HIPAA Transaction – Benefit Enrollment and Maintenance (834)

Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010

Companion Guide Version Number: 2.4 November 8, 2022

Preface

This guide serves as a Prevea360 Health Plan specific companion document to the *Benefit Enrollment and Maintenance (834)* implementation guide for batch transactions.

This document provides information related to specific requirements of the *Benefit Enrollment and Maintenance (834)* transactions, but does not change the definition, data condition, or use of a data element or segment in a standard, add data elements or segments to the maximum defined data set, use any code or data elements that are either marked "not used" in the standard's implementation specification or are not in the standard's implementation specification(s), or change the meaning or intent of the HIPAA standards implementation specification.

All instructions in this document were written using information known at the time of publication and are subject to change. We are not responsible for the software used by the submitter to complete these transactions.

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Transaction Instruction (TI)

1. TI Introduction

1.1. Background

1.1.1. Overview of HIPAA Legislation

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

1.1.2. 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).

1.1.3.   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.

1.2. 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 requirements 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 statements.

2. Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X220A1	Benefit Enrollment and Maintenance (834)

3. Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed. Note that only segments, data elements, and code values requiring our comment are included in the table. Refer to ASC X12 TR 3 for Benefit Enrollment and Maintenance (834) for full transaction structure.

Legend
SHADED rows represent "segments" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide.

Loop ID	Reference	Name	Codes	Notes/Comments
	BGN	Beginning Segment		
	BGN08	Action Code	2, 4	We only accept Action Codes 2 or 4
	REF	Transaction Set Policy Number		We require this segment.
	REF01	Reference Identification Qualifier	38	Master Policy Number
	REF02	Reference Identification		Must be the Employer Group Number we provided in the Account Structure.
	QTY	Transaction Set Control Totals		We currently do not use this segment.
1000A	N1	Sponsor Name		
	N101	Entity Identifier Code	P5	Plan Sponsor
	N102	Plan Sponsor Name		Employer Group Name that correlates to the Employer Group Number sent in Header REF02. Must be mutually agreed upon.
	N103	Identification Code Qualifier	FI	FI is preferred.
	N104	Identification Code		Federal Taxpayer's Identification Number is preferred.
1000B	N1	Payer		
1000B	N101	Insurer	IN	Insurer
1000B	N102	Insurer Name		PREVEA360 HEALTH PLAN
1000B	N103	Identification Code Qualifier	94	
1000B	N104	Identification Code	39113	Our Payor ID
1000C		TPA/Broker Name		This Loop is required if a TPA or a Broker is involved in enrollment creation and/or submission.
1000C	N101	Entity Identifier Code	BO, TV	Broker or Sales Office, Third Party Administrator (TPA)
1000C	N102	Name		TPA or Broker's name
1000C	N103	Identification Code Qualifier	FI	We accept only FI
1000C	N104	Identification Code		TPA's Federal Taxpayer's Identification Number
2000	INS	Member Level Detail		

Loop ID	Reference	Name	Codes	Notes/Comments
	INS03	Maintenance Type Code	001, 021, 024, 025, 030	030 – Audit or Compare, must only be used when BGN08 is equal to 4 (Verify). Other values must be used when BGN08 is equal to 2 (Change).
2000	REF	Member Policy Number		
2000	REF01	Reference Identification Qualifier	1L	Group or Policy Number
2000	REF02	Reference Identification		Use the Division (or Segment) ID in the Account Structure we provided.
	REF	Member Supplemental Identifier		Please inform us if you plan to send this segment.
2000	DTP	Member Level Dates		
2000	DTP01	Date/Time Qualifier	336	We require an Employment Begin date for the subscriber.
2100A	NM1	Member Name		
2100A	NM108	Reference Identification Qualifier	34	We require a valid Social Security Number for both subscribers and dependents. The exception to this is newborns. SSNs for newborns must be updated once it is known.
2100A	N4	Member city, State, Zip Code		
2100A	N405	Location Qualifier	CY	County

We do not require a Location Qualifier. If it is provided, it must be CY for county. |
2100A	N406	Location Identifier		We do not require a Location Identifier. If sent, it must be a County Identifier (CY) and a FIPS county code Location Identifier.
2100A	ICM	Member Income		We currently do not use this segment is currently.
2100A	AMT	Member Policy Amounts		We currently do not use this segment is currently.
2100B		Incorrect Member Name		This should not be sent for new enrollees/members. If you plan to send this loop, please discuss with the EDI team since this loop is not fully supported for all Trading Partners and Groups.
2100C		Member Mailing Address		Only provide this loop when there is a Mailing Address that is different than

