIGNA has an SA-R (Shared Alliance Repricing) role and the member’s eligibility source is legacy, Plan Coverage Description (EB05) will have the redirect message ‘Refer to member’s ID for the number to call for service’ and the PER segment of the Loop 2100A will be populated as described below.

Loop	Segment	Element	Name	Code	Definition of Code/Notes
2100A	PER	PER02	Alliance Partner’s Name	‘Refer to member’s ID for the number to call for service’	
2100A	PER	PER03	Identification Code Qualifier	Spaces	
2100A	PER	PER04	Alliance Telephone Number	Spaces	

10.5.3 PER (271) – Information Source Contact for Great West

When CIGNA has unconverted members of the former Great West business, the PER segment of the Loop 2100A will be populated as described below.

Loop	Segment	Element	Name	Code	Definition of Code/Notes
2100A	PER	PER02	Alliance Partner’s Name	‘Great-West Healthcare, now part of CIGNA’	Used for unconverted members of former Great West business
2100A	PER	PER03	Communication Number Qualifier	‘TE’	TE: Telephone
2100A	PER	PER04	Communication Number	‘8006638081’	Great-West Telephone Number

10.6 Loop 2100B (271) – Information Receiver

10.6.1 NM1 (271)

If the NPI was originally submitted in the NM1 (Information Receiver Name) segment on the 270 request, then it will be sent back on the 271 transaction.

Loop	Segment	Element	Name	Code(s)	Definition of Code/Notes
2100B	NM1	NM109	Identification Code		If NPI submitted on NM1 (Information Receiver Name) segment on 270 transaction, it will be sent back on 271 transaction.

10.7 Loop 2100C (271) – Subscriber Information

10.7.1 NM1 / DTP (271)

Loop	Segment	Element	Name	Code(s)	Definition of Code/Notes
2100C	NM1	NM109	Subscriber Identification Code		Unique Member Identifier
2100C	DTP	DTP01	Date/Time Qualifier	'346' '347'	Qualifiers 346 and, when applicable, 347 will be passed in the DTP segment of the 2100 loop to indicate the members' eligibility begin and end dates. Qualifier 307 will be used in the 2110 loop when the dates for the subordinate benefit differs from the priority benefit dates passed in the 2100C loop.
2100C	DTP	DTP02	Date Time Period Format Qualifier	'D8' 'RD8'	D8: Date expressed in format CCYYMMDD; RD8: Range of Dates expressed in format CCYYMMDD-CCYYMMDD; If no date provided, use current date
2100C	DTP	DTP03	Date Time Period		The priority is as follows: <ul style="list-style-type: none"> • A member's medical benefit coverage dates have the highest priority. When a member has medical benefits, the dates for the medical benefits will be populated in the 2100 date loop of the response. • If a member has no medical benefits but has multiple other benefits with different effective dates, the benefit containing the earliest effective date becomes the highest priority and will be populated in the 2100 date loop. • If a member has medical and a benefit whose date differs from medical [dental, vision or pharmacy], the subordinate benefits will be passed in the 2110 loop and will contain a qualifier of 307. • When all coverage dates are equal only the 2100 loop will be created. Benefits whose dates may vary from medical are: dental, vision and pharmacy.

10.7.2 REF(271)–Subscriber Additional ID for Managed Care Members

Variable segment based on product.

Loop	Segment	Element	Name	Code(s)	Definition of Code / Notes
2100C	REF	REF01	Reference Identification Qualifier	'N6'	Code for Plan Network Identification Number
2100C	REF	REF02	Reference Identification	Varies by member	Example: '030 NY806 FLEX*HMO CODE, NETWORK ID, LOB.~'
2100C	REF	REF03	Description	Definition of values in 'HMO Code, Network ID, LOB~'	Description of values passed in REF02

10.8 Loop 2110C (271) – Subscriber Eligibility or Benefit Info

10.8.1 EB (271) – Subscriber Eligibility or Benefit Information

Loop	Segment	Element	Name	Code(s)	Definition of Code / Notes
2110C	EB	EB01	Eligibility or Benefit Information	1 5 6 A B C F G H I L M N Q R U V W CB	1: Active Coverage 5: Active – Pending Investigation 6: Inactive A: Co-Insurance B: Co-Payment C: Deductible F: Limitations G: Out of Pocket (Stop Loss) H: Unlimited I: Non-Covered L: Primary Care Provider N: Services Restricted to Following Provider Q: Second Surgical Opinion Required R: Other or Additional Payor U: Contact Following Entity for Eligibility or Benefit Information V: Cannot Process W: Other Source of Data CB : Coverage Basis; used to indicate need for precert for certain procedures or services
2110C	EB	EB02	Coverage Level Code	FAM IND	FAM: Family IND: Individual
2110C	EB	EB03	Service Type Code		Refer to Section 7 for additional details
2110C	EB	EB04	Insurance Type Code		When EB01 = 'R', then one of these values is displayed. CIGNA specific codes to provide Other Insurance information: 'MA' 'MB' 'OT' 'MC'
2110C	EB	EB05	Medical Management Service Level		'PHS+' 'PHS'
2110C	EB	EB05	Coordination of Benefits	'Tricare' 'Medicare Parts A and B' 'Medicare Part D'	Description of Other Insurance Plan
2110C	EB	EB08	Percent		1.00 = 100% .50 = 50% .00 = 0% Percent returned is patient liability. For example if 30% is returned, patient pays 30%
2110C	REF	REF02	Reference Id	1L	1L: Policy/Account Number.
2110C	REF	REF03	Description		Policy Account Name in REF02
2110C	DTP	DTP01	Date/Time Qualifier	'307'	Qualifiers 346 and, when applicable, 347 will be passed in the DTP segment of the 2100 loop to indicate the members' eligibility begin and end dates. Qualifier 307 will be used in the 2110 loop when the dates for the subordinate benefit differs from the priority benefit dates passed in the 2100C loop.

2110C	DTP	DTP03	Date Time Period		<p>For COB, field is populated with the other carrier's policy Eff-Cancel Dates, as reported to CIGNA.</p> <p>Otherwise, The priority is as follows:</p> <ul style="list-style-type: none"> • A member's medical benefit coverage dates have the highest priority. When a member has medical benefits, the dates for the medical benefits will be populated in the 2100 date loop of the response. • If a member has no medical benefits but has multiple other benefits with different effective dates, the benefit containing the earliest effective date becomes the highest priority and will be populated in the 2100 date loop. • If a member has medical and a benefit whose date differs from medical [dental, vision or pharmacy], the subordinate benefits will be passed in the 2110 loop and will contain a qualifier of 307. • When all coverage dates are equal only the 2100 loop will be created. Benefits whose dates may vary from medical are: dental, vision and pharmacy.
2110C	MSG	MSG01	Free-Form Message Text		Used to explain values provided in EB*1 or EB*F loops
2110C	HSD	HSD03	Unit or Basis for Measurement Code	'DA' 'MO' 'VS' 'WK' 'YR'	DA Days MO Months VS Visit WK Week YR Years
2110C	HSD	HSD04	Sample Selection Modulus		Used if needed to provide further information about the number and frequency of benefits.
2110C	HSD	HSD05	Time Period Qualifier	For example: 30 Exceeded 31 Not Exceeded	Used if needed to provide further information about the number and frequency of benefits.
2110C	HSD	HSD06	Number of Periods		Total number of periods

10.8 Loop 2115C (271) – Subscriber Eligibility or Benefit Additional Information

10.8.1 III (271) – Place of Service

Loop	Segment	Element	Name	Code(s)	Definition of Code and Notes
2115C	III	III01	Code List Qualifier Code	'ZZ'	ZZ: Mutually Defined
2115C	III	III02	Industry Code	'11' '12' '21' '22' etc...	If III01 = 'ZZ', then this element identifies place of service. 11: Office 12: Home 21: Inpatient Hospital 22: Outpatient Hospital etc...

10.9 Loop 2120C (271) – Medical Management Services rendered outside of CIGNA (carveout)

Loop	Segment	Element	Name	Code(s)	Definition of Code and Notes
2120C	NM1	NM101	Entity Identifier Code	'X3'	The name of the entity providing Medical Management Services
2120C	PER	PER01	Contact Function Code	'IC'	Information Contact Qualifier
2120C	PER	PER03	Communication Number Qualifier	'TE'	Telephone
2120C	PER	PER04	Communication Number		The telephone number of the entity referenced in PER01

10.10 Loop 2100D (271) – Dependent Information

Loop	Segment	Element	Name	Code(s)	Definition of Code/Notes
2100D	NM1	NM109	Dependent Identification Code		Unique Member Identification Code
2100D	DTP	DTP01	Date/Time Qualifier	'346' '347'	Qualifiers 346 and, when applicable, 347 will be passed in the DTP segment of the 2100 loop to indicate the members' eligibility begin and end dates. Qualifier 307 will be used in the 2110 loop when the dates for the subordinate benefit differs from the priority benefit dates passed in the 2100D loop.
2100D	DTP	DTP02	Date Time Period Format Qualifier	'D8' 'RD8'	D8: Date expressed in format CCYYMMDD; RD8: Range of Dates expressed in format CCYYMMDD-CCYYMMDD; If no date provided, use current date
2100D	DTP	DTP03	Date Time Period		The priority is as follows: <ul style="list-style-type: none"> • A member's medical benefit coverage dates have the highest priority. When a member has medical benefits, the dates for the medical benefits will be populated in the 2100 date loop of the response. • If a member has no medical benefits but has multiple other benefits with different effective dates, the benefit containing the earliest effective date becomes the highest priority and will be populated in the 2100 date loop. • If a member has medical and a benefit whose date differs from medical [dental, vision or pharmacy], the subordinate benefits will be passed in the 2110 loop and will contain a qualifier of 307. • When all coverage dates are equal only the 2100 loop will be created. Benefits whose dates may vary from medical are: dental, vision and pharmacy.

10.11 Loop 2110D (271) – Dependent Eligibility or Benefit Information

Loop	Segment	Element	Name	Code(s)	Definition of Code / Notes
2110D	EB	EB01	Eligibility or Benefit Information	1 5 6 A B C F G H I L M N Q R U V W CB	1: Active Coverage 5: Active – Pending Investigation 6: Inactive A: Co-Insurance B: Co-Payment C: Deductible F: Limitations G: Out of Pocket (Stop Loss) H: Unlimited I: Non-Covered L: Primary Care Provider N: Services Restricted to Following Provider Q: Second Surgical Opinion Required R: Other or Additional Payor U: Contact Following Entity for Eligibility or Benefit Information V: Cannot Process W: Other Source of Data CB : Coverage Basis; used to indicate need for precert for certain procedures or services
2110D	EB	EB02	Coverage Level Code	FAM IND	FAM: Family IND: Individual
2110D	EB	EB03	Service Type Code		Refer to Section 7 for additional details
2110D	EB	EB04	Insurance Type Code		When EB01 = 'R', then one of these values is displayed. CIGNA specific codes to provide Other Insurance information: 'MA' 'MB' 'OT' 'MC'
2110D	EB	EB05	Medical Management Service Level		'PHS+' 'PHS'
2110D	EB	EB05	Coordination of Benefits	'Tricare' 'Medicare Parts A and B' 'Medicare Part D'	Description of Other Insurance Plan
2110D	EB	EB08	Percent		1.00 = 100% .50 = 50% .00 = 0% Percent returned is patient liability. For example if 30% is returned, patient pays 30%
2110D	REF	REF02	Reference Id	1L	1L: Policy/Account Number.
2110D	REF	REF03	Description		Policy Account Name in REF02
2110D	DTP	DTP01	Date/Time Qualifier	'307'	Qualifiers 346 and, when applicable, 347 will be passed in the DTP segment of the 2100 loop to indicate the members' eligibility begin and end

					dates. Qualifier 307 will be used in the 2110 loop when the dates for the subordinate benefit differs from the priority benefit dates passed in the 2100D loop.
2110D	DTP	DTP03	Date Time Period		<p>For COB, field is populated with the other carrier's policy Eff-Cancel Dates, as reported to CIGNA.</p> <p>Otherwise, The priority is as follows:</p> <ul style="list-style-type: none"> • A member's medical benefit coverage dates have the highest priority. When a member has medical benefits, the dates for the medical benefits will be populated in the 2100 date loop of the response. • If a member has no medical benefits but has multiple other benefits with different effective dates, the benefit containing the earliest effective date becomes the highest priority and will be populated in the 2100 date loop. • If a member has medical and a benefit whose date differs from medical [dental, vision or pharmacy], the subordinate benefits will be passed in the 2110 loop and will contain a qualifier of 307. • When all coverage dates are equal only the 2100 loop will be created. Benefits whose dates may vary from medical are: dental, vision and pharmacy.
2110D	MSG	MSG01	Free-Form Message Text		Used to explain values provided in EB*1 or EB*F loops
2110D	HSD	HSD03	Unit or Basis for Measurement Code	'DA' 'MO' 'VS' 'WK' 'YR'	DA: Days MO: Months VS : Visit WK: Week YR: Years
2110D	HSD	HSD04	Sample Selection Modulus		Used if needed to provide further information about the number and frequency of benefits.
2110D	HSD	HSD05	Time Period Qualifier	For example: 30 Exceeded 31 Not Exceeded	Used if needed to provide further information about the number and frequency of benefits.
2110D	HSD	HSD06	Number of Periods		Total number of periods

10.12 Loop 2115D (271) – Dependent Eligibility or Benefit Additional Info

10.12.1 III (271) – Place of Service

Loop	Segment	Element	Name	Code(s)	Definition of Code and Notes
2115D	III	III01	Code List Qualifier Code	'ZZ'	ZZ: Mutually Defined
2115D	III	III02	Industry Code	'11' '12' '21' '22' etc...	If III01 = 'ZZ', then this element identifies place of service. 11: Office 12: Home 21: Inpatient Hospital 22: Outpatient Hospital etc...

10.13 Loop 2120D (271) – Dependent Benefit Related Entity

Loop	Segment	Element	Name	Code(s)	Definition of Code / Notes
2120D	NM1	NM101	Entity Identifier Code	'X3'	The name of the entity providing Medical Management Services
2120D	PER	PER01	Contact Function Code	IC	Information Contact Qualifier
2120D	PER	PER03	Communication Number Qualifier	TE	Telephone
2120D	PER	PER04	Communication Number		The telephone number of the entity referenced in PER01 The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number

11 APPENDICES

1. Implementation Checklist

Production Circuit Connectivity

- CIP Exception for approved production design
- Order Frame Relay Connectivity
- Wait time for circuit installation
- Test Frame Relay Connectivity with Boulder
- Setup Boulder Components
- Build Engineer to request IP's from IBM for stage and production
- Supply IP's to Clearinghouse for build of their stage & prod servers & Firewall plan
- Obtain IP's from Clearinghouse for application security validation & Firewall plan
- Route changes on routers, test Telecomm
- Build Engineer coordinates IBM reuses with CH testing
- Delivery of stage web servers & application for testing
- Delivery of prod web servers & application
- Test Boulder Connectivity with CH

iGate Testing

- Develop Testing Plans
- Connectivity Testing
 - 270/271
 - 276/277
 - 278
- Stage Move-up Process

PVS Testing

SLA Review

- Obtain Current SLA for review

Disaster Contingency Planning

- Identify CH Plan
- Integrate with CIGNA Plan

Production Implementation

- Pre-Production Testing
- Production Cut-Over

2. Business Scenario

Eligibility and Benefit request for a CIGNA member having CORE benefit types which are covered “in network” and not covered “out of network”. See the Transmission Example in Appendix 3 for the 270/271 Request and Response for this scenario.

3. Transmission Example

270 HTTP Request:

```
ISA*00*                *00*                *ZZ*WEBMD                *30*06-1059331
*090910*1231*U*00401*000000001*0*T*:~
GS*HS*WEBMD*CIGNA*20090910*1231*002*X*004010X092A1~
ST*270*TSC1~
```

BHT*0022*13*2009-09-10-13-30-35-IHG-TEST*20090910*123121~
 HL*1**20*1~
 NM1*PR*2*CIGNA HealthCare*****PI*06-1059331~
 HL*2*1*21*1~
 NM1*1P*1*****FI*01-2345678~
 HL*3*2*22*0~
 TRN*1*2009-09-10-13-30-35-IHG-TEST*922222222~
 NM1*IL*1*TORTILLACHIPS*TORRENCE****MI*U9283456501~
 DMG*D8*19750404~
 INS*Y*18~
 DTP*307*RD8*20090910-20090910~
 EQ*30~
 SE*14*TSC1~
 GE*1*002~
 IEA*1*000000001~

271 HTTP Response:

ISA*00* *00* *30*06-1059331 *ZZ*WEBMD
 *090908*1255*U*00401*000000001*0*T*:~
 GS*HB*CIGNA*WEBMD*20090908*1255*002*X*004010X092A1~
 ST*271*TSC1~
 BHT*0022*11*2009-09-08-13-55-28-IHG-TEST*20090908*125557~
 HL*1**20*1~
 NM1*PR*2*CGLIC*****FI*06-0303370~
 PER*IC**TE*8008824462~
 HL*2*1*21*1~
 NM1*1P*1*****FI*01-2345678~
 HL*3*2*22*0~
 TRN*2*2009-09-08-13-55-28-IHG-TEST*922222222~
 NM1*IL*1*TORTILLACHIPS*TORRENCE****MI*U9283456501~
 REF*1L*6070032*PCL MIGRATED ACCOUNT 1~
 REF*N6*030 NY901 FLEX*HMO CODE, NETWORK ID, LOB.~
 N3*99 WHITES ROAD~
 N4*WILMINGTON*VT*05363~
 PER*IC*CHC OF BRISTOL, CT END STATE*TE*8002446224~
 DMG*D8*19750404*M~
 INS*Y*18*****N~
 DTP*346*D8*20070101~
 EB*1**30*HM*Network~
 EB*H*IND*30***32*****Y~
 EB*F*IND*12***22*3500.00*****Y~
 EB*C*IND*75***22*200.00*****Y~
 MSG*External Prosthetic Appliances~
 EB*F*IND*75***22*1000.00*****Y~
 MSG*External Prosthetic Appliances~
 EB*H*IND*42***22*****Y~
 EB*A*IND*62*****.00*****Y~
 III*ZZ*21~
 EB*A*IND*62*****.00*****Y~
 III*ZZ*22~
 EB*A*IND*62*****.00*****Y~
 III*ZZ*23~
 EB*A*IND*62*****.00*****Y~
 III*ZZ*11~
 EB*B*IND*62***26*50.00*****Y~
 III*ZZ*22~
 EB*B*IND*62***26*50.00*****Y~
 III*ZZ*23~
 EB*B*IND*62***26*50.00*****Y~
 III*ZZ*11~
 EB*B*IND*A9***27*20.00*****Y~

