





5010 834 Companion Guide

Refers to the Implementation Guides
Based on X12 version 005010
Companion Guide Version Number: 2.0

834 File Naming Convention

TEST FILE

E(Group Number).(Group Name)TEST.834

Valid Examples: E150.AultCareTEST.834

E150.AultCare.TEST.834

When a test file is sent an email should be sent to AultCare Eligibility (AultCareEligibility@aultcare.com). DO NOT include your actual file in the e-mail notification 834 files received via e-mail will not be accepted

PRODUCTION FILE

E(Group Number).(Group Name).834

Valid Example: E150.AultCare.834

The letter E in the file name identifies the file as being an Eligibility file.

Group number should not exceed eight characters.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under the Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content being requested when data is transmitted electronically to AultCare. Transmissions based on this companion document, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1. Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

HIPAA serves to:

- · Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

Purpose of the Companion Guide

The HIPAA EDI Transaction Standard Companion Guide explains the procedures necessary for Trading Partners to transmit Electronic Data Interchange (EDI) transactions. Please see our website at http://www.AultCare.com for the companion guide pertaining to the HIPAA EDI transaction set that meets your needs.

This Companion Guide is not intended to replace the X12N Implementation Guides; rather it is intended to be used in conjunction with them. Additionally, the Companion Guide is intended to convey information that is within the framework and structure of the X12N Implementation Guides and not to contradict or exceed them.

Scope

The scope of this Companion Guide is to specify the appropriate and recommended use of the 834 HIPAA Transaction.

Overview

This Companion Guide is to be used as a supplement to the ASC X12N

Version 5010 Implementation Guide. The goals of this guide are to describe the processes to set up, test and clarify when conditional data elements and segments must be used.

References

This document supplements the X12N Implementation Guide 005010X221A1 adopted under HIPAA.

2. General Information

Please contact your AultCare Account Coordinator or Account Executive to arrange for 834 testing. Our Technical team and Member Service Representatives will work with you to ensure that your test and production files can be processed by our system. The AultCare team will provide ongoing support in facilitating file changes or updates as needed.

3. Connectivity & Communications

Process Flows

Register to become a trading partner. To complete this process, go to the following website to locate the Vendor Registration Guide.

https://www.AultCare.com/hipaa and click on the Vendor Registration Guide link.

During the registration process, you will complete a trading partner and non-disclosure agreement. Once completed, a login and password for the test and production environments will be provided.by a representative of the AultCare Information Systems Department

System Maintenance

Scheduled Down-Time

Standard system maintenance and changes include but are not limited to, cycling of services, deployment of code changes, modification of databases, purging of data, upgrade of software or hardware changes, workflow changes, etc. Standard system maintenance and changes will occur every third weekend of each month (Saturday 5:00 AM – Monday 5:00 AM Eastern Time).

Unscheduled Down-Time

Emergency system maintenance and changes are not predictable and notification of downtime cannot always be provided in advance.

During unscheduled downtime, notifications will be provided to the customer via email periodically (as appropriate) to relay information on the status of the issue and to provide estimated time of resolution.

Upon the resolution of unscheduled downtime and the verification of system availability, notifications will be provided via email (as appropriate) to the customer and will indicate that the system is available.

Transmission Problems

Trading Partners requiring assistance in researching problems with transmissions should send an email to AultCare-IS@aultcare.com.

4. Contact Information

Customer Service

AultCare Member Services

AultCareEligibility@aultcare.com

Technical Assistance

AultCare IS Department

AultCare-IS@aultcare.com

5. Implementation Information

For technical assistance, please contact AultCare Information Systems via email (<u>AultCare-IS@aultcare.com</u>).

For questions regarding your files and/or testing, please email AultCareEligibility@aultcare.com.

Register online at http://www.AultCare.com to become a trading partner.

834 File Naming Convention

TEST FILE

E(Group Number).(Group Name)TEST.834

Valid Examples: E150.AultCareTEST.834

E150.AultCare.TEST.834

The letter E in the file name identifies the file as being an Eligibility file.

