
15. IEHP 5010 834 STANDARD COMPANION GUIDE

Standard Companion Guide (CG) Transaction Information

Effective January 1, 2018

IEHP Instructions related to Implementation Guides (IG) based

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

Companion Guide Version Number: 1.0
2019

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15. IEHP 5010 834 STANDARD COMPANION GUIDE

Introduction

The Purpose of the Companion Guide:

This document will provides a definitive statement of what Submitters must be able to support in this ANSI ASC X12 Benefit Enrollment and Maintenance (834) 005010X220A1. This document is intended to outline the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its associated rules.

This document does not outline the technical interface environment; including connectivity requirements and protocols.

This document is to describe and provide you with specific Loops, Segments and Data Elements that are required to exchange X12 Benefit Enrollment and Maintenance (834) transactions with IEHP.

Loop ID	The Implementation Guide's identifier for a data loop within a transaction; the data loop consists of specific segments as identified in the HIPAA ANSI standard.
Segment ID	The Implementation Guide's identifier for a data segment.
Element ID	The Implementation Guide's identifier for a data element within a segment.
Element Name	A data element name as shown in the Implementation Guide. When the industry name differs from the Data Element Dictionary name, the more descriptive industry name is used.
Element Definition / Length	How the data element is defined in the Implementation Guide. For ISA and IEA Segments only, fields are of fixed lengths and are present whether or not they are populated. For this reason, field lengths are provided in this column after element definitions.
Valid Values	The valid values from the Implementation Guide that are used by IEHP.
Definition/Format	Definitions of valid values used by IEHP and additional information about IEHP data element requirements.

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834 Benefit Enrollment and Maintenance

The version/Release/Industry Identifier Code and the applicable Functional Identifier Code must be transmitted to allow users to request changes to the electronic transactions formats. To request changes for consideration to the ASC X12 standards, please contact the HIPAA Designated Standards Maintenance Organizations web site at Washington Publishing Company <http://www.wpc-edi.com>.

999- Implementation Acknowledgment

The 999 informs the submitter that the functional group arrived at the destination. It may include information about the syntactical quality of the functional group and the implementation guide compliance.

824- Application Advice

The 824 informs the submitter of the results of the receiving application systems' data content edits of transaction sets

Implementation

This section describes all of the EDI headers, tables, segments, loops and trailers supported by this Companion Guide. If a segment or a data element is not listed, it is not supported. The Usage column indicates if the segment is required (R) or situational (S).

ISA Segment - Interchange Control Header

Usage	Ref Des.	Name	Code/Definition	Length
R	ISA01	Authorization Information Qualifier	No Authorization Sent "00"	2/2
R	ISA02	Authorization Information	(Filled with spaces)	10/10
R	ISA03	Security Information Qualifier	No Security Information "00"	2/2
R	ISA04	Security Information	(Filled with Spaces)	10/10
R	ISA05	Interchange ID Qualifier	Mutually Defined "ZZ"	2/2
R	ISA06	Interchange Sender ID	Sender ID "00303"	15/15
R	ISA07	Interchange ID Qualifier	Mutually Defined "ZZ"	2/2
R	ISA08	Interchange Receiver ID	Receiver ID "Receiver ID" Note: IEHP Expected Value	15/15

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			Receiver Assigned ID	
R	ISA09	Interchange Date	YYMMDD format	6/6
R	ISA10	Interchange Time	HHMM format	4/4
R	ISA11	Repetition Separator	Carat ^ Repetition Separator	1/1
R	ISA12	Interchange Control Version Number	Version 5 Release 1 “5010”	5/5
R	ISA13	Interchange Control Number	The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.	9/9
R	ISA14	Acknowledgment Requested	Interchange Acknowledgment Requested “1”	1/1
R	ISA15	Interchange Usage Indicator	Production Data “P” Test “T”	1/1
R	ISA16	Component Element Separator	Component Element Terminator Colon “:”	1/1
		Data Element Separator	Asterisk “*” Data Element Separator	
		Segment Terminator	Tilde “~” Segment Terminator	

GS- Functional Group Header

Usage	Ref Des.	Name	Code/Definition	Length
R	GS01	Functional Identifier Code		2/2
R	GS02	Application Sender’s Code	Sender ID “00303”	2/15
R	GS03	Application Receiver’s Code	Receiver ID “Receiver ID ” Note: IEHP Expected Value Receiver Assigned ID	2/15
R	GS04	Date	Creation Date “CCYYMMDD”	8/8
R	GS05	Time	Creation Time “HHMM”	4/8
R	GS06	Group Control Number	GS06 must be unique within a single transmission that is,	1/9

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			within a single ISA to IEA enveloping structure.	
R	GS07	Responsible Agency Code	Accredited Standards Committee X12 “ X”	1/12
R	GS08	Version Release Industry Identifier Code	Standard Approved for Publication by ASC X12 “005010X220A1”	1/12

