

AultCare  
834 -4010  
HIPAA  
Companion  
Guide

**REVISED 11/10/2011**

## 834 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.

AultCare Information Systems

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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	Interchange Control Standards Identifier	U
ISA12	Interchange Control Version Number	00401
ISA13	Interchange Control Number	Increment by 1 with each submission
ISA14	Acknowledgment Requested	0 or 1

ISA15	<b>Usage Indicator</b>	T or P
ISA16	<b>Component Element Separator</b>	Recommend :

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

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

**GS – Functional Group Header**

<b>Location</b>	<b>Data Element Description</b>	<b>Expected Value</b>
GS01	<b>Functional Identifier Code</b>	HC
GS02	<b>Application Sender's Code</b>	Client Login ID
GS03	<b>Application Receiver's Code</b>	AultCare
GS04	<b>Date</b>	CCYYMMDD
GS05	<b>Time</b>	HHMM
GS06	<b>Group Control Number</b>	Provider Assigned
GS07	<b>Responsible Agency Code</b>	X
GS08	<b>Version / Release / Industry Identifier Code</b>	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	<b>Action Code</b>	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:**

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

**Loop ID - 1000B Payer**

**N1 - Payer:**

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
1000B	N101	<b>Entity Identifier Code</b>	IN - Insurer
1000B	N102	<b>Name</b>	AultCare
1000B	N103	<b>Identification Code Qualifier</b>	FI
1000B	N104	<b>Identification Code</b>	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	<b>Reference Identification Qualifier</b>	1L - Group or Policy Number
2000	REF02	<b>Reference Identification</b>	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	<b>Reference Identification Qualifier</b>	F6 – HIC Number
2000	REF02	<b>Reference Identification</b>	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	<b>Date/Time Qualifier</b>	356 – Eligibility Begin
2000	DTP03	<b>Date Time Period</b>	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	<b>Date/Time Qualifier</b>	357 – Eligibility End
2000	DTP03	<b>Date Time Period</b>	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	<b>Date/Time Qualifier</b>	351 – Education End
2000	DTP03	<b>Date Time Period</b>	We need this field when applicable; we will use this field as our Student Date
2000	DTP01	<b>Date/Time Qualifier</b>	338 – Medicare Begin
2000	DTP03	<b>Date Time Period</b>	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	<b>Date/Time Qualifier</b>	336 – Employment Begin
2000	DTP03	<b>Date Time Period</b>	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	<b>Identification Code Qualifier</b>	34 – Social Security Number
2100B	NM109	<b>Identification Code</b>	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	<b>Coverage Level Code</b>	This is a required field on our system for subscribers. We will use this field for our Coverage Code.
2300	HD04	<b>Plan Coverage Description</b>	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)
- \_ < (less than symbol)
- \_ > (greater than symbol)
- \_ @ (at sign)
- \_ (inverted exclamation point)
- \_ ¢ (cent sign)

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

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

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

Loop Id	Data Element	Data Element Description	Data Requirements
2300	DTP01	<b>Date/Time Qualifier</b>	348 – Benefit Begin
2300	DTP03	<b>Date Time Period</b>	Use when adding coverage only. This will become the Benefit Effective Date on our system.
2300	DTP01	<b>Date/Time Qualifier</b>	303 – Maintenance Effective
2300	DTP03	<b>Date Time Period</b>	Use when changing coverage only. This will become the Benefit Effective Date on our system.
2300	DTP01	<b>Date/Time Qualifier</b>	349 – Benefit End
2300	DTP03	<b>Date Time Period</b>	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	<b>Date/Time Qualifier</b>	344 – Coordination of Benefits Begin
2320	DTP03	<b>Date Time Period</b>	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	<b>Number of Transaction Sets Included</b>	Count of all Transaction Sets in Functional Group
GE02	<b>Group Control Number</b>	Same number as in GS segment, element GS06

### IEA – Functional Group Header

Location	Data Element Description	Expected Value
IEA01	<b>Number of Included Functional Groups</b>	Count of all Functional Groups in Interchange
IEA02	<b>Interchange Control Number</b>	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](mailto: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**