Group Number should not exceed eight characters.

When a test file is sent an email should be sent to AultCare Eligibility

(AultCareEligibility@aultcare.com). Please DO NOT include your actual file in the e-mail notification 834 files received via e-mail will not be accepted

PRODUCTION FILE

E(Group Number).(Group Name).834

Valid Example: E150.AultCare.834

The letter E in the file name identifies the file as being an Eligibility file.

Group number should not exceed eight characters.

Transmission Example

```
*00*
ISA*00*
                              *ZZ*GroupName *ZZ*Aultcare
*170427*1527*^*00501*0001 *0*P*:~
GS*BE*GroupName*AultCare*20170427*1530*0001*X*005010X220~
ST*834*0001~
BGN*00*00001*20170427*15342212*ES***4~
N1*P5*GroupName*FI*GroupIdentificationCode~
N1*IN*AULTCARE*FI*34-1488123~
INS*Y*18*030*07**A**FT~
REF*0F*000000000~
REF*1L*12345~
DTP*303*D8*20170228~
DTP*336*D8*20170101~
NM1*IL*1*LastName*FirstName*MiddleName***34*000000000~
PER*IP**HP*3301231234*EM*email@email.com~
N3*AddressLine1*AddressLine2~
N4*City*OH*44669**CY*County~
DMG*D8*19740101*M*D~
NM1*31*1~
N3*MailAddressLine1*MailAddressLine2~
N4*MailCity*OH*44669~
HD*030**HLT*CoverageCodeId1*ECH~
DTP*348*D8*20170201~
REF*17*BenefitPlanId1~
REF*RB*RateCode1~
HD*030**HLT*CoverageCodeId2*EMP~
DTP*348*D8*20170301~
REF*17*BenefitPlanId2~
REF*RB*RateCode2~
INS*N*19*030*07*A~
REF*0F*0000000000~
REF*1L*12345~
DTP*303*D8*20170228~
NM1*IL*1*LastName*FirstName*MiddleName***34*00000001~
PER*IP**HP*3301231234*EM*email@email.com~
N3*AddressLine1*AddressLine2~
N4*City*OH*44669**CY*County~
DMG*D8*19990101*F~
NM1*31*1~
N3*MailAddressLine1*MailAddressLine2~
N4*MailCity*OH*44669~
HD*030**HLT*CoverageCodeId1*ECH~
DTP*348*D8*20170201~
REF*17*BenefitPlanId1~
REF*RB*RateCode1~
```

HD*030**HLT*CoverageCodeId2*ECH~

DTP*348*D8*20170201~

DTP*349*D8*20170228~

REF*17*BenefitPlanId2~

REF*RB*<mark>RateCode2</mark>~

SE*47*0001~

GE*1*0001~

IEA*1*0001~

6. Control Segments/Envelopes

Envelope Data Requirements: Headers

The ISA and GS segments make up the header information for the 834 transaction. Within the ISA segment is the Test/Production indicator.

Test files must be sent with a "T" indicator. Production files must be sent with a "P" indicator.

Table 6.1: ISA – Interchange Control Header

| ocation Data Element Description | | Expected Value | |
|----------------------------------|-------------------------------------|-----------------------------------|--|
| ISA01 | Authorization Information Qualifier | 00 | |
| ISA02 | Authorization Information | Blank | |
| ISA03 | Security Information Qualifier | 00 | |
| ISA04 | Security Information | Blank | |
| ISA05 | Interchange ID Qualifier | ZZ | |
| ISA06 | Interchange Sender ID | Client login ID (Group Name) | |
| ISA07 | Interchange ID Qualifier | ZZ | |
| ISA08 | Interchange Receiver ID | Aultcare | |
| ISA09 | Interchange Date | YYMMDD | |
| ISA10 | Interchange Time | ННММ | |
| ISA11 | Repetition Separator | Asterisk (*) recommended | |
| ISA12 | Interchange Control Version Number | 00501 | |
| ISA13 | Interchange Control Number | Increment by | |
| | | 1 with each submission | |
| ISA14 | Acknowledgment Requested | 0 or 1 | |
| ISA15 | Interchange Usage Indicator | T or P | |
| ISA16 | Component Element Separator | Colon (:) recommended | |

Note: An asterisk (*) is recommended as the data element separator.

