



APEX
Benefits Services

HIPAA Transaction
Standard Companion Guide
834 Eligibility Enrollment and Maintenance

**Refers to the Implementation Guides
Based on X12 version 005010 Errata
Companion Guide Version Number: 2.1
June 21, 2011**

Disclaimer Statement

The Health Insurance Portability and Accountability Act (HIPAA), sections 160 and 162, requires that health care providers, health plans, and health care clearing houses comply with the EDI standards for health care. The HIPAA implementation specifications for ASC X12N standards may be obtained through the Washington Publishing Company on the Internet at <http://www.wpc-edi.com>. The complete Implementation Guide is a combination of both the version 5010 and the 5010 errata as adopted for use under the HIPAA regulation. The combined version is referred in this document as the X12N 5010X0220A1.

The purpose of this companion guide is solely to supplement the HIPAA ASC X12N standards, to provide clarification to the ASC X12N standards, and should not be interpreted as a contract, amendment to a contract or an addendum to a contract. In any instance where this companion guide differs from the HIPAA ASC X12N Implementation Guides, the HIPAA ASC X12N standards shall govern.

Substantial effort has been taken to minimize errors; however, Apex Benefits Services, its agents, employees, directors and shareholders shall not be liable or responsible for any errors, omissions or expenses resulting from the use of the information in this document.

Preface

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to Apex Benefit Services. Transmissions based on this companion document, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

The HIPAA ASC X12N Implementation Guides are available for free download at the Washington Publishing Corporation website, <http://www.wpc-edi.com>. The complete Implementation Guide is a combination of both the version 4010 and the 4010 addenda as adopted for use under the HIPAA regulation. The combined version is noted here as the X12N 4010A1.

Table of Contents

1	INTRODUCTION	4
	1.1 Overview	4
	1.2 EDI Registration	4
	1.3 Testing Prior to Production	4
2	GROUP ENROLLMENT	5
	2.1.1 New Group	5
	2.1.2 Existing Group	5
3	SUBSCRIBER/MEMBER ENROLLMENT	5
	3.1 Relationship Coding	5
	3.2 Effective Dates of Enrollment	5
	3.3 Membership Actions	5
4	PLAN ENROLLMENT	5
5	MEMBER IDENTIFICATION NUMBER	6
6	CHOOSING A PCP	6
7	HIPAA COMPLIANCE CHECKING AND BUSINESS EDITS	6
8	DATA RETENTION	6
9	TIME FRAMES FOR PROCESSING	6
10	BATCH VOLUME	6
11	834 DATA ELEMENT TABLE	7
	11.1 834 Eligibility Enrollment – Header	7
	11.2 834 Eligibility Enrollment – Detail	8
12	FREQUENTLY ASKED QUESTIONS	ERROR! BOOKMARK NOT DEFINED.

1 Introduction

1.1 Overview

This Companion Guide identifies unique information processing or adjudication needs specific to Apex Benefits Services in its implementation of the Benefit Enrollment and Maintenance (834) transaction ANSI ASC X12N 834. Throughout this document, “Apex” represents Apex Benefits Services. This companion guide contains three categories of information:

- General information applicable to the processing of enrollment and business edits performed by Apex.
- The transaction table outlining specific requirements for data format or content within the transaction, or describing Apex handling of specific data types.
- Additional information containing a sample scenario and frequently asked questions (FAQ).

While Apex accepts all ASCX12 compliant transactions, the HIPAA Implementation Guides allow for some discretion in applying the regulations to existing business practices. Understanding Apex business practices may expedite processing for trading partners as they exchange EDI transactions with Apex.

1.2 EDI Registration

All Trading Partners must complete the EDI registration process before sending any transactions to Apex. This process is detailed separately in the Communication Companion Guide and on the Apex Website.

Prior to submitting transactions electronically, all sponsors must complete an EDI Registration Form. A Trading Partner Agreement may also be required.

Furthermore, all sponsors are required to file a change in registration with Apex when the following occurs:

- Changes in Clearinghouse, Billing Service, Software Vendor or any Vendor handling the Sponsor’s electronic data information
- Change in mailing address
- Change or addition of your Tax Identification Number (TIN)
- Change in Sponsor name or Clearinghouse name

1.3 Testing Prior to Production

All Trading Partners must complete transaction testing prior to submission of transactions in production. This process is detailed separately in the Communication Companion Guide and on the Apex Website.

Prior to submitting production enrollment information electronically, all sponsors or their designated vendor must complete successful transaction testing. Sponsors must maintain a successful level of transaction submission to remain in production.

2 Group Enrollment

2.1.1 New Group

- The full load received will be entered as “Adds”. Providing hire dates is vital in determining accurate effective dates for all employees.

2.1.2 Existing Group

- New employees should be coded as “Adds”, whether they come on a changes only file or a full audit file.

3 Subscriber/Member Enrollment

3.1 Relationship Coding

The relationship codes acceptable for enrollment are:

- Employee,
- Spouse,
- Life Partner,
- Dependent,
- Full Time Student and
- Incapacitated Dependent.

If the employee has custody of another child such as niece, nephew or an adopted child, they will be added as a dependent. Apex reserves the right to request supporting documentation on these dependents as well as Incapacitated Dependents when appropriate. Life Partner can be used for plans that cover that benefit.

3.2 Effective Dates of Enrollment

- Current – First of month following the file submission.
- Retroactive enrollment- the retroactive limit for Adds, Changes or Terminations is 60 days from the date of the file.
- Future- the limit for future effective dates is 60 days from the date of the file.

3.3 Membership Actions

- **Adds** – New employees or dependents.
- **Changes** – Status changes for existing members in the areas of Address, COB, or PCP.
- **Termination** – Canceling coverage for existing members. Terminating a contract holder will terminate all the dependents for that contract.
- **Reinstatements** – Adding a previously terminated employee with **no** break in coverage.
- **Rehire** – Adding a previously terminated employee when there is a break in coverage (e.g. seasonal workers).
- **Deletions** – Any data submitted as a deletion will be entered as a termination. Apex does not delete membership records once they have been entered into our system.

4 Plan Enrollment

If your group has more than 1 plan with Apex, a subscriber may transfer from one plan to another plan during open enrollment by entering this as a change from one division number to the other.

5 Member Identification Number

5.1 Member Identifiers

New Members – Most submitters will not know the Apex member's number, thus it is imperative that a unique social security number or employee identification number, along with the members birth date and gender is submitted so that we may uniquely identify each member. When using this method of identification, gender and birth date corrections must be submitