15. 5010 834 STANDARD COMPANION GUIDE

A. Transaction Introduction

Standard Companion Guide (CG) Transaction Information

Effective January 1, 2021

IEHP Instructions related to Implementation Guides (IG) based

On X12 Version 005010X220A1
Benefit Enrollment and Maintenance (834)

Companion Guide Version Number: 2.0
2021

15. 5010 834 STANDARD COMPANION GUIDE

A. Transaction Introduction

PREFACE

This transaction instruction is expected to be used in parallel with the Technical Report Type 3 (TR3) implementation guides (IG) available for purchase from Washington Publishing Company http://www.wpc-edi.com. It is provided because Inland Empire Health Plan wants to clarify the IG instructions for submission of specific electronic transactions. This companion guide is not meant to exceed the requirements or usages of data nor replace the guidelines expressed in the TR3s.

CONTACT INFORMATION

For further questions regarding claims or encounters submissions, please contact

- EDI edi@iehp.org or 909-890-2025

BACKGROUND

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries 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 transactions 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

Compliance according to HIPAA
The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

Compliance according to ASC X12
ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

15. 5010 834 STANDARD COMPANION GUIDE

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INTENDED USE

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirement documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statement.

15. 5010 834 STANDARD COMPANION GUIDE

B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

ISA Segment - Interchange Control Header

Loop ID	Reference	Name	Codes	Notes/Comments
ISA		Interchange Control Header		
	ISA05	Interchange ID Qualifier	ZZ	Mutually Defines
	ISA06	Interchange Sender ID	00303	'00303'- IEHP
	ISA07	Interchange ID Qualifier	ZZ	Mutually Defines
	ISA08	Interchange Receiver ID	Receiver Code	IEHP assigned submitter code.
GS		Functional Group Header		
	GS02	Application Sender's Code	00303	Same Value as ISA06
	GS03	Application Receiver's Code	Receiver Code	Same Value as ISA08
	BGN	Beginning Segment		
	BGN01	Transaction Set Purpose	00	'00'-Original submission
	BGN08	Action Code	2 RX	'2 – Change (update) used for daily files. 'RX' – Replace used for monthly files.
1000A	N1	Sponsor Name		
	N101	Entity Identifier Code	P5	Plan Sponsor
	N102	Name	"Inland Empire Health Plan"	"Inland Empire Health Plan"
	N103	Identifier Code Qualifier	FI	Federal Taxpayer's Identification Number
1000B	N1	Payer Name		
	N101	Entity Qualifier Code	IN	'IN'- Insurer
	N102	Name	Receiver Name	Receiver Name.
	N103	Identification Code Qualifier	FI	Federal Taxpayer's Identification Number
2000	INS	Member Level Detail		
	INS03	Maintenance Type Code	030 001	'030'- Full File (Monthly) '001'- Change Files (Daily)
	INS06	Medicare Status Code	A, B, C, or E	Part A = 'A' Part B = 'B' Part A & B = 'C'

15. 5010 834 STANDARD COMPANION GUIDE

B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

Loop ID	Reference	Name	Codes	Notes/Comments
				No Medicare = 'E'
	INS08	Employment Status Code	AC TE	'AC' – Active Status 'TE' – Terminated or Hold Status
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	0F	'0F'- Subscriber Number
	REF02	Reference Identification		IEHP 14-digit ID
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L	'1L'- Member Group Number
	REF02	Reference Identification		Group Code. Sample: RVC-MED, SBC-MED, RVC-CMC
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	F6 17 ZZ 6O	'F6' – HICN (Only Reported with Medicare Members) '17' – CIN ''ZZ" = HCP and HCP Status for the member's active enrollments, (up to five plans reported for each of the current month and the first prior month, to promote coordination of care – data separated by semi-colon) If the codes in REF01 **correspond to multiple FAME data elements in REF02, the values for each data** element will be concatenated in the defined order, and delimited with a semi-colon ";".
2000	DTP	Member Level Dates		
	DTP	Date Time Period Qualifier	474	'474' – Medicaid End Date (Redetermination Date)
2100A	NM1	Member Name		