A tilde (~) is recommended as the segment terminator.

Table 6.2: GS – Functional Group Header

| Location | Data Element Description | Expected Value |
|----------|--|----------------------------------|
| GS01 | Functional Identifier Code | BE |
| GS02 | Application Sender's Code | Client Defined (Group Name) |
| GS03 | Application Receiver's Code | Aultcare |
| GS04 | Date | CCYYMMDD |
| GS05 | Time | ННММ |
| GS06 | Group Control Number | Client Defined |
| GS07 | Responsible Agency Code | X |
| GS08 | Version / Release / Industry Identifier Code | 005010X220 |

Envelope Data Requirements: Trailers

The GE and IEA segments make up the trailer information for the transaction. The information in the tables in this chapter show what information is expected.

Table 6.3: GE – Functional Group Trailer

| Location | Data Element Description | Expected Value |
|----------|-------------------------------------|---|
| GE01 | Number of Transaction Sets Included | Count of all Transaction Sets in Functional Group |
| GE02 | Group Control Number | Same number as in GS segment, element GS06 |

Table 6.4: IEA – Interchange Control Trailer

| Location | Data Element Description | Expected Value |
|----------|--------------------------------------|--|
| IEA01 | Number of Included Functional Groups | Count of all Functional Groups in Interchange |
| IEA02 | Interchange Control Number | Same number as in ISA segment, element ISA13 |

7. Transaction Specific Information

Benefit Enrollment and Maintenance Data Requirements

The tables in this chapter cover the data that is required for benefit enrollment and maintenance. The data presented is not all of the data that is required, **only** the data that needs clarification or further description of the expected data. In addition, based on the specific needs of our customers, it is possible that there will be more information needed from an individual company than is shown here.

For more information about each of the pieces of data and the different locations, please refer to the HIPAA Implementation Guide for the 834 Benefit Enrollment and Maintenance.

ST - Transaction Set Header: Consistent with the HIPAA Implementation Guide. BGN - Beginning Segment: Consistent with the HIPAA Implementation Guide with the following notes:

| Loop Id | Data Element | Data Element Description | Data Requirements |
|---------|-----------------|--------------------------|--|
| None | BGN08 | Action Code | Normally we will expect a full file with a value here of 4 (Verify). |

REF - Transaction Set Policy Number: Consistent with the HIPAA Implementation Guide.

DTP - File Effective Date: Consistent with the HIPAA Implementation Guide.

Loop ID - 1000A Sponsor Name

Table 7.1: N1 - Sponsor Name

| Loop Id | Data Element | Data Element Description | Data Requirements |
|---------|-----------------|-------------------------------|---|
| 1000A | N101 | Entity Identifier Code | P5 - Plan Sponsor |
| 1000A | N102 | Name | Not required |
| 1000A | N103 | Identification Code Qualifier | Consistent with the HIPAA Implementation Guide |
| 1000A | N104 | Identification Code | Consistent with the HIPAA Implementation Guide |

Loop ID - 1000B Payer

Table 7.2: N1 - Payer

| Loop Id | Data Element | Data Element Description | Data Requirements |
|---------|-----------------|-------------------------------|----------------------|
| 1000B | N101 | Entity Identifier Code | IN - Insurer |
| 1000B | N102 | Name | AULTCARE |
| 1000B | N103 | Identification Code Qualifier | FI |
| 1000B | N104 | Identification Code | 34-1488123 |

Loop ID - 2000 Member Level Detail

INS – Member Level Detail: Consistent with the HIPAA Implementation Guide.

REF – Subscriber Identifier: Consistent with the HIPAA Implementation Guide.

