

AultCare
834 -5010
HIPAA
Companion
Guide

REVISED 11/10/2011

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. 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.

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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	Repetition Separator	Blank
ISA12	Interchange Control Version Number	00501
ISA13	Interchange Control Number	Increment by 1 with each 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	BE
GS02	Application Sender's Code	Client Defined
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

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 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	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**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 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	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
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. A “?” is recommended, but it 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)
- _ < (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. A "?" is recommended.
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. This will become the Benefit Thru Date 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.

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

834 File Naming Convention:

Test file:

E(group number)TEST.834

Note: The letter E in the file name identifies the file as being an Eligibility file. Group number should not exceed 8 characters.

For example: E150TEST.834

***When test file is sent an email should be sent to AultCare Eligibility, email address is: aultcareeligibility@aultcare.com

Production file:

E(group number).834

Note: The letter E in the file name identifies the file as being an Eligibility file. Group number should not exceed 8 characters.

For example: E150.834

Please do not include your actual file in the e-mail notification. Any files received via e-mail will not be accepted