Loop ID	Reference	Name	Codes	Notes/Comments
				the address provided in the Member Name 2100A Loop.
2100D		Member Employer		We do not use this loop. Please inform us if you are planning to send.
2100E		Member School		We do not use this loop. Please inform us if you are planning to send.
2100H		Drop Off Location		We do not use this loop. Please inform us if you are planning to send.
2200		Disability Information		We do not use this loop. Please inform us if you are planning to send.
2300	HD	Health Coverage		
2300	HD01	Maintenance Type Code		030 – Audit or Compare, must only be used when BGN08 is equal to 4 (Verify). Other valid values must be used when BGN08 is equal to 2 (Change).
2300	HD03	Insurance Line Code		HLT
2300	DTP	Health Coverage Dates		
2300	DTP01	Date/Time Qualifier	303 348 349	We support 303 (Maintenance Effective) for changes unrelated to health coverage and 348 (Benefit Begin) and 349 (Benefit End) for coverage changes. We do not term by omission. A termination date must be sent using the 349 qualifier.
2300	AMT	Health Coverage Policy		We do not use this segment. Please inform us if you are planning to send.
2300	REF	Health Coverage Policy Number		We do not use this segment. Please inform us if you are planning to send.
2300	REF	Prior Coverage Months		We do not use this segment. Please inform us if you are planning to send.
2300	IDC	Identification Card		This segment is not fully supported for all Trading Partners and Groups. Please inform us if you are planning to send
2310		Provider Information		We do not use this loop. Please inform us if you are planning to send.
2320		Coordination of Benefits		We do not use this loop. Please inform us if you are planning to send.
2700		Member Reporting Categories		Additional Reporting Categories are not used. Please inform us if you are planning to send.

4. TI Additional Information

4.1. File Naming Convention

Test and Production 834 Files must be submitted with the following naming convention:
<GROUP NAME>_<X12 FILE TYPE>_<ENVIRONMENT>_<DATE>_<TIME>.<extension>

834 File Naming Convention Fields in the above structure:
- <GROUP NAME> Trading Partner Name-Group Name
  - If Trading Partner is a TPA = TPA Name-Group Name
  - If Group is submitting files directly and not through a TPA = Group Name
- <X12 FILE TYPE> 834
- <ENVIRONMENT> Production = "P" or Test = "T"
- <DATE> CCYYMMDD format
- <TIME> HHMMSS format
- <extension> .dat.pgp

The unencrypted file name that is being PGP encrypted must match the final PGP encrypted file name. This supports our file balancing that occurs after files have been decrypted which ensures all 834 files are successfully processed.

Original Unencrypted File Name Example:
TPA-XYZ_834_T_20140828_111111.dat

Final Encrypted File Name Example:
TPA-XYZ_834_T_20140828_111111.dat.pgp

4.2. Payer Specific Business Rules and Limitations

4.2.1. Divisions not included

It is recommended that the full population is submitted in the 834 file (including retirees and COBRA divisions). Once a group goes live with an 834 file our Connect portal can no longer be used for any enrollment changes, including those for members in divisions not included in the 834 file, and paper applications will need to be used.

4.2.2. Files will be processed in the order received

- 834 Transactions must be submitted in the proper order to ensure correct processing. For example, an add transactions must be submitted on a file and processed prior to a termination transaction being submitted for a given member.

- Typically multiple transactions for the same person should not be included on the same file. If your system commonly generates multiple transactions for the same member within the same file, please contact the EDI team for additional details on the "request submit timestamp" functionality within the 2700 Additional Reporting Category Loop.

4.2.3. Business Rules for Terminations and Cancelations

- We WILL NOT process termination records by omission or dropped records; a maintenance reason code and a termination/coverage end date must be sent on the 834 file for each terminated record.
- When sending a Full File, continue to send terminations until the termination date has passed.
- To send a cancel or void transaction for a member that was sent in error and should be removed from our system, send the member with a Loop 2300 DTP segment where the Benefit Begin and Benefit End dates are equal.