15. 5010 834 STANDARD COMPANION GUIDE

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Loop ID	Reference	Name	Codes	Notes/Comments
	NM108	Identification Code Qualifier	ZZ	Medicare Beneficiary Identifier (MBI)
2100A	DMG	Member Demographics		
2100A	DMG05-3	Industry Code	2106-3 2135-2 2054-5 2028-9 1002-5 2036-2 2034-7 2033-9 2039-6 2040-4 2080-0 2029-7 2076-8 2087-5 2041-2 2047-9 2131-1	If DMG05-2 is populated, the RET codes correspond as follows to the CDC Ethnic codes. '2106-3' = 1 – White '2135-2' = 2 – Hispanic '2054-5' = 3 – Black '2028-9' = 4 – Asian or Pacific Islander '1002-5' = 5 – Alaskan Native or American Indian '2036-2' = 7 – Filipino '2034-7' = C – Chinese '2033-9' = H – Cambodian '2039-6' = J – Japanese '2040-4' = K – Korean 2080-0' = M – Samoan '2029-7' = N – Asian Indian '2076-8' = P – Hawaiian '2087-5' = R – Guamanian '2041-2' = T – Laotian '2047-9' = V – Vietnamese '2131-1' = Z – Other
2100A	LUI	Member Language		
	LUI01	Identification Code Qualifier	LE	'LE'- ISO 639 Language Codes Used
	LUI04	Use of Language Indicator	6 7	'6'- Language Written '7' – Language Spoken
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	001,002,021, 024,025,026	001 Change 002 Delete 021 Addition 024 Cancellation or Termination 025 Reinstatement 026 Correction 030 Audit or Compare 032 Employee Information

15. 5010 834 STANDARD COMPANION GUIDE

B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

Loop ID	Reference	Name	Codes	Notes/Comments
				Not Applicable
2300	HD03	Insurance Line Code	HLT	HLT Health
	HD04	BID;IPA		HD04 is a composite field made up of BID and IPA separated by a ';'
	HD05	Coverage Level Code	IND	'IND'- Individual
2300	DTP	Health Coverage Dates		
	DTP01	Date/Time Qualifier	348 349	'348'- Benefit Begin '349'- Benefit End
2300	REF	Health Coverage Policy Number		
	REF01	Reference Identification Qualifier	17 9V CE RB	The following qualifiers are used to reference the FAME data indicated in REF02: '17' - Client Reporting Category '9V' - Payment Category 'CE' - Class of Contract Code 'RB' - Rate Code Number
	REF02	Reference Identification		'17' = OHC; CBAS-IND 1st digit; CBAS-IND 2nd digit; CCI Opt Out Indicator; ESRD Indicator; Part D LIS Reassigned Indicator; CCI Exclusion Indicator; Nursing Facility Resident; SI-NSI indicator; HCBS HIGH indicator; INSTITUTIONAL indicator; SUBPLAN indicator; '9V' = Medicare Part A Status Code; Medicare Part B Status Code; Medicare Part D Status Code 'CE' = All the Aid Codes and Eligibility Status Codes (Primary AID-

Loop ID	Reference	Name	Codes	Notes/Comments
				CODE; ESC; SPEC1-AID; SPEC1-ESC; SPEC2-AID; SPEC2-ESC; SPEC-AID; SPEC3-ESC) 'RB' = Capitated aid code
	REF 17-02	CBAS Indicator Values	1 2 3 4 5 9	First Digit – CBAS Indicator Class: 1 = CBAS Enrollment – Class 1 7/1/11 – 2/29/12 (eligible for ECM) 2 = ECM Enrollment – Class 1 7/1/11 – 2/29/12 (not eligible for CBAS) 3 = CBAS Enrollment – Class 2 3/1/12 – 8/30/2014 (never eligible for ECM) 4 = Unbundled – Class 1 5 = Unbundled – Class 2 9 = No longer enrolled in CBAS or ECM

15. 5010 834 STANDARD COMPANION GUIDE

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Loop ID	Reference	Name	Codes	Notes/Comments
	REF 17-03	Medi-Cal Indicator Participation	A B C D E F G H	Second Digit – Medi-Cal Indicator Participation: A = Full Dual in Managed Care B = Full Dual in Fee-for-Service C = Partial Dual in Managed Care D = Partial Dual in Fee-For-Service E = SPD in Managed Care F = SPD in fee-For Service G = Managed Care (Not Dual or SPD) H = Fee-For-Service (Not Dual or SPD)
	REF 17-07	CCI Exclusion Indicator	M	"M" – Beneficiary is in a Multipurpose Senior Services Program (MSSP), and is eligible for enrollment in Cal Medi-Connect and MLTSS.
	REF 17-09	SI-NSI Indicator	S N	S=SI Identifies IHSS beneficiary as Severely Impaired

15. 5010 834 STANDARD COMPANION GUIDE

B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

Loop ID	Reference	Name	Codes	Notes/Comments
				N=NSI Identifies IHSS beneficiary as Non-Severely Impaired
	REF 17-11	INSTITUTIONAL INDICATOR	9	9- Beneficiary has been identified as being in a Long Term Care facility
2310	NM1	Provider Name		
	NM101	Entity Identifier Code	P3 Y2 80	'P3' – Primary Care Provider 'Y2' – Manage Care Organization '80' – Hospital
	NM109	Identification Code		Use NPI only for Providers Identification. Use NPI for Hospitals also.