MSG*All Therapies~
EB*F*IND*A9***22***DY*20**Y~
MSG*All Therapies~
EB*F*IND*AG***22***DY*60**Y~
EB*B*IND*3***27*20.00*****Y~
MSG*Specialist Services~
EB*1**1~
MSG*PHS+~
EB*1**33~
EB*A*IND*33*****.00****Y~
MSG*Short Term Rehab Exception PCP No Limits~
EB*B*IND*33***27*20.00*****Y~
MSG*Short Term Rehab Exception PCP No Limits~
EB*A*IND*33*****.00****Y~
MSG*Short Term Rehab Exception SCP No Limits~
EB*B*IND*33***27*40.00*****Y~
MSG*Short Term Rehab Exception SCP No Limits~
EB*A*IND*33*****.00****Y~
MSG*Benefits step down to another after limits are met~
EB*B*IND*33***27*40.00*****Y~
MSG*Benefits step down to another after limits are met~
EB*F*IND*33***23***VS*6**Y~
MSG*Benefits step down to another after limits are met~
EB*A*IND*33*****.00****Y~
MSG*Short Term Rehab PCP Office~
EB*B*IND*33***27*20.00*****Y~
MSG*Short Term Rehab PCP Office~
EB*F*IND*33***23***VS*60**Y~
MSG*Short Term Rehab PCP Office~
EB*A*IND*33*****.00****Y~
MSG*Short Term Rehab SCP All Therapy~
EB*B*IND*33***27*40.00*****Y~
MSG*Short Term Rehab SCP All Therapy~
EB*F*IND*33***23***VS*60**Y~
MSG*Short Term Rehab SCP All Therapy~
EB*1**48~
EB*A*IND*48*****.00****Y~
MSG*Inpatient~
EB*B*IND*48***36*100.00*****Y~
MSG*Inpatient~
EB*CB*IND*48*****Y*Y~
EB*1**50~
EB*A*IND*50*****.00****Y~
MSG*Outpatient~
EB*B*IND*50***27*50.00*****Y~
MSG*Outpatient~
EB*CB*IND*50*****U*Y~
EB*1**86~
EB*A*IND*86*****.00****Y~
MSG*Emergency Room~
III*ZZ*23~
EB*B*IND*86***27*50.00*****Y~
MSG*Emergency Room~
III*ZZ*23~
EB*A*IND*86*****.00****Y~
MSG*Professional Services~
EB*B*IND*86***27*0.00*****Y~
MSG*Professional Services~
EB*B*IND*86***27*0.00*****Y~
MSG*Urgent Care~
EB*A*IND*86*****.00****Y~

```

MSG*Urgent Care~
EB*B*IND*86***27*25.00****Y~
MSG*Urgent Care~
EB*1**98~
EB*A*IND*98****.00****Y~
MSG*PCP Services~
EB*B*IND*98***27*20.00****Y~
MSG*PCP Services~
EB*A*IND*98****.00****Y~
MSG*Specialist - in network~
EB*B*IND*98***27*40.00****Y~
MSG*Specialist - in network~
EB*1**AL~
EB*A*IND*AL****.00****Y~
MSG*Vision~
EB*B*IND*AL***27*5.00****Y~
MSG*Vision~
EB*F*IND*AL***23***VS*1**Y~
MSG*Vision~
EB*I**1*****N~
MSG*PHS+~
EB*I**33*****N~
EB*I**35~
EB*I**48*****N~
EB*I**50*****N~
EB*I**86*****N~
EB*I**98*****N~
EB*I**AL*****N~
EB*I**88~
SE*132*TSC1~
GE*1*002~
IEA*1*000000001

```

4. Trading Partner Set Up Request Form

Form to be completed by vendors only.



P_Setup_req EDI
doc (33 KB)

5. Trading Partner CIGNA Secure File Methods

CIGNA offers six types of secure file transfer methods for data exchange.

- 1) HTTPS or HTTPS/PGP File Transfer
- 2) Cyclone Activator - Secure File Transfer Protocol (proprietary SFTP)
- 3) Applicability Statement 1 – AS1 – EDIINT Automated SMTP
- 4) Applicability Statement 2 – AS2 – EDIINT Automated HTTPS
- 5) FTP using PGP
- 6) SSH using PGP (SFTP)

These options are described below:

1) HTTPS or HTTPS/PGP File Transfer

Features:

- Thin browser based implementation
- Secure Access
- Extensive password management
- Transfer Privacy (128 bit Single Socket Layer encryption)
- Anti-virus protection
- Registered filename controlled
- Individual user log viewing
- Fully monitored service
- All file organizations supported

Requirements:

- Internet access (TCP/IP)
- Internet Explorer (4.x or higher) or Netscape navigator (4.x or higher)
- 90 day password change required
- For HTTPS/PGP, you will need a licensed version of the product
- **File size is limited to 1 GB or less.**

Operating Systems:

- Any browser based system with internet access

2) Cyclone Activator - Secure File Transfer Protocol (proprietary SFTP)

Features:

- Authentication (passwords, digital certificates)
- Automatic acknowledgement of file receipt
- Authorization (access control)
- Confidentiality (encryption)
- Integrity (performs checksum at client and server after each transfer)
- Software driven fail-over process
- Ease of use (automated)

Requirements:

- Installation of the Cyclone Activator software at the Trading Partner site. CIGNA pays the license fee.
- Authorized digital certificate.
- Annually password change required.
- Group email box is required for acknowledgements and error notification.
- File size is limited to 250 MB or less.

