‘OHANA HEALTH PLAN EDI TRANSACTION SET

834 X12N HEALTH CARE BENEFIT ENROLLMENT AND MAINTENANCE ASCX12N **(004010X095A1)** Companion Guide

Version 4.0

Outbound
834 Benefit Enrollment Reporting

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REVISION HISTORY

Date	Rev #	Author	Description
12/01/2005	DRAFT	G. Webb	Initial draft
01/10/2006	"	"	Split the 834 into individual Subcontractors
10/01/2006	Final	GWebb	Review with final additions
10/03/2006	"	Jmstutz	Add the Responsible party for Florida Reform
10/18/2006	"	Gwebb	Review with final additions to file example
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06/11/2008	2.0	L Bouabid	Bring document up to date for 834 OB generic format.
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DOCUMENT APPROVERS

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INTRODUCTION

'Ohana Health Plan has determined the need to use the standard format for outbound Benefit Enrollment and Maintenance for Providers or Trading Partners (TPs). This X12N 834 Benefit Enrollment and Maintenance Companion Guide are intended for use by all 'Ohana Health Plan Providers and TPs in conjunction with the ANSI ASC X12N National Implementation Guide. It has been written to assist those Receivers who will be implementing the standard X12N 834 EDI inbound transaction. This 'Ohana Health Plan Companion Guide clarifies the HIPAA-designated standard usage and must be used in conjunction with the following document:

The 834 Benefit Enrollment and Maintenance Implementation Guides (IG)

To purchase the IG contact the Washington Publishing company at www.wpc-edi.com/hipaa/HIPAA_40.asp or call 1-800-972-4334.

This 'Ohana Health Plan Companion Guide contains data clarifications derived from specific business rules that apply to individual subcontractors and will be extracted and sent by 'Ohana Health Plan.

GENERAL INFORMATION

The outbound enrollment batch file is transmitted from 'Ohana Health Plan to the trading partner. The 834 Benefit Enrollment transactions will be sent monthly unless otherwise contracted, with the option of a daily Change file.

Additional Items of Note

Provider Information (Loop 2310)

In compliance with the NPI implementation and guidelines, 'Ohana Health Plan will send Provider's applicable NPI number in loop 2310.NM109.

Delimiters

A delimiter is a character used to separate two (2) data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, the ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are then used as data element separators elsewhere in the transaction. The following characters are used as data delimiters for all transaction segments:

CHARACTER	PURPOSE
* Asterisk	Data Element Separator
: Colon	Sub-Element Separator
~ Tilde	Segment Terminator

Electronic Submission

834 Enrollment files sent by 'Ohana Health Plan after January 01, 2006 will be sent electronically using the ANSI ASC X12N 834 format.

File Transmission

834 Transaction files for production will be sent to Trading Partner specific site using secure File Transfer Protocol; See section FTP Process

Submission Frequency

The files will be sent per negotiated agreements with 'Ohana Health Plan's Trading Partners.

File Size Requirements

The following list outlines the file sizes by transaction type:

Transaction Type	Testing Purposes	Production Purposes
834 formats	50-100 member records per file	< 5000 member records per file

FTP PROCESS

Secure File Transfer Protocol

MOVEit® is 'Ohana Health Plan's preferred file transfer method of transferring electronic transactions over the Internet. It has the FTP option or online web interface.

Secure File Transfer Protocol (SFTP) is specifically designed to handle large files and sensitive data. 'Ohana Health Plan utilizes Secure Sockets Layer (SSL) technology, the standard Internet security, and SFTP ensures unreadable data transmissions over the Internet without a proper digital certificate.

- Registered users are assigned a secure mailbox where all reports are posted. Upon enrollment, they will receive a login and password.

In order to send files to 'Ohana Health Plan submitters need to have an FTP client that supports AUTH SSL encryption.

The AUTH command allows 'Ohana Health Plan to specify the authentication mechanism name to be used for securing the FTP session. Sample FTP client examples are:

- WS_FTP PRO® (The commercial version supports automation and scripting)
  - WS_FTP PRO® has instructions on how to connect to a WS_FTP Server using SSL.
- Core FTP Lite® (The free version supports manual transfers)
  - Core FTP Lite® has instructions on how to connect to a WS_FTP Server. Additionally, 'Ohana Health Plan can provide setup assistance.

FILE TEST PROCESS

'Ohana Health Plan will send test files on a case-by-case basis. The Testing Coordinator will contact Vendor for to coordinate a testing schedule.

Testing

1. 'Ohana Health Plan will create test files in the ANSI ASC X12N 834 format.

    - Files will include all multiple member record; adds, changes, terms.
    - Batch files by 834 type and group by month.
    - Set Header Loops for Production:
        - Header ISA15 will be set to **''P'**
        - Header REF02 will be set to **'004010X095A1'** (834)
        - Header BGN08 value will be **"4"** = Verify (full audit)
        - Header BGN08 value will be **"2"** = Change file

2. Each batch file will be named according to the File Naming Standards listed below:

    - Node One equals Enroll834
    - Node Two equals Vendor name (e.g. JoeVendor)
    - Node Three equals Line of Business (i.e. WMR, GMR, OAB, etc.)
    - Node Four equals "AUDIT" or "CHANGE"
    - Node Five equals Date test file is created (CCYYMMDDHHMM)
    - **Example:** Enroll834_JoeVendor_WMR_AUDIT_200806041115.edi
      Enroll834_JoeVendor_WMR_Change_200909231012.edi

Production

For Production processing, 'Ohana Health Plan will send a monthly full file 834 Benefit Enrollment to the specified FTP site negotiated with each receiver and if requested also send an 834 daily Benefit Enrollment Change file.

Naming Standards: 'Ohana Health Plan uses the file name to help track each batch file sent to the SFTP drop off site.

1- Name each batch file according to the File Naming Standards listed below:

- Node One equals Enroll834
- Node Two equals Vendor name (e.g. JoeVendor)

- Node Three equals Line of Business (i.e. WMR, GMR, OAB, etc.)
- Node Four equals "AUDIT" or "CHANGE"
- Node Five equals Date test file is created (CCYYMMDDHHMM)
- **Example:** Enroll834_JoeVendor_WMR_AUDIT_200806041115.edi
  Enroll834_JoeVendor_WMR_Change_200909231012.edi

'OHANA HEALTH PLAN VALIDATION PROCESS

When 834 Enrollment files are created by the 'Ohana Health Plan enterprise system, that process calls the HIPAA validation process to ensure every file passes WEDI/SNIP levels. The Data Edit Program will:

- Validate using a HIPAA X12 validation tool.
- Edit the transactions for content against X12 Standards, eligibility history, Medicaid, and valid dates.
    - All dates are in the CCYYMMDD format.
    - All date/times are in the CCYYMMDDHHMM format.
    - Provider Ids are edited per line of business contract.

See the 834 IG for additional information about the response coding and Addendum C in this Guide.

FURTHER ENROLLMENT FIELD DESCRIPTION

Refer to the IG for the initial mapping information the grid below further clarifies additional information 'Ohana Health Plan will send.

Interchange Control Header:						
Pos	**Id**	**Segment Name**	**Req**	**Max Use**	**Repeat**	**Notes**
	ISA06	Interchange Sender ID	M	1		Set to **''OHANA'**
	ISA08	Interchange Receiver ID	M	1		Set to a Unique ID assigned by WellCare for the TP.
	ISA14	Acknowledgment Requested	M	1		Set to: **0** – Interchange Acknowledgment not necessary
	ISA16	Component Element Separator	M	1		Set to: **:** - Colon
Functional Group Header:						
	GS02	Senders Code	M	1		Set to **"'OHANA"**
	GS03	Receivers Code	M	1		Matches ISA08
Transaction Set Header:						
010	**ST02**	Transaction set Control Number	M	1		ST02 will be unique and identical to SE02

Header:						
Pos	**Id**	**Segment Name**	**Req**	**Max Use**	**Repeat**	**Notes**
020	**BGN01**	Code identifying purpose of transaction set	R	1		Set to: **00** – Original
020	**BGN08**	Action Code	R	1		Set to: **4** – Audit (full file) **2** – Change file
030	**DTP01**	Date/Time Qualifier	R	1		Set to: 303 – Maintenance Effective (date)
LOOP ID 1000A – Sponsor Name					**1**	
070	**N101**	Sponsor Entity Identifier Code	R			Set to: **P5** – Plan Sponsor
070	**N102**	Sponsor Name	S			Set to "**'OHANA**", (based upon the Line of Business/vendor).

070	**N103**	Sponsor Identification Code Qualifier	R	Set to: **ZZ** – Mutually defined
070	**N104**	Sponsor Identification	R	Federal Taxpayer's Id

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID 1000B – Payer Name					**1**	
070	**N101**	Payer Entity Identifier Code	R			Set to: **IN** – Insurer
070	**N102**	Payer Name	S			Set to "**'OHANA**"
070	**N103**	Payer Identification Code Qualifier	R			Set to: **FI** – Federal Taxpayer's Id Number
LOOP ID 2000 – Member Level Detail					**>1**	
010	**INS01**	Member Name	R	1		Set to **Y** – Yes
010	**INS02**	Individual Relationship Code	R	1		Set to: 18 – Self
010	**INS03**	Maintenance Type Code	R	1		Set to: **030** – Audit or Compare (full roster) **001** – for Change file Changes **021** – Change file Adds **024** – Change file Terms
010	**INS05**	Benefit Status Code	R	1		Set to **A** – Active
010	**INS06**	Medicare Plan Code	S	1		***For Medicare only.*** Set to: **D** – Medicare Part – Unknown
010	**INS08**	Employment Status Code	R	1		Set to: **FT** – Full Time
020	**REF01**	Subscriber Reference Identification Qualifier	R	3		Set to: **0F** – Subscriber Number
020	**REF02**	Subscriber Reference Identification	R	3		Set to Subscriber ID Number (Medicaid – Medicare ID)
020	**REF01**	Member Policy Number Reference Identification Qualifier	S			Set to: **1L** – Group or Policy Number
020	**REF02**	Reference Identification	S			Set to insured Group or Policy Number

020	**REF01**	Client Number Reference Identification Qualifier	S	5	Set to: **23** – Client Number
020	**REF02**	Reference Identification	S	5	Set to the Recipient Identification Number
020	**REF01**	Medicare Eligibility Reference Identification Qualifier	S	5	***For Medicare only.*** Set to: **F6** – Health Insurance Claim Number (Hic Number) For Medicaid Set to: **23** – Medicaid Number
020	**REF02**	Reference Identification	S	5	Set to the member's HIC number or Medicaid #

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2100A – Member Name						***This loop will contain the members Primary Address except for Medicare lines of business – for Medicare only this is the secondary address, see 2100G loop for Medicare Primary address***
030	**NM101**	Entity Identifier Code	R	1		Set to: **IL** – Insured or Subscriber
030	**NM102**	Entity Type Qualifier	R	1		Set to: **1** – Person
030	**NM103**	Name Last or Organization Name	R	1		Subscriber Last Name
030	**NM104**	Name First	R	1		Subscriber First Name
030	**NM105**	Name Middle	R	1		Subscriber Middle Initial
030	**NM107**	Name Suffix	R	1		Subscriber Suffix
040	**PER01**	Contact Function Code	S	1		Set to: **IP** – Insured Party
040	**PER03**	Communication Number Qualifier	S	1		Set to: **TE** –Telephone
040	**PER04**	Communication Number	S	1		Set to Member's Telephone Number
050	**N301**	Address Information	S	1		Set to Member's Primary Address Line 1
050	**N302**	Address Information	S	1		Set to Member's Primary Address Line 2
060	**N401**	City Name	S	1		Set to Member's Primary City
060	**N402**	State or Province Code	S	1		Set to Member's Primary State
060	**N403**	Postal Code	S	1		Set to Member's Postal Code

060	**N405**	Location Qualifier	S	1	Set to: **CY** – County/Parish
060	**N406**	Location Identifier	S	1	Set to Member's County
080	**DMG01**	Date Time Period Format Qualifier	S	1	Set to: **D8** – CCYYMMDD
080	**DMG02**	Date Time Period	S	1	Set to Member's Birth Date
080	**DMG03**	Gender Code	S	1	Set to one of the following: **F** – Female **M** – Male **U** – Unknown
080	**DMG05**	Race or Ethnicity Code	S	1	Set to: **7** – Not Provided
150	**LUI01**	Member Language Identification Code Qualifier	S		Set to: **LD** - NISO Z39.53 Language Codes
150	**LUI02**	Member Language Id. Code	S		Set to member language from code list

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2100C– Postal Mailing Address						**This segment only sent when requested by trading partner.**
030	**NM101**	Entity Identifier Code	S	1		Set to 31 – Insured or Subscriber Postal Mailing Address
030	**NM102**	Entity Type Qualifier	S	1		Set to: **1** – Person
050	**N301**	Address Information	S	1		Set to Member's Mailing Address Line 1
050	**N302**	Address Information	S	1		Set to Member's Mailing Address Line 2
060	**N401**	City Name	S	1		Set to Member's Mailing City
060	**N402**	State or Province Code	S	1		Set to Member's Mailing State
060	**N403**	Postal Code	S	1		Set to Member's Mailing Postal Code

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2100G – Responsible Person						***For Medicare only this address should be used as the primary address if not sent then default to address in 2100A loop.***
030	**NM101**	Entity Identifier Code	S	1		Set to: **E1** – Person or Other Entity Legally Responsible for a Child (under age 18 or 21 depending on state) **QD** – Responsible Party
030	**NM102**	Entity Type Qualifier	S	1		Set to: **1** – Person
030	**NM103**	Name Last or Organization Name	S	1		Set to Responsible Party's Last Name
030	**NM104**	Name First	S	1		Set to Responsible Party's First Name
030	**NM105**	Name Middle	S	1		Set to Responsible Party's Middle Initial
030	**NM107**	Name Suffix	S	1		Set to Responsible Party's Suffix
050	**N301**	Address Information	S	1		Set to Responsible Party's Address Line 1
050	**N302**	Address Information	S	1		Set to Responsible Party's Address Line 2
060	**N401**	City Name	S	1		Set to Responsible Party's City
060	**N402**	State or Province Code	S	1		Set to Responsible Party's State
060	**N403**	Postal Code	S	1		Set to Responsible Party's Postal Code
LOOP ID - 2300 – Health Coverage						
260	**HD01**	Maintenance Type Code	S	1		Set to: **030**- Audit/Compare **001** – for Change file Change **002** – for Change Void

					021 – Change file Adds **024** – Change file Terms
260	**HD03**	Insurance Line Code	S	1	Set to: **HMO** – Care Management Organ.
260	**HD04**	Plan Coverage Description	S	1	Set to member's Plan Code.
260	**HD05**	Coverage Level Code	S	1	Set to: **IND** – Individual
270	**DTP01**	Health Coverage Date/Time Qualifier	R	1	Set to: **348** – Benefit Begin **349** – Benefit End
270	**DTP02**	Date Time Period Format Qualifier	R	1	Set to: **D8** – CCYYMMDD
270	**DTP03**	Date Time Period	R	1	Set to one of the following: Benefit Begin Date Benefit End Date
290	**REF01**	Reference Identification Qualifier	S	1	Only used in cases where both Medicare and Medicaid enrollment may apply
290	**REF02**	Payment Methodology Indicator	S	1	Client reporting category: **17** See external documents listed below for details regarding this value: Step Actions for Access Claims Payment Methodology Step Actions for Access and Select Dual Capitation Claims Payment Methodology Contact Provider Representative with any specific questions.
LOOP ID - 2310 – Provider Information					
310	**LX01**	Assigned Number	S	1	Set to **001** and increment by 1 for each repetition of the 2310 Loop.
320	**NM101**	Entity Identifier Code	R	1	Set to: **P3** – Primary Care Provider