15. 5010 834 STANDARD COMPANION GUIDE

C. Control Segment and Envelopes

** Note**

Please use One ST and SE transaction set per File

The below table represent only those field that IEHP requires a specific value in or has guidance as to what that value should be. The table does not represent all of the fields necessary for a successful transaction. The TR3 should be reviewed for that information.

Reference	Name	Codes	Notes/Comments
	Interchange Control Header		
ISA01	Authorization Information Qualifier	"00"	
ISA02	Authorization Information	Space Fill	
ISA03	Security Information Qualifier	"00"	
ISA04	Security Information	Space Fill	
ISA05	Interchange ID Qualifier (Sender)	"ZZ"	
ISA06	Interchange Sender ID	"00303"	IEHP's Receiver ID
ISA07	Interchange ID Qualifier (Receiver)	"ZZ"	
ISA08	Interchange Receiver ID		Assigned by IEHP
ISA11	Repetition Separator	"^"	Preferred
ISA14	Acknowledgment Requested	"1"	TA1 (997).
ISA15	Interchange Usage Indicator	"P"	"T" is used during testing phase. All other transactions use "P"
ISA16	Component Element Separator	":"	Preferred
	GS- Functional Group Header Segment		
GS01	Functional Identifier Code	"BE"	Health Care Claim
GS02	Application Sender's Code		Assigned by IEHP. Same as ISA06.
GS03	Application Receiver's Code		Assigned by IEHP
GS08	Version/Release/Industry Identifier Code	"005010X220A1"	"005010X220A1" = 834
ST	Transaction Set Header		
ST03	Implementation Convention Reference	"005010X220A1"	"005010X220A1" = 834

15. 5010 834 STANDARD COMPANION GUIDE

D. Business Scenarios

Example 1- Full Eligibility Enrollment File

All active Members will be provided in the full eligibility enrollment file at the beginning of each month. This file includes Members continuing coverage from the prior month. Enrollment termination are also included in the monthly eligibility file.

Example 2- Daily Update Files

The daily eligibility enrollment file only contains updates, terminations, and additions to Member enrollments. Updates include demographic, group, and PCP changes.

15. 5010 834 STANDARD COMPANION GUIDE

E. Frequently Asked Questions

Q. How is a monthly vs. daily eligibility file identified?

A. There are currently two ways for a month vs. daily file to be identified, through the naming convention and within the file. The file naming convention includes a M for monthly and a D for daily. In addition, the maintenance type code reported in the 2000 INS 03 '030' is reported for monthly, and '001' is reported for daily files.

Q. What is the file naming convention for 834 benefit and enrollment files?

Naming Conventions

The naming convention for 834 benefit and enrollment consists of the following:

- All file name starts with a M (monthly) or D (daily)
- The second character is the three character submitter ID provided by IEHP.
- The 5th through 12th character is the date the file was created - YYYYMMDD.
- The 13th character is the file two-digit sequence identifier sent on the same day beginning with 01.
- The extension will be 834

EDI 834 File Example - File Sent from IEHP to IPA

An example of the file naming convention for the first submission of an 834 benefit and enrollment File is: M00X2014060101.834

- M Indicates a monthly file
- 00X identifies the IPA
- 2014 is year the file was created
- 06 is month the file was created
- 01 is day the file was created
- 01 is first sequence sent on same day (01-10)
- .834 HIPAA 834 file extension

Q. Where do I find information on connectivity protocol and file transfer procedures?

A. Please refer to the EDI manual published at http://www.iehp.org/edi for information regarding the above areas. The information published in this companion guide is meant to be used in conjunction with the implementation guides from Washington Publishing Company for detailed instructions on the line level and IEHP's EDI Manual for connectivity and processing procedures.

15. 5010 834 STANDARD COMPANION GUIDE

E. Frequently Asked Questions

Q. If there is not an Aid Code in the Member Record, is it okay to process that Member Record?

A. Yes, an Aid Code is not required for the CMC Line of Business in the outbound IEHP 834 file; this will result in IEHP not including the REF*CE segment in the outbound IEHP 834 file.

Please note that it is possible that the State can report these Members as 'reinstates', which will result in Members' Aid Codes being included in the subsequent outbound IEHP 834 file.

15. 5010 834 STANDARD COMPANION GUIDE

F. Other Resources

- **https://www.iehp.org/en/providers/provider-resources?target=manuals**

IEHP's website where the EDI manual and other resources are located.

- **http://www.wpc-edi.com.**

Washington Publishing Company Implementation guides (TR3) can be purchased from this site.

- **http://www.wedi.org/.**

Workgroup for Electronic Data Interchange in Healthcare.