BGN- Beginning Segment

Usage	Ref Des.	Name	Code/Definition	Length
R	BGN01	Transaction Set Purpose Code	Original “00” Re-Submission “15”	2/2
R	BGN01	Reference Identification	Transaction Set Reference Number	1/50
R	BGN03	Date	Transaction Set Creation Date “CCYYMMDD”	8/8
R	BGN04	Time	Transaction Set Creation Date	4/8
S	BGN05	Time Code	Time Zone Code	2/2
S	BGN06	Reference Identification	Original Transaction Set Reference Number	1/50
N	BGN07	Transaction Type Code		2/2
R	BGN08	Action Code	Change Update “2” Replace “RX”	2/2
N	BGN09	Security Level Code		2/2

Loop 1000A-N1- Sponsor Name

Usage	Ref Des.	Name	Code/Definition	Length
R	N101	Entity Identifier Code	Plan Sponsor “P5”	2/3
S	N102	Name	Plan Sponsor Name “ Inland Empire Health Plan	1/60
R	N103	Identification Coder Qualifier	Federal Taxpayer’s Identification Number	2/80

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R	N104	Identification Code	Sponsor Identifier	2/80
N	N105	Entity Relationship Code		2/2
N	N106	Entity Identifier Code		2/3

Loop 1000B-N1- Payer Name

Usage	Ref Des.	Name	Code/Definition	Length
R	N101	Entity Identifier Code	Insurer "IN"	2/3
S	N102	Name	Insurer Name	1/60
R	N103	Identification Coder Qualifier	Federal Taxpayer's Identification Number "FI"	1/2
R	NM104	Identification Code	Insurer Identification Code	2/80
N	N105	Entity Relationship Code		2/2
N	NM106	Entity Identifier Code		2/3

Loop 2000 INS-Member Level Detail

Usage	Ref Des.	Name	Code/Definition	Length
R	INS01	Yes/No Condition or Response Code	Member Indicator No "N" Yes "Y"	1/1
R	INS02	Individual Relationship Code	The value 18 must be used for the subscriber	2/2
R	INS03	Maintenance Type Code		3/3
S	INS04	Maintenance Reason Code	Required when the payer needs to know the reason for the change.	2/3
R	INS05	Benefit Status Code	Active "A" Cobra "C" Surviving Insured "S" TEFRA "T"	1/1

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S	INS06	Medicare Status Code	Required if a member is being enrolled or disenrolled in Medicare is currently in Medicare or has terminated or changed their Medicare enrollment.	
R	INS06-1	Medicare Plan Code	Medicare Part A “A” Medicare Part B “B” Medicare Part A and B”C” Medicare “D” No Medicare “E”	1/1
S	INS06-2	Eligibility Reason Code	Age “0” Disability “1” ESRD “2”	1/1
N	INS06-3	Eligibility Reason Code		1/1
N	INS06-4	Eligibility Reason Code		1/1
S	INS07	CORBA	Qualifying Event Code	1/2
S	INS08	Employment Status Code	Active “AC” Terminated “TE”	2/2
S	INS09	Student Status Code	Full-time “F” Not a Student “N” Part-time “P”	1/1
S	INS10	Yes/ No Condition or Response Code	No “N” Yes “Y”	1/1
S	INS11	Date Time Period Format Qualifier	Date Expressed in Format CCYYMMDD “D8”	2/3
S	INS12	Date Time Period	Member Individual Death Date	1/35
S	INS13	Confidentiality Code	Restricted Access “R” Unrestricted Access “U”	1/1
N	INS14	City Name		2/30
N	INS15	State or Province Code		2/2

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N	INS16	Country Code		2/3
S	INS17	Number	Birth Sequence Number	1/9

Loop 2000 REF-Subscriber Identifier

Usage	Ref Des.	Name	Code/Definition	Length
R	REF01	Reference Identification Qualifier	Subscriber Number "0F"	2/3
R	REF02	Reference Identification	Subscriber Identifier	1/50
N	REF03	Description		1/80
N	REF04	Reference Identifier		
				1/1

Loop 2000 REF-Member Supplemental Identifier

Usage	Ref Des.	Name	Code/Definition	Length
R	REF01	Reference Identification Qualifier	Prior Identifier Number "Q4"	2/3
R	REF02	Reference Identification	Member Supplemental Identifier	1/50
N	REF03	Description		1/80
N	REF04	Reference Identifier		

Loop 2300 REF-Health Coverage Policy Number

Usage	Ref Des.	Name	Code/Definition	Length
R	REF01	Reference Identification Qualifier	Group or Policy Number "1L"	2/3
R	REF02	Reference Identification	Riverside Medical "RVC-MED" San Bernardino Medical "SBC-MED" Riverside Medicare- Medicaid "RVC-CMC"	1/50
N	REF03	Description		1/80

