

AultCare
834 HIPAA
Companion
Guide

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INTRODUCTION

Why a companion guide? Doesn't the HIPAA implementation guide tell me everything I need to know?

The objective of the guide is not to report all of the required data in the implementation guide. The HIPAA implementation guide contains many optional data specifications. This companion guide will indicate what optional data requirements must be met to quickly process the 834. The companion guide will also describe additional data information clarifications that will assist in processing the 834 upon receipt.

The following sections are contained within the guide. An outline of the information contained within each section is described below.

- 1. Envelope Data Requirements: Headers** – This table shows how to fill out the ISA and GS segments.
- 2. Benefit Enrollment and Maintenance Data Requirements** – The data requirements for Benefit Enrollment and Maintenance are explained.
- 3. Envelope Data Requirements: Trailers** – This table shows how to fill out the GE and IEA segments.
- 4. Trading Partner Agreement** – This is a copy of our standard AultCare Trading Partner Agreement.
- 5. 834 File Naming Conventions** – This shows what the 834 file should be named.

If there are additional questions, please contact our HIPAA 834 Transaction Coordinator.

AultCare Information Systems using the Contact Us form on www.aultcare.com.

ENVELOPE DATA REQUIREMENTS: HEADERS

This chapter documents how to format the envelope.

The ISA and GS segments make up the header information for the transaction . The information in the tables in this chapter show what information is expected.

Within the ISA is the Test/Production indicator. This indicator must be filled in properly. Test files must be sent with the “T” for test. Otherwise files for testing will be placed in the production processing. After testing is successfully completed, change the indicator to “P”.

ISA – Interchange Control Header

Location	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
ISA07	Interchange ID Qualifier	ZZ
ISA08	Interchange Receiver ID	AultCare
ISA09	Interchange Date	YYMMDD
ISA10	Interchange Time	HHMM
ISA11	Interchange Control Standards Identifier	U
ISA12	Interchange Control Version Number	00401
ISA13	Interchange Control Number	Increment by 1 with each

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		submission
ISA14	Acknowledgment Requested	0 or 1
ISA15	Usage Indicator	T or P
ISA16	Component Element Separator	Recommend :

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

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

GS – Functional Group Header

Location	Data Element Description	Expected Value
GS01	Functional Identifier Code	HC
GS02	Application Sender's Code	Client Login ID
GS03	Application Receiver's Code	AultCare
GS04	Date	CCYYMMDD
GS05	Time	HHMM
GS06	Group Control Number	Provider Assigned
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code	Varies depending on file type being sent: 004010X096A1 or 004010X097A1 or 004010X098A1

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.

Also, based on the specific needs of our customers, it is possible that there may 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.

Headers

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 changes-only file with a value here of 2 (Change (Update)). On a periodic basis we will require 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

N1 - Sponsor Name:

Loop Id	Data Element	Data Element Description	Data Requirements
1000A	N101	Entity Identifier Code	P5 - Plan Sponsor
1000A	N102	Name	Your Company Name
1000A	N103	Identification Code Qualifier	FI
1000A	N104	Identification Code	Your Federal Tax ID

Loop ID - 1000B Payer

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

Detail

Loop ID - 2000 Member Level Detail

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

REF – Subscriber Number: 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	Use Aultcare Group Number if possible; this will facilitate processing

REF – Member Identification 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	F6 – HIC Number
2000	REF02	Reference Identification	We need the 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	356 – Eligibility Begin
2000	DTP03	Date Time Period	This is a required field on our system for subscribers; it is only required for dependents if it is different than the subscriber's Eligibility Begin date
2000	DTP01	Date/Time Qualifier	357 – Eligibility End
2000	DTP03	Date Time Period	If used on a subscriber, we will use this field as our Family Termination Date; if used on a dependent, we will use this field as our Individual Termination Date for that dependent only
2000	DTP01	Date/Time Qualifier	351 – Education End
2000	DTP03	Date Time Period	We need this field when applicable; we will use this field as our Student Date
2000	DTP01	Date/Time Qualifier	338 – Medicare Begin

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2000	DTP03	Date Time Period	We will use this field as our Medicare Part A Start Date. Normally we expect it to be formatted as follows: year = birth year +65; month = birth month; day = 01.
2000	DTP01	Date/Time Qualifier	336 – Employment Begin
2000	DTP03	Date Time Period	We will use this field 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, Zip Code: Consistent with the HIPAA Implementation Guide.