4.2.4. 834 File Specific Rules

- We must receive a full eligibility file prior to production go live. This file will be used as an audit file to make sure the records for both parties are in sync prior to moving to production.
- While we can accept both full enrollment files and change only files, we prefer to receive change only/event only files on an ongoing basis for groups with greater than 500 members. Below are the different options for submitting 834 Benefit Maintenance Transactions. Limitations do apply.
- Regardless of sending a full file or a change only file, the trading partners must send a new or updated Health Coverage effective date (Loop 2300, Health Coverage Dates, DTP01 = 348) in the below situations:
  - o Initial Member Enrollment: Member enrolls for coverage effective on 1/1/2017. Member's Health Coverage effective date will be 1/1/2017 on the 834 file.
  - o Gap in Coverage: Member initially enrolled effective 1/1/2010. Member termed 12/31/2015 and a termination was provided at that time. The Member comes back effective

1/1/2017 the Member's effective date will be 1/1/2017 on the 834 file.

- o Division/Plan Coverage Change: Member initially enrolled effective 1/1/2010. Member changes to a retiree coverage effective 1/1/2017. Member's effective date for the new coverage will be 1/1/2017 on the 834 file. The group/policy number will reflect the new division.
- Identified demographic changes will use the Maintenance Effective date if present (Loop 2300, Health Coverage Dates, DTP01 = 303). If this date is not present then demographic changes will be made effective with the file's process date.

4.2.5. Change Only File Submission Information

- This method is required to be used when the enrolled number of members is greater than 500.
- A Change Only file is defined as BGN08 = 2 and Member Level Detail Loop 2000 INS01 <> 030
- Loop 2300, Health Coverage Dates, DTP01 = 348 should be submitted as follows:
  - o Dates align with the coverage year being reported or updated; or
  - o Dates always contain the Member's Original Coverage Effective date. These Original Coverage Effective dates do not change annually.
- When submitting change only files, Quarterly Audit files may or may not be submitted, but we highly recommend audit files to ensure enrollment data is in sync (Full File defined as BGN08 = 4, and Member Level Detail Loop 2000 INS03 = 030 and Health Coverage Loop 2300 HD01 = 030). See the Functional Grouping and Transaction Set File Structure Options section for full file limitations.
- Annual Open Enrollment Files may or may not be submitted.
- Files received with no member level detail information (Loop 2000) will be rejected.

4.2.6. Full File Submission Information

- If the number of enrolled members is greater than 500, this file submission method is NOT allowed and Change Only file

submission will need to be utilized. This excludes the initial full eligibility file for production go-live and quarterly audit files.
- See the Functional Grouping and Transaction Set File Structure Options section for when a full file will contain more than 8,000 members.
- A full file is defined as BGN08 = 4 and Member Level Detail Loop 2000 INS01 = 03
- For a full file, Loop 2300 Health Coverage Dates, DTP01 = 348 should be submitted as follows:
  - Dates always contain the Member's Original Coverage Effective date. These Original Coverage Effective dates do not change annually; OR
  - Dates always align with the coverage year being reported or updated. Once coverage for an upcoming/new coverage year has been submitted to us, any changes to the current coverage year must be handled with one of the following options:
    - Integrate prior coverage year transactions containing previous coverage dates with the current coverage year full file. Note that one transaction per member per file is allowed.
    - Send the prior coverage year transactions containing the previous coverage dates in a separate change file.
    - Manual Reporting/Processing. Identified updates must be sent for manual processing. Please discuss this option with the EDI team.

## 4.2.7. Functional Grouping and Transaction Set File Structure Options

We are able to process different variations of transaction sets. Option 1 is the most commonly received structure and is acceptable for files with up to 8000 members.