Operating Systems:

- Windows 98, Millennium, NT 4.0, 2000 and XP
 - Processor 400MHz or faster
 - RAM - 128MB minimum, 256MB recommended
 - Space - 250MB minimum, recommended 1 GB hard drive
 - CD-ROM drive for installation
- AS/400 model 170 or higher with a commercial processing workload (CPW) of 220 or higher
 - 512 MB of memory

- Space - 30 MB minimum, recommended 1GB
- UNIX requires X Windows and any of the following UNIX operating systems - Hewlett-Packard HP-UX 11.0, IBM AIX 4.3.3, Red Hat Linux 6.X up to 7.1 or Sun Solaris 2.7 or 2.8
 - RAM – 128MB minimum, recommended 256MB
 - Space - 250MB hard drive minimum, 1GB recommended

To learn more please visit this website <http://www.cyclonecommerce.com/cigna/>

3) Applicability Statement 1 – AS1 – EDIINT Automated SMTP

Features:

- Privacy encrypts a document so only the intended recipient can open it.
- Authentication guarantees that the sender and receiver are who they say they are.
- Integrity confirms that the data sent is the exact data received.
- Non-repudiation uses signed digital receipts to assure that neither party can deny the transaction. The sender receives automated, reliable confirmation of each transaction and/or is alerted if the "signed acknowledgment" is not received within a pre-determined time limit period. **Note: certificates need to be updated annually**

Requirements:

- Certified AS1 compatible software
 - See list viewable @ ebusinessready.org
- Authorized digital certificate
- Dedicated email account for receiving file transmission
- Group email box is required for acknowledgements and error notification.
- File size is limited to 3 MB or less.

4) Applicability Statement 2 – AS2 – EDIINT Automated HTTPS

Features

- Privacy encrypts a document so only the intended recipient can open it.
- Authentication guarantees that the sender and receiver are who they say they are.
- Integrity confirms that the data sent is the exact data received.
- Non-repudiation uses signed digital receipts to assure that neither party can deny the transaction. The sender receives automated, reliable confirmation of each transaction and/or is alerted if the "signed acknowledgment" is not received within a pre-determined time limit period. **Note: certificates must be updated annually.**

Requirements

- Certified AS2 compatible software
 - See list under test results @ ebusinessready.org
- Authorized digital certificate.
- http or https site name for sending file transmission

- Group e-mail box is required for acknowledgements and error notification
- File size is limited to 250 MB or less.

5) FTP using PGP

Features:

- Get – CIGNA must connect and get a file from the client site.
- Put – CIGNA must connect and put a file to the client site.
- Pretty Good Protection (PGP) software must be licensed and loaded at the Trading Partner site at their expense.
- Internet connection with an Internet Service Provider.
- Static file names are required and any archiving of files is the responsibility of the Trading Partner. File names are compatible with all CIGNA platforms.

Requirements:

- CIGNA MUST INITIATE ALL FTPs to the external client site.
- CIGNA does not allow external Trading Partners to FTP into CIGNA.

Please Note: No exceptions will be made to the above.

- Pretty Good Protection (PGP) software must be licensed and loaded at the Trading Partner site.
- External Trading Partner site must have an Internet connection with an Internet Service Provider and be IP enabled.
- Static file names are required.
- Configuration of multiple IP address at Trading Partners firewall.
- File size is limited to 1 GB or less.

6) SSH using PGP (SFTP)

Features:

- Authentication (user ID and password)
- Privacy (encrypted session)
- Confidentiality (PGP encrypted data)
- Supports both SSH and SSH2
- Standard SSH ports being used

Requirements:

- Get – Customer will connect and get files from the SSH server.
- Put – Customer will connect and put files to the SSH server.
- SSH client software must be licensed and loaded at the Trading Partner site at their expense.
- **Pretty Good Protection (PGP) software must be licensed** and loaded at the Trading Partner site at their expense.
- **External Trading Partner** site must have an Internet connection with an Internet Service Provider and be IP enabled.
- Unique file naming conventions are required to prevent file overwriting. File names are compatible with all CIGNA platforms.
- **File size is limited to 1 GB or less.**

Please Note: No freeware or shareware is accepted or supported.