REF – Member Policy Number: Consistent with the HIPAA Implementation Guide with the following notes:

| Loop Id | Data Element | Data Element Description | Data Requirements |
|---------|--------------|------------------------------------|--------------------------------|
| 2000 | REF01 | Reference Identification Qualifier | 1L - Group or Policy Number |

| 2000 | REF02 | Reference Identification | AultCare Group Number |
|------|-------|--------------------------|--------------------------|
| | | | |

$REF-Member\ Supplemental\ Identifier$: Consistent with the HIPAA Implementation Guide with the following notes:

| Loop Id | Data Element | Data Element Description | Data Requirements |
|---------|--------------|------------------------------------|---------------------------------|
| 2000 | REF01 | Reference Identification Qualifier | F6 – HIC Number |
| 2000 | REF02 | Reference Identification | Send HIC Number when applicable |

DTP – Member Level Dates: Consistent with the HIPAA Implementation Guide with the following notes:

| Loop Id | Data Element | Data Element Description | Data Requirements |
|---------|--------------|--------------------------|--|
| 2000 | DTP01 | Date/Time Qualifier | 303 – Maintenance Effective |
| 2000 | DTP03 | Date Time Period | Field used as our Qualifying Event Date and must be sent if a Qualifying Event is sent in INS04. |
| 2000 | DTP01 | Date/Time Qualifier | 351 – Education End |
| 2000 | DTP03 | Date Time Period | Field used as our Student Date send when applicable |
| 2000 | DTP01 | Date/Time Qualifier | 338 – Medicare Begin |
| 2000 | DTP03 | Date Time Period | Field used as our Medicare Part A Start Date. Expected format: year = birth year +65; month = birth month; day = 01. |
| 2000 | DTP01 | Date/Time Qualifier | 336 – Employment Begin |

| 2000 DTP03 Date Time Period | Field used as our Employment Date. |
|-----------------------------|------------------------------------|
|-----------------------------|------------------------------------|

Loop ID – 2100A Member Name

NM1 – Member Name: Consistent with the HIPAA Implementation Guide.

PER – Member Communications Numbers: Consistent with the HIPAA Implementation Guide.

N3 – Member Residence Street Address: Consistent with the HIPAA Implementation Guide.

N4 – Member Residence City, State, and Zip Code: Consistent with the HIPAA Implementation Guide.

DMG – Member Demographics: Consistent with the HIPAA Implementation Guide.

Loop ID – 2100B Incorrect Member Name

NM1 – Incorrect Member Name: Consistent with the HIPAA Implementation Guide with the following notes:

| Loop Id | Data Element | Data Element Description | Data Requirements |
|---------|--------------|-------------------------------|---|
| 2100B | NM108 | Identification Code Qualifier | 34 – Social Security Number |
| 2100B | NM109 | Identification Code | Field used to correct a SSN. Incorrect SSN should be in Loop2100A:NM1, and corrected SSN here |

Loop ID – 2100C Member Mailing Address

Only required if the mailing address is different from the physical address.

NM1 – Member Mailing Address: Consistent with the HIPAA Implementation Guide.

N3 – Member Mail Street Address: Consistent with the HIPAA Implementation Guide.

N4 – Member Mail City, State, and Zip: Consistent with the HIPAA Implementation Guide.

Loop ID – 2300 Health Coverage

HD – Health Coverage: Consistent with the HIPAA Implementation Guide with the following notes:

Every benefit that a member is enrolled in must be sent as a separate 2300 Health Coverage loop. The information below must be repeated for each benefit:

| Loop Id | Data Element | Data Element Description | Data Requirements |
|---------|--------------|--------------------------|---|
| 2300 | HD04 | Coverage Code Id | Required field used for our Coverage Code Id. |
| 2300 | HD05 | Coverage Level Code | Required field used for our Coverage Level Code. |

DTP – Health Coverage Dates: Consistent with the HIPAA Implementation Guide with the following notes:

| Loop Id | Data Element | Data Element Description | Data Requirements |
|---------|--------------|--------------------------|--|
| 2300 | DTP01 | Date/Time Qualifier | 348 – Benefit Begin |
| 2300 | DTP03 | Date Time Period | Required field will be our Benefit Effective Date. It must be updated whenever there is a plan change |
| 2300 | DTP01 | Date/Time Qualifier | 349 – Benefit End |
| 2300 | DTP03 | Date Time Period | Required when the member has a term date. Used as our Benefit Termination Date. |