Option 1 (All INS in one ST/SE)
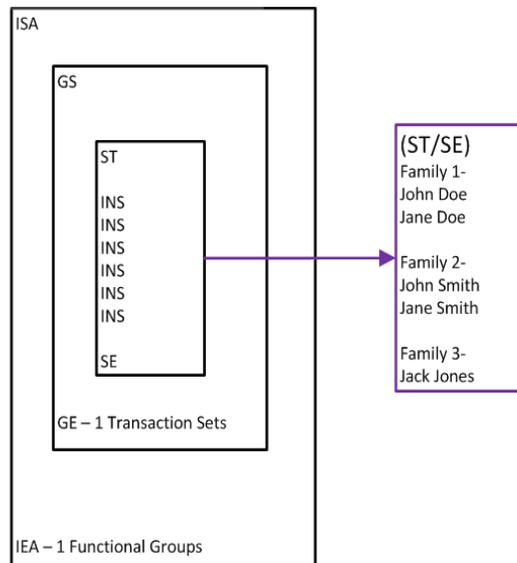
Due to system limitations, we are unable to process files with greater than 8000 members using Option 1. Option 2 is recommended for Trading Partners to submit all members of the same family within one ST/SE grouping. This allows for quicker data analysis and troubleshooting if errors are encountered in processing. Options 3 or 4 are also acceptable for groups with 8000 or more members.

Option 2 (One Family per ST/SE)
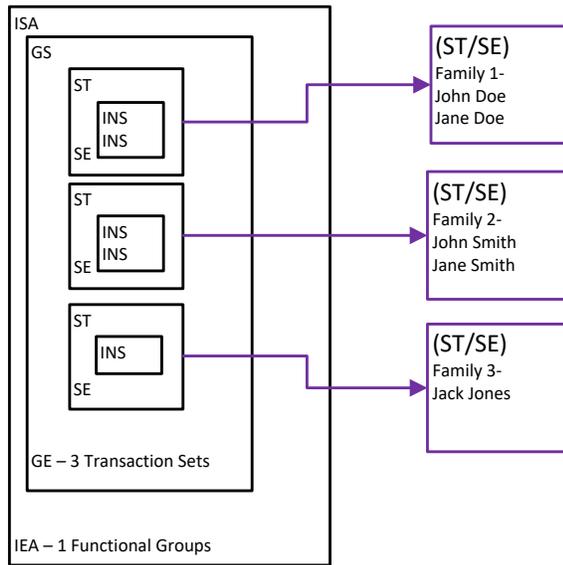
Option 3 (Multiple Families within one ST/SE)
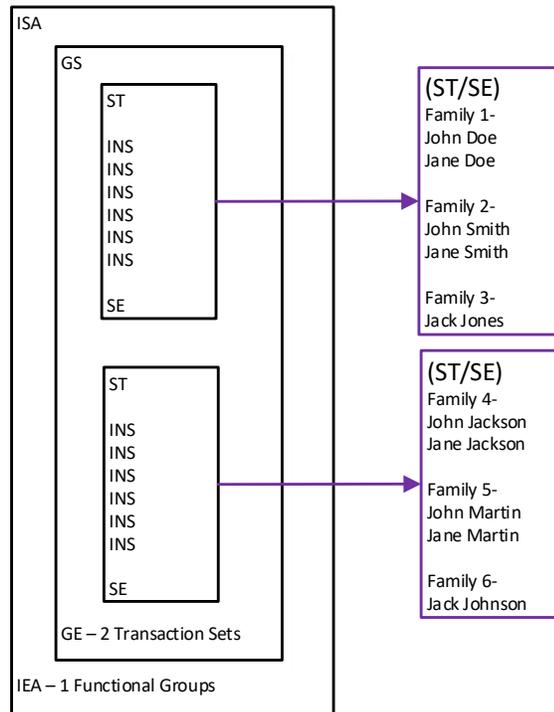
Option 4 (Multiple Functional Groups)
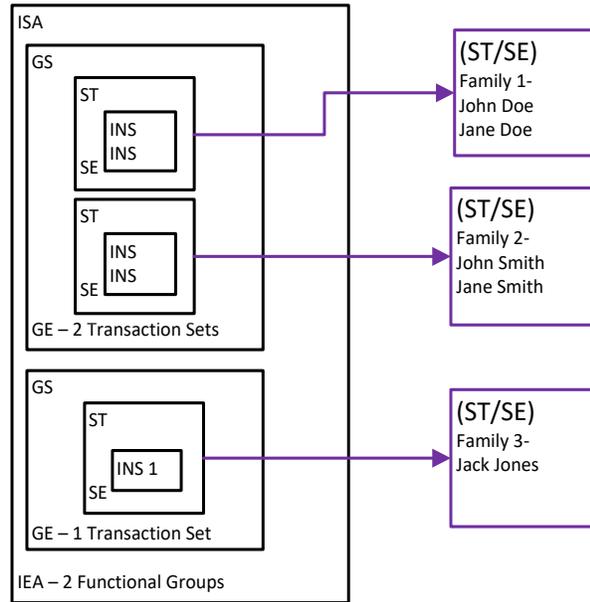
4.2.8.   834 Transaction Scenarios