**Trading Partner EDT
Assessment Form.doc**

Once the form has been completed, return to your CIGNA Business Partner. Next steps include:

- Your CIGNA Business Partner will submit the appropriate request forms for work scheduling with the Enterprise eCommerce Solutions team (EES).
- If you have selected HTTPS, you will receive a Welcome Package from your CIGNA Business Partner. Your CIGNA Business Partner will contact you when it is time to test with your data files. Please do not send data files until your CIGNA Business Partner contacts you.
- If you have selected Secure FTP, please fill out the Secure FTP section on this form with the proper information.
 - You will receive a Cyclone Welcome Package via email within 3 to 5 business days. This will provide you with a link to securely download the Cyclone Activator software as well as installation instructions.
 - You will receive a CIGNA Welcome Package containing the CIGNA Company Profile and certificate. The Welcome Package provides CIGNA specific directions related to the final set up and testing process. Please do not send data files until CIGNA contacts you.
- If you have selected AS1, please fill out the AS1 section on this form with the proper information.
 - You will receive a CIGNA Welcome Package. This will provide you with a link to securely download the Certificate and upload your profile. You will be prompted to use the CIGNASecure Message Center facility to do this exchange. Please do not send data files until CIGNA contacts you.
- If you have selected AS2, please fill out the AS2 section on this form with the proper information.
 - You will receive a CIGNA Welcome Package. This will provide you with a link to securely download the Certificate and upload your profile. You will be prompted to use the CIGNASecure Message Center facility to do this exchange. Please do not send data files until CIGNA contacts you.
- If you have selected FTP with PGP, please fill out the FTP/PGP section on this form with the proper information.
 - You will be contacted by a CIGNA EES technician to schedule a date and time for testing. Once testing has been performed and signed off on, please ensure that your file is available at the schedule date and time that was agreed to. If you need to have a fetch run outside of the scheduled date and time, call our helpdesk (800)810-3388.
- If you have selected SSH with PGP, please fill out the SSH/PGP section on this form with the proper information.
 - You will be contacted by a CIGNA EES technician to schedule a date and time for testing. Once testing has been performed and signed off on, please ensure

that your file is sent and/or retrieved at the schedule date and time that was agreed to.

Please Note: No freeware or shareware is accepted or supported.

Roles and Responsibilities:

Trading Partner:

- **HTTPS**
Coordinate testing with your CIGNA Business Partner

- **Secure FTP**
The Trading Partner's role is to act as the Administrator of the Cyclone Activator software and provide the appropriate hardware to install the product.

- **AS1 (Applicability Statement 1)** Certified AS1 compatible software
 - See list @ ebusinessready.orgThe Trading Partner's role is to create an email address specifically for the purpose of this transmission. Maintain annually certificate updates.

- **AS2 (Applicability Statement 2)** Certified AS2 compatible software
 - See list @ ebusinessready.orgThe Trading Partner's role is to create an email address specifically for the purpose of this transmission. Maintain annually certificate updates.

- **FTP/PGP**
The Trading Partner's role is to ensure the file is encrypted and is available for pick up at its scheduled date and time with the agreed upon file name.

- **SSH/PGP**
The Trading Partners role is to ensure the file is PGP encrypted, the files are sent and/or retrieved at the scheduled date/time, and uses the unique filename convention agreed upon.

Roles and Responsibilities:

Enterprise eCommerce Solutions:

- The CIGNA Enterprise eCommerce Solutions team will engage Cyclone to install the required software at your Trading Partner’s site.
- The CIGNA Enterprise eCommerce Solutions team will contact your trading partner regarding any FTP or SSH connectivity testing.

CIGNA Business Area/Application Technical Support:

- Completion of data testing as needed.
- CIGNA Business area to follow CIGNA standard Systems 2002 Production move-up process.
- Trading Partner communications of actual production date.
- Install host coding changes into production utilizing the CIGNA Standard System 2002 Production move-up process.

Please Note: These are CIGNA Standard offerings. If these methods cannot be applied, contact the EES Helpdesk (1-800-810-3388) to schedule a meeting with an EES representative.

4. Change Summary

This section describes the differences between the current Companion Guide and previous guide(s).

Date	Version	Description	Author
10/01/2009	1.0	Initial Version with CORE Requirements	
10/09/2009	1.1	Added Trading Partner Information	B. Fielder
12/30/09	1.2	Updated section on Working with CIGNA	B. Fielder