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

ICM – Member Income: 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	Please use this if correcting a SSN. The original incorrect SSN should be in Loop 2100A: NM1, and the correct SSN should be here.

Loop ID – 2100C Member Mailing 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, Zip: Consistent with the HIPAA Implementation Guide.

Loop ID – 2100D Member Employer

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

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

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

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

Loop ID – 2100E Member School

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

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

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

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

Loop ID – 2200 Disability Information

DSB – Disability Information: Consistent with the HIPAA Implementation Guide.

DTP – Disability Eligibility Dates: Consistent with the HIPAA Implementation Guide.

Loop ID – 2300 Health Coverage

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

Loop Id	Data Element	Data Element Description	Data Requirements
2300	HD05	Coverage Level Code	This is a required field on our system for subscribers. We will use this field for our Coverage Code.
2300	HD04	Plan Coverage Description	On our system this field is used to provide AultCare-specific data. If you have this data available, please provide it. If you have questions, let us know and we will work with you. A full description of this field is below:

The **Plan Coverage Description** field - HD04 in Loop 2300 - Health Coverage, is set up as a 50-byte composite data element, consisting of the data elements in the following table.

The first element in the composite field is the **delimiter ID** that will be used to separate each of the other elements in the field. This can be any single special character *except* the following:

- _ the character defined as the *element separator* in the ISA segment
- _ the character defined as the *segment terminator* in the ISA segment
- _ the character defined as *component element separator* in the ISA segment
- _ " (double quotes)
- _ spaces
- _ & (ampersand)

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- _ < (less than symbol)
- _ > (greater than symbol)
- _ @ (at sign)
- _ (inverted exclamation point)
- _ ¢ (cent sign)

You can use any other special character as the Delimiter ID.

Data Element	No. of Bytes	Comments
Delimiter ID	1	The character that will be used to separate each of the elements in the composite Plan Coverage Description field.
AultCare Location Code	1 - 4	Required on subscriber records.
AultCare Employee Benefit Class	1 - 4	Required if applicable on subscriber add records.
AultCare Spouse Benefit Class	1 - 4	Required if applicable on subscriber add records.
AultCare Dependent Benefit Class	1 - 4	Required if applicable on subscriber add records. Required on dependent add records if dependent has different Benefit Class than defined on the subscriber record.
AultCare Plan Number	1 - 8	Required on subscriber add records. Required on dependent add records if dependent has different Plan Number than defined on the subscriber record.
AultCare Enrollee Type	1	This is an optional field.
AultCare Enrollee Comment Code	1 - 2	This is an optional field.
AultCare Plan Date	4	This is an optional field.
Filler	11	This is an optional field.

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	Use when adding coverage only. This will become the Benefit Effective Date on our system.
2300	DTP01	Date/Time Qualifier	303 – Maintenance Effective
2300	DTP03	Date Time Period	Use when changing coverage only. This will become the Benefit Effective Date on our system.
2300	DTP01	Date/Time Qualifier	349 – Benefit End
2300	DTP03	Date Time Period	Use when removing coverage only. If used on a subscriber, this will become the Individual Termination Date for that subscriber on our system.

REF – Health Coverage Policy Number: Consistent with the HIPAA Implementation Guide.

IDC – Identification Card: Consistent with the HIPAA Implementation Guide.

Loop ID – 2310 Provider Information

LX – Provider Information: Consistent with the HIPAA Implementation Guide.

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

N4 – Provider City, State, Zip Code: Consistent with the HIPAA Implementation Guide.

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

PLA – PCP Change Reason: Consistent with the HIPAA Implementation Guide.

Loop ID – 2320 Coordination Of Benefits

COB – Coordination Of Benefits: Consistent with the HIPAA Implementation Guide.

REF – Additional Coordination Of Benefits Identifiers: Consistent with the HIPAA Implementation Guide.

N1 – Other Insurance Company Name: Consistent with the HIPAA Implementation Guide.