4.2.8.1.   Adding a Subscriber Scenario

John Doe is enrolling into the plan as a new-hire. His coverage is effective 4/1/19. His employment begin date is 4/1/19.

```
ST*834*0001*005010X220A1~
BGN*00*0001*20190306*0601****2~
REF*38*3151~
N1*P5*ABC GROUP*FI*399999999~
N1*IN*PREVEA360 HEALTH PLAN*94*39113~
INS*Y*18*021*28*A***FT~
REF*0F*147671261~
REF*1L*31510~
DTP*336*D8*20190401~
NM1*IL*1*Doe*John*R***34*147671261~
PER*IP*WP*6087719999*EM*hello@gmail.com~
N3*101 WEST SIDE*APT 208~
N4*VERONA*WI*53593~
DMG*D8*19870527*M*I~
HD*021**HLT**EMP~
DTP*348*D8*20190401~
SE*17*0001~
```

4.2.8.2.   Subscriber Change Scenario

Changes include transactions such as address, name, phone number and divisions/plan/coverage changes. The example below shows an address change.

John Doe changed his address effective 5/1/19.

```
ST*834*0001*005010X220A1~
BGN*00*0001*20190406*0601****2~
REF*38*3151~
N1*P5*ABC GROUP*FI*399999999~
N1*IN*PREVEA360 HEALTH PLAN*94*39113~
INS*Y*18*001**A***FT~
REF*0F*347228123~
REF*1L*31510~
DTP*336*D8*20190401~
NM1*IL*1*Doe*John*R***34*147671261~
PER*IP*WP*6087719999*EM*hello@gmail.com~
N3*10 OAK ST~
N4*MADISON*WI*53711~
DMG*D8*19870527*M*I~
HD*001**HLT**EMP~
DTP*348*D8*20190401~
DTP*303*D8*20190501~
SE*17*0001~
```

4.2.8.3.   Dependent Add Scenario example

John Doe wishes to add his spouse Jane Doe to his plan effective 8/1/19. Subscriber information must always be included with dependent transactions.

```
ST*834*0001*005010X220A1~
BGN*00*0001*20190706*0601****2~
REF*38*3151~
N1*P5*ABC GROUP*FI*399999999~
N1*IN*PREVEA360 HEALTH PLAN*94*39113~
INS*Y*18*001**A***FT~
REF*0F*147671261~
REF*1L*31510~
DTP*336*D8*20190401~
NM1*IL*1*Doe*John*R***34*147671261~
PER*IP*WP*6087719999*EM*hello@gmail.com~
N3*10 OAK ST~
N4*MADISON*WI*53711~
DMG*D8*19870527*M*I~
HD*001**HLT**FAM~
DTP*348*D8*20190401~
DTP*303*D8*20190801~
INS*N*01*021**A~
REF*0F*147671261~
```

```
REF*1L*31510~
NM1*IL*1*Doe*Jane*K***34*314778999~
N3*10 OAK ST~
N4*MADISON*WI*53711~
DMG*D8*19871110*F~
HD*021**HLT~
DTP*348*D8*20190801~
SE*28*0001~
```

4.2.8.4.   Terminating a Subscriber Scenario

John Doe's coverage is terminating on 9/30/19. You can submit termination transactions for all family members. Note though that a subscriber term will term the entire family.

When terminating only a dependent, ensure that a change transaction for the subscriber is also submitted.

```
ST*834*0001*005010X220A1~
BGN*00*0001*20190906*0601****2~
REF*38*3151~
N1*P5*ABC GROUP*FI*399999999~
N1*IN*PREVEA360 HEALTH PLAN*94*39113~
INS*Y*18*024*07*A***FT~
REF*0F*347228123~
REF*1L*31510~
DTP*336*D8*20190401~
NM1*IL*1*Doe*John*R***34*147671261~
PER*IP*WP*6087719999*EM*hello@gmail.com~
N3*10 OAK ST~
N4*MADISON*WI*53711~
DMG*D8*19870527*M*I~
HD*024**HLT**EMP~
DTP*348*D8*20190401~
DTP*349*D8*20190930~
SE*18*0001~
```

4.2.9.   Open Enrollment File Submission Options

4.2.9.1.   Dual Plan Year File Submission

File will have dual plan years within the same file.