 $\it REF-Health\ Coverage\ Policy\ Number$: Consistent with the HIPAA Implementation Guide with the following notes:

| Loop Id | Data Element | Data Element Description | Data Requirements |
|---------|--------------|------------------------------------|---|
| 2300 | REF01 | Reference Identification Qualifier | 17 – Client Reporting Category |
| 2300 | REF02 | Reference Identification | Required field used as our Benefit Plan Id. |
| 2300 | REF01 | Reference Identification Qualifier | RB – Rate code number |
| 2300 | REF02 | Reference Identification | Required field used as our Rate Code. |

Transmission Example

```
*00*
ISA*00*
                               *ZZ*GroupName *ZZ*Aultcare
*170427*1527*^*00501*0001 *0*P*:~
GS*BE*GroupName*AultCare*20170427*1530*0001*X*005010X220~
ST*834*0001~
BGN*00*00001*20170427*15342212*ES***4~
N1*P5*GroupName*FI*GroupIdentificationCode~
N1*IN*AULTCARE*FI*34-1488123~
INS*Y*18*030*07**A**FT~
REF*0F*000000000~
REF*1L*12345~
DTP*303*D8*20170228~
DTP*336*D8*20170101~
NM1*IL*1*LastName*FirstName*MiddleName***34*000000000~
PER*IP**HP*3301231234*EM*email@email.com~
N3*AddressLine1*AddressLine2~
N4*City*OH*44669**CY*County~
DMG*D8*19740101*M*D~
NM1*31*1~
N3*MailAddressLine1*MailAddressLine2~
N4*MailCity*OH*44669~
HD*030**HLT*CoverageCodeId1*ECH~
DTP*348*D8*20170201~
REF*17*BenefitPlanId1~
REF*RB*RateCode1~
HD*030**HLT*CoverageCodeId2*EMP~
DTP*348*D8*20170301~
REF*17*BenefitPlanId2~
REF*RB*RateCode2~
INS*N*19*030*07*A~
REF*0F*000000000~
REF*1L*12345~
DTP*303*D8*20170228~
NM1*IL*1*LastName*FirstName*MiddleName***34*00000001~
PER*IP**HP*3301231234*EM*email@email.com~
N3*AddressLine1*AddressLine2~
N4*City*OH*44669**CY*County~
DMG*D8*19990101*F~
NM1*31*1~
N3*MailAddressLine1*MailAddressLine2~
N4*MailCity*OH*44669~
HD*030**HLT*CoverageCodeId1*ECH~
DTP*348*D8*20170201~
REF*17*BenefitPlanId1~
```

REF*RB*RateCode1~

HD*030**HLT*CoverageCodeId2*ECH~

DTP*348*D8*20170201~

DTP*349*D8*20170228~

REF*17*BenefitPlanId2~

REF*RB*RateCode2~

SE*47*0001~

GE*1*0001~

IEA*1*0001~

Frequently Asked Questions

How do I contact AultCare?

Email AultCare Information Systems at <u>AultCare-IS@aultcare.com</u> or <u>AultCareEligibility@aultcare.com</u>.

Where can I find the latest AultCare 834 Companion Guide?

Visit http://www.AultCare.com and click on Employer Section. You will find the companion guide in the Forms and Resources section.

Who do I contact with a transmission question?

Please contact <u>AultCare-IS@aultcare.com</u>.

Who do I contact with a question regarding the member's coverage? Please contact AultCare Customer Service at 330-363-6360 | 1-800-344-8858.

TTY Users call 711.

Change Summary

The following is a log of changes made since the original version of this document was published.

| Change | Date |
|------------------------------------|------------------|
| Color Code Segments to match group | 1172019 |
| structure | |
| Updates to layout flow | 4132020 |
| Update TTY Info | 5182022, 6012022 |
| | |