DTP – Coordination Of Benefits Eligibility Dates: Consistent with the HIPAA Implementation Guide with the following notes:

Loop Id	Data Element	Data Element Description	Data Requirements
2320	DTP01	Date/Time Qualifier	344 – Coordination of Benefits Begin
2320	DTP03	Date Time Period	We will use this as the COB Date on our system.

Trailers

SE - Transaction Set Trailer: Consistent with the HIPAA implementation Guide

ENVELOPE DATA REQUIREMENTS: TRAILERS

This chapter documents how to format the envelope.

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.

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

IEA – Functional Group Header

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

TRADING PARTNER AGREEMENT

This is a copy of our standard AultCare Trading Partner Agreement.

Trading Partner Agreement

This Trading Partner Agreement is made this ____ day of _____, 200_ by and between AultCare Corporation and _____, a health care clearinghouse or health care provider who transmits any health information in electronic form in connection with a transaction covered by 45 CFR Parts 160 and 162 (“Trading Partner”).

The Trading Partner intends to conduct transactions with AultCare Corporation in electronic form. Both parties acknowledge and agree that the privacy and security of data held or exchanged by them contains Protected Health Information (PHI). Each party agrees to take all reasonable steps necessary to ensure that transactions between them comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated thereunder. The parties agree as follows:

1. Each party will take reasonable care to ensure that information submitted in an electronic transaction is timely, complete, accurate, and secure. The parties agree to take reasonable precautions to prevent unauthorized access to its own and the other party’s transmission and processing systems, the transmissions themselves, and the control structure applied to transmissions between them.
2. Clearinghouse or Provider is responsible for all costs, charges, or fees it may incur by transmitting electronic transactions to, or receiving transactions from, AultCare.
3. Trading Partner will ensure that each submitted transaction conforms to the applicable Transaction Specification Addendum, as well as any specifications of the AultCare Companion Guide. AultCare may amend the Companion Guide at any time without amendment to this Trading Partner Agreement. Trading Partner shall not be required to implement such changes sooner than 60 days after publication, unless a shorter compliance period is necessary to comply with applicable federal law or regulation. The last-issued Specification Addendum of each type will be effective as of the date specified in the Specifications Addendum and Companion Guide. AultCare may reject any transaction that does not conform to the applicable Specifications Addendum and the Companion Guide.

4. The Trading Partner agrees that it will not require any changes to definition, data condition, or use of data elements or segments, nor any additions to any data elements or segments, nor any unauthorized uses of data or elements, as proscribed in the HHS Transaction Standard Regulation at 45 CFR Part 162.915 (a)-(c), as may be amended from time to time.
5. Before submitting any transaction in HIPAA standard transaction format, and thereafter throughout the term of this Agreement, the Trading Partner will cooperate with AultCare in any testing of the transmission and processing systems deemed necessary to ensure the accuracy, timeliness, completeness, and security of each data transaction.
6. Each party is solely responsible for the preservation, privacy, and security of data in its possession, including data in transmissions received from the other party and other persons. If each party receives data from the other not intended for it, the party shall immediately notify the sending party and arrange for the return, re-transmission, or destruction of the information, as the sending party directs.
7. Termination of this Agreement or any underlying service agreement does not terminate either parties' obligation under this Agreement or under federal and state laws and regulations pertaining to the privacy and security of Individually Identifiable Health Information, nor the parties' obligations regarding the confidentiality of proprietary information.
8. This Agreement shall take effect when signed by the Trading Partner and received by AultCare. In case of conflict between this Agreement and any prior contracts between the parties, this Agreement will prevail.

IN WITNESS WHEREOF, the parties hereunto fix their signatures to duplicate copies, each of which shall be deemed an original, at _____, Ohio this _____ day of _____ 200_.

AultCare Corporation

Trading Partner

By: _____
Signature

By: _____
Signature

Its: _____

834 File Naming Convention:

Test file:

T834(-company name-)MMDDYY(-month, day, and year).TXT”

Note: Company name should not exceed 8 characters.

For example: T834AULTCARE061704.TXT

Production file:

P834(-company name-)MMDDYY(-month, day, and year).TXT”

Note: Company name should not exceed 8 characters.

For example: P834AULTCARE061704.TXT