Note: If a dual plan year file is submitted, effective dates should not be updated unless there are changes.

4.2.9.2. Current Plan Year Change File after Open Enrollment File Submission

A change file is submitted after the open enrollment file is submitted and processed. Current year changes will be applied to the records identified within the change file.

4.2.9.3. Current Plan Year Manual Updates after Open Enrollment File Submission

Once the Open Enrollment file is submitted and processed, any updates after this file will require a manual update.

4.3. Scheduled Maintenance

Our scheduled maintenance schedule is posted on https://www.prevea360.com/About-Prevea360-Health-Plan/Quality/HIPAA-Transactions.aspx.

4.4. Other Resources

- CAQH CORE - https://www.caqh.org.
- Washington Publishing Company - http://wpc-edi.com.
- WEDI (Workgroup for Electronic Data Interchange) - https://www.wedi.org.

Trading Partner Information (TP)

5. TP Introduction

5.1. Purpose

The purpose of this section is to provide information to trading partners to give them the information they need to exchange EDI data with us. This section and those that follow includes information about registration, testing, support, and specific information about enveloping and control record setup.

6. Getting Started

6.1. Working Together

See section 9.1 for communication methods for interacting with the EDI Team.

6.2. Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits electronic data to or receives electronic data from another entity.

Trading partners interested in submitting 834 files to us must complete an EDI set up form. This form can be found on https://www.prevea360.com/ under HIPAA Transactions or can be obtained by emailing or calling the EDI team.

7. Testing and Approval Requirements

7.1. Test file submission

- The EDI team requires a minimum of two test cycles and test files.
- The first test file must be a full population file. This means it must contain all subscribers and dependents currently enrolled in the group for which the test file is being submitted. It is recommend to include a terminated subscriber in this file to accommodate the "Rehire with a gap in their coverage" test scenario in subsequent testing. See section 4.1.3 for additional information for Gap in Coverage.
- The second test file must accommodate the following test scenarios. If you are unable to provide all scenarios, please inform us.

- o New employer/subscriber add with family
- o New dependent add
- o Change of demographic elements for an existing subscriber
- o Change of demographic elements for an existing dependent
- o Termination of an existing subscriber and family
- o Termination of an existing dependent
- o Change of an existing subscriber's policy number (2000 loop REF 1L)
- o Rehire with a gap in their coverage
- o Void (Termination – never in effect)

7.2. Test File Validation

We will review and test all trading partner files with Optum Transaction Testing Service to perform SNIP level validations to ensure that transactions are valid using the following testing categories.

- Integrity Testing
- Requirement Testing
- Balancing Testing
- Situation Testing
- Code Set Testing
- Product Types/Types of Service Testing

The EDI team will work directly with trading partner to eliminate all identified validity and scenario errors.

7.3. Approval for Submission

Upon successful test results, Trading Partners will be notified of approval and a mutually agreed upon production go-live date will be established. Production credentials will also be sent at this time.

8. Connectivity / Communications

FTP client software should be used to connect to our FTP server. Entering our FTP Address in the Address Bar of an internet browser will not allow you to access our FTP server.

8.1. Process flows
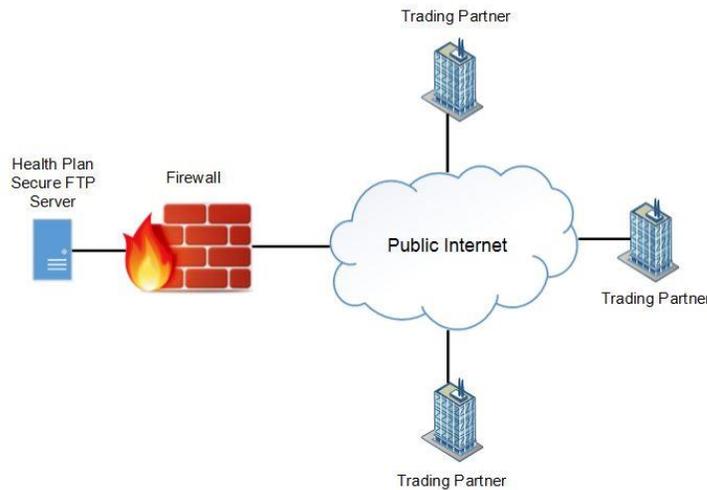
We use an FTP server to exchange transactions with trading partners. Trading partners will be set up on the FTP server upon their request.