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N	REF04	Reference Identifier		
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Loop 2000 DTP Member Level Dates

Usage	Ref Des.	Name	Code/Definition	Length
R	DTP01	Date/Time Qualifier	Eligibility Begin "356" Eligibility End "357" Medicaid Begin "473" Medicaid End "474"	3/3
R	DTP02	Date Time Period Format Qualifier	Date Expressed in Format CCYYMMDD "D8"	2/3
R	DTP03	Date Time Period	Status Information Effective Date	1/35

Loop 2100A Member Name

Usage	Ref Des.	Name	Code/Definition	Length
R	NM101	Entity Identifier Code	Corrected Insured "74" Insured or Subscriber "IL"	2/3
R	NM102	Entity Type Qualifier	Person "1"	1/1
R	NM103	Name Last or Organization Name	Member Last Name	1/60
S	NM104	Name First	Member First Name	1/35
S	NM105	Name Middle	Member Middle Name	1/25
S	NM106	Name Prefix	Member Name Prefix	1/10
S	NM107	Name Suffix	Member Name Suffix	1/10
S	NM108	Identification Code Qualifier	Social Security Number "34"	1/ 2

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S	NM109	Identification Code	Member Identifier	2/80
N	NM110	Entity Relationship Code		2/2
N	NM111	Entity Identifier Code		2/3
N	NM112	Name Last or Organization Number		1/60

Loop 2100A LUI Member Language

Usage	Ref Des.	Name	Code/Definition	Length
S	LUI01	Identification Code Qualifier	ISO 639 Language Codes “LE”	1 / 2
S	LUI02	Identification Code	Language Code	2/80
S	LUI03	Description	Required if the send is unable to code the necessary language identification in LUI01 and LUI02.	1/80
S	LUI04	Use of Language Indicator	Language Use Indicator	1/2
S	LUI05	Language Proficiency Indicator		1/1

Loop 2300 HD Health Coverage

Usage	Ref Des.	Name	Code/Definition	Length
R	HD01	Maintenance Type Code	001 002 021 024 025 026 030	3/3

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			032	
N	HD02	Maintenance Reason Code		2/3
R	HD03	Insurance Line Code	Health “HLT”	2/3
S	HD04	Plan Coverage Description	BID IPA	1/50
S	HD05	Coverage Level Code	Individual “IND”	3/3
N	HD06	Count		1/9
N	HD07	Count		1/9
S	HD08	Underwriting Decision Code		1/1
S	HD09	Yes/No Condition or Response Code	No “N” Yes “Y”	1/1
N	HD10	Drug House Code		2/3
N	HD11	Yes/No Condition or Response Code		1/1

Loop 2300 DTP Health Coverage Dates

Usage	Ref Des.	Name	Code/Definition	Length
R	DTP01	Date/Time Qualifier	Benefit Begin “ 348” Benefit End “ 349”	3/3
R	DTP02	Date Time Period Format Qualifier	Date Expressed in Format “CCYYMMDD” D8 Range of Dates Expressed in Format “CCYYMMDD- CCYYMMDD” RD8	2/3
R	DTP03	Date Time Period	Coverage Period	1/35

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Loop 2310 NM1- Provider Name

Usage	Ref Des.	Name	Code/Definition	Length
R	NM101	Entity Identifier Code	Primary Care Provider “P3” Hospital “ 80” Manage Care Organization “Y2”	2/3
R	NM102	Entity Type Qualifier	Person “1” Non-Person Entity “2”	1 / 1
S	NM103	Name Last or Organization Name	Provider Last or Organization Name	1/60
S	NM104	Name First	Provider First Name	1/35
S	NM105	Name Middle	Provider Middle Name	1/25
S	NM106	Name Prefix	Provider Name Prefix	1/10
S	NM107	Name Suffix	Provider Name Suffix	1/10
S	NM108	Identification Code Qualifier	Social Security Number “34” Federal Taxpayer’s Identification Number “FI” Service Provider Number “SV” Centers for Medicare and Medicaid Services “XX”	1 / 2
S	NM109	Identification Code	Provider Identifier	2/80
R	NM110	Entity Relationship Code	Established Patient “25” Not Established Patient “26” Unknown “72”	2/2
N	NM111	Entity Identifier Code		2/3
N	NM112	Name Last or Organization Name		1/60

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Sub plan	Description
BC	Anthem Blue Cross Partnership
CF	Care1st Partner Plan, LLC
CH	Community Health Plan
HN	Health Net Comm Solutions
KA	KP Cal, LLC
LA	L.A. Care Health Plan
MO	Molina Healthcare Partner
<blank>	No Sub plan

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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 an 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 834 benefit and enrollment files?

A. 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 (3) 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 Examples

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

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<http://www.iehp.org/edi>

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.