320	**NM102**	Entity Type Qualifier	R	1		Set to one of the following **1** – Person **2** – Entity

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2310 – Provider Information						
320	**NM108**	Identification Code Qualifier	R	1		Set to: **XX** – National Provider ID or SV – where NPI is not found
320	**NM109**	Identification Code	R	1		Set to National Provider ID (NPI)
320	**NM110**	Entity Relationship Code	R	1		Set to: **25** – Established Patient
LOOP ID - 2320 – Coordination of Benefits						
400	**COB01**	Payer Responsibility Sequence Number Code	S	1		Set to: **U** – Unknown
400	**COB03**	Coordination of Benefits Code	S	1		Set to: **1** – Coordination of Benefits
405	**REF01**	Reference Identification Qualifier	S	1		Set to one of the following: **6P –** Group Number **A6** – Employee
405	**REF02**	Reference Identification	S	1		3 iterations of this segment will be sent **Iteration 1:** Set to Carrier ID **Iteration 2:** Set to Policy Number **Iteration 3:** Policy Seq Number
410	**N101**	Entity Identifier Code	S	1		Set to: **IN** – Insurer
410	**N102**	Name	S	1		Set to Insurance Company Name

ATTACHMENT A

Glossary

Term	Definition
HIPAA	In 1996, Congress passed into federal law the Health Insurance Portability and Accountability Act (HIPAA) in order to improve the efficiency and effectiveness of the entire health care system. The provisions of HIPAA, which apply to health plans, healthcare providers, and healthcare clearinghouses, cover many areas of concern including, preventing fraud and abuse, preventing pre-existing condition exclusions in health care coverage, protecting patients' rights through privacy and security guidelines and mandating the use of a national standard for EDI transactions and code sets.
SSL **(Secure Sockets Layer)**	SSL is a commonly used protocol for managing the security of a message transmission through the Internet. SSL uses a program layer located between the HTTP and TCP layers. The" sockets" part of the term refers to the sockets method of passing data back and forth between a client and a server program in a network or between program layers in the same computer. SSL uses the public-and-private key encryption system from RSA, which also includes the use of a digital certificate.
Secure FTP (SFTP)	Secure FTP, as the name suggests, involves a number of optional security enhancements such as encrypting the payload or including message digests to validate the integrity of the transported files to name two examples. Secure FTP uses Port 21 and other Ports, including SSL.
AUTH SSL	AUTH SSL is the explicit means of implementing secure communications as defined in RFC 2228. AUTH SSL provides a secure means of transmitting files when used in conjunction with an FTP server and client that both support AUTH SSL.
Required Segment	A required segment is a segment mandated by HIPAA as mandatory for exchange between trading partners.
Situational Segment	A situational segment is a segment mandated by HIPAA as optional for exchange between trading partners.
Required Data Element	A mandatory data element is one that must be transmitted between trading partners with valid data.
Situational Data Element	A situational data element may be transmitted if data is available. If another data element in the same segment exists and follows the current element the character used for missing data should be entered.
N/U (Not Used)	An N/U (Not Used) data element included in the shaded areas if the Implementation Guide is NOT USED according to the standard and no