Environment	FTP Address
PROD	ftp.deanhealthplan.com
TEST	ftptest.deanhealthplan.com

8.2. Communication Protocols

You can connect with us through the following method: SFTP/SSH

- Set up your connection using the FTP address, Username, and Password listed above.
- For the type of connection, select SFTP/SSH.
- The first time that you connect, you will need to Trust the SSH Server Key.
- If you have a Network Firewall at your location that is blocking your ability to connect, your Network Administrator will need to open up the following:
    - o Port 22 to IP address ftp.deanhealthplan.com and ftptest.deanhealthplan.com.

8.3. Security Protocols

8.3.1. PGP encrypted files

We require 834 files delivered to us to be encrypted with <u>only</u> our Public PGP key.

8.3.2. Confidentiality Protections Policy

We require PGP encryption, in addition to transmission via the SSH security protocol, to achieve a defense-in-depth/layered security posture for the protection of member/customer confidentiality. SFTP (SSH file transfer protocol) provides protection of the data in transit from the provider/clearinghouse to us, whereas PGP encryption provides protection of the at-rest data file. The combined use of these technologies raises the bar higher for a would-be attacker: the attacker must compromise both the data transmission and the at-rest encryption to have access to confidential data. With threats to security measures always increasing, we will periodically re-evaluate and revise our defense-in-depth posture to maximize confidentiality protections.

8.4. Re-transmission Procedures

If the submitted 834 is rejected due to a compliance related error, the error will be indicated in the X12 Acknowledgment. See section 10 regarding these acknowledgements. In this circumstance, the error(s) must be corrected and the file resubmitted for processing.

8.5. Folder Structure

The following folder structure will be created for each 834 trading partner/group on both the Test FTP and the Production FTP:
- ediuser_groupname/834 – Drop production files to this location on the Production FTP
- ediuser_groupname/999 – 999 and TA1 acknowledgements are placed here on the Production FTP.
- ediuser_groupname/Test – Use this folder only for test 834 submissions.

9. Contact information

9.1. EDI Technical Assistance

For questions regarding EDI transactions, you may contact the EDI team at:
Phone: (608) 827-4320

Toll-free Phone: (800) 356-7344 Ext.: 4320
Email: edi@prevea360.com

9.2. Customer Service

For non-EDI related questions, please contact:
Customer Service
Phone: (608) 828-1301
Toll-free Phone: (800) 279-1301

9.3. Applicable websites / e-mail

https://www.prevea360.com/About-Prevea360-Health-Plan/Quality/HIPAA-Transactions.aspx

10. Control Segments / Envelopes

The tables below contain one or more rows for each segment for which a supplemental instruction is needed. Note that only segments, data elements, and code values requiring our comment are included in the table. Refer to ASC X12 TR 3 guidelines for full control segment and enveloping structure.

10.1. ISA-IEA

- We may reject an interchange (transmission) that is submitted with a submitter identification number that is not authorized for electronic data submission.
- We may reject any files that are found to be a duplication of a previous submission.

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	Only 00 is accepted
	ISA02	Authorization Information		Always blanks
	ISA03	Security Information Qualifier	00	Only 00 is accepted
	ISA04	Security Information		Always send blanks
	ISA05	Sender Qualifier	ZZ	Only ZZ is acceptable

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA06	Sender Identifier		Employer Group's Federal Taxpayer's Identification Number is preferred
	ISA07	Interchange ID Qualifier	ZZ	Only ZZ is acceptable
	ISA08	Interchange Receiver ID	39113	Our Payor ID
	ISA11	Repetition Separator	^	Preferred value
	ISA12	Interchange Control Version Number	00501	
	ISA14	Acknowledgement Required	1 = Acknowledgement Requested	We will always produce a TA1 acknowledgement for all submitted 834 files regardless of this setting.
	ISA15	Usage Indicator	P = Production Data T = Test Data	T <u>must</u> be used for Test Files
	ISA16	Component Element Separator	:	Preferred value
	IEA	Interchange Control Header		
	IEA01	Number of included functional groups		
	IEA02	Interchange Control Number		The unique interchange control number assigned to this file. It must be identical to ISA13 and unique across all 834 files submitted.

