



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.

April 13, 2020

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 (AultCare-IS@aultcare.com).

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

ISA*00* *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*0000000000~
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*000000001~
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~

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

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 (Group Name)
ISA07	Interchange ID Qualifier	ZZ
ISA08	Interchange Receiver ID	Aultcare
ISA09	Interchange Date	YYMMDD
ISA10	Interchange Time	HHMM
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	HHMM
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
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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.
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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.

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

```
ISA*00*          *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*000000001~
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~
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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 AultCare-IS@aultcare.com or AultCareEligibility@aultcare.com.

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 AultCare-IS@aultcare.com.

Who do I contact with a question regarding the member's coverage?

Please contact AultCare Customer Service at 330-363-6360.

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 structure	1172019
Updates to layout flow	4132020