Term	Definition
	attempt should be made to include these in transmissions.
ATTENDING PROVIDER	The primary individual provider who attended to the client/member during an in-patient hospital stay. Must be identified in 837I, Loop 2310A, REF02 Segment, by their assigned Medicaid/Medicare ID number assigned by State to the individual provider while the client was in-patient.
BILLING PROVIDER	The Billing Provider entity may be a health care provider, a billing service, or some other representative of the provider.
IMPLEMENTATION GUIDE (IG)	Instructions for developing the standard ANSI ASC X12N Health Care Claim 837 transaction sets. The Implementation Guides are available from the Washington Publishing Company.
PAY-TO-PROVIDER	This entity may be a medical group, clinic, hospital, other institution, or the individual provider who rendered the service.
REFERRING PROVIDER	Identifies the individual provider who referred the client or prescribed Ancillary services/items such as Lab, Radiology and Durable Medical Equipment (DME). Report this provider in Loop 2310A, REF02 Segment using the Medicaid/Medicare ID number assigned by State to the referring provider.
RENDERING PROVIDER	The primary individual provider who attended to the client/member. They must be identified in 83P, Loop 2310B, REF02 Segment, use the Medicaid/Medicare ID number assigned by State to the individual provider while the client was in active status.
TRADING PARTNERS (TPs)	Includes all of the following; payers, switch vendors, software vendors, providers, billing agents, clearinghouses
DATE FORMAT	All dates are eight (8) character dates in the format CCYYMMDD. The only date data element that varies from the above standard is the Interchange Date data element located in the ISA segment. The Interchange Data date element is a six (6) character date in the YYMMDD format.
DELIMITERS	A delimiter is a character used to separate two (2) data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction. The following characters are used as data delimiters for all transaction segments:

CHARACTER	PURPOSE
* Asterisk	Data Element Separator
: COLON	Sub-Element Separator
~ Tilde	Segment Terminator

ATTACHMENT B

File Example

834 Outbound Benefit Enrollment and Maintenance file– single transaction

Loop	Transaction Segment
ST	ST*834*0001~
BGN	BGN*00*1*20080531001*20080531*023220****4~
DTP	DTP*303*D8*20070111~
1000A	N1*P5*'OHANA *FI*58-1234567~
1000B	N1*IN*'OHANA *ZZ*121234567~
2000	INS*Y*18*030**A***FT~
2000	REF*0F*111014065934~ Medicaid Number/All states
2000	REF*IL*XXX000001~ Group or Policy Number
2000	REF*23*11111111111~ Client/Subscriber number
2000	REF*F6*111014065934~ HIC Number /Florida or Medicare
2100A	NM1*IL*1*NELLON*INDIA*D~
2100A	PER*IP**TE*8005947324~
2100A	N3*1101 ELM STREET~
2100A	N4*LAGRANGE*OH*302400000**CY*ERIE~
2100A	DMG*D8*19970723*F**7~
2100A	LUI*LD*ENG~
2100G	NM1*QD*1*NELLON*SHERIKA*D~
2100G	N3*1101 ELM STREET~
2100G	N4*LAGRANGE*OH*302400000**CY*ERIE~
2300	HD*030**HMO*OABMAA*IND~
2300	DTP*348*D8*20070401~
2310	LX*1~
2310	NM1*P3*1******XX*8287646150*25~
2310	N4*ASHTABULA*OH*44044~
2320	COB*U**1~
SE	**SE*000000021*0001~**

ATTACHMENT C

997 Interpretation

Accepted 997

ISA*00* *00*5265 *ZZ*100000 *ZZ*100008
*050923*1126*U*00401*000000166*1*T*~GS*FA*77046*100008*20031023*112600*1660001
*X*004010X097A1~ST*997*0001~AK1*BE*1887~AK2*834*000000905~AK5*E***5**~AK9***A***1*1*1~
SE*6*0001~GE*1*1660001~IEA*1*000000166~

Rejected 997

ISA*00* *00*5264 *ZZ*100000 *ZZ*100008
*050923*1124*U*00401*000000165*1*T*~GS*FA*77046*100008*20031023*112400*1650001
*X*004010X097A1~ST*997*0001~AK1*BE*1999~AK2*837*000000945~AK5***R***7~AK9***R***1*1***0**~
SE*6*0001~GE*1*1650001~IEA*1*000000165~