10.2. GS-GE

We typically receives only one Functional Group per submitted 834 file. If multiple will be submitted in an 834 please inform the EDI team as to why this is necessary to ensure proper processing.

Loop ID	Reference	Name	Codes	Notes/Comments
	GS	Functional Group Header		
	GS02	Application's Sender's Code		Must match was is being submitted in ISA06
	GS03	Application Receiver's Code	39113	Must match was is being submitted in ISA08

11. Acknowledgements and Reports

11.1. ASC X12 Acknowledgments

We will produce a Response Acknowledgement TA1 and Implementation Acknowledgement 999 for every 834 file received. Both of these are placed within the sponsor/trading partners /999 FTP folder for transaction acceptance review.

- The TA1 Response Acknowledgement will indicate that the file was successfully received as well as indicate what errors existed within the envelope segments of the received X12 file. Note that if the 834 file cannot be parsed due to enveloping errors, a TA1 response cannot be produced. Trading Partners should review their TA1s to ensure each submitted 834 file was processed as expected.

Loop ID	Reference	Name	Codes	Notes/Comments
	TA1	Interchange Acknowledgment		
	TA101	Interchange Control Number		This is the value in ISA13 from the interchange to which this TA1 is responding
	TA104	Interchange Acknowledgment Code	A, R	A = accepted R = rejected
	TA105	Interchange Note Code		000 = No error. See Washington Publishing Company Implementation Guide 005010X231 for all other applicable codes.

- The 999 Implementation Acknowledgement will indicate whether the transaction set was accepted, rejected or accepted with errors. HIPAA 5010 compliance errors through Level 2 will result in a rejection. In the case of rejection or errors, the 999 will report what syntax errors were encountered. If errors are identified in the 999, the 834 file must be corrected and resubmitted in its entirety.

Loop ID	Reference	Name	Codes	Notes/Comments
2100	IK3	Error Identification		Reports implementation errors in a data segment and identify the location of the data segment
2000	IK5	Transaction Set Response Trailer		
2000	IK501	Transaction Set Acknowledgment Code	A, R	A = accepted R = rejected

Loop ID	Reference	Name	Codes	Notes/Comments
2000	IK502	Transaction Set Syntax Error Code		See Washington Publishing Company Implementation Guide 005010X231 for all applicable codes.
	AK9	Functional Group Response Trailer		
	AK901	Functional Group Acknowledge Code	A, R	A = accepted R = rejected

- Refer to the correlating X12 Implementation Guides, from Washington Publishing Company, for detailed information regarding TA1s and 999s.

11.2. Additional Reporting

- We do not produce error or processing reports.
- If there are questions regarding file processing please refer to TA1 and 999 X12 Acknowledgements produced and placed by us within your FTP folder. The EDI team does not monitor 999 X12 Acknowledgements for Rejections.
- Following review of these acknowledgements, if you still have questions, please contact the EDI team. See section 10 for contact information.
- The EDI team will not respond to file processing confirmation inquiries.
- If there are issues or questions on enrollment information submitted, the Enrollment team member assigned to the group will reach out to the Employer Group.

12. Additional Trading Partner Information

12.1. Implementation Checklist

- EDI Setup form has been filled out and submitted to us.
- Direct connection established with us.
- Testing has passed.
- Production submission approved.

12.2. Trading Partner Agreement

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

A signed trading partner agreement is not required by us.
If a trading partner wants to enter an agreement we do have a Business Associate Agreement (BAA) available instead.

12.3. Other Resources

- CAQH CORE - https://www.caqh.org.
- Washington Publishing Company - http://wpc-edi.com.
- WEDI (Workgroup for Electronic Data Interchange) - https://www.wedi.org.

13. Change Summary

Version	Date	Section(s) changed	Change Summary
2.0	6/9/2017		Complete revision of document to follow standard template.
2.1	9/24/2018	3, 4.1.4, 6.1, 7.1, 8.2, 9.1, 10, 12.1, 12.2	
2.2	9/16/2019		Updated Prevea360 Health Plan branding
2.3	9/14/2020	8.3.1	Updated to indicate with only our Public PGP key
2.4	11/7/2022	4.2.9	Added Open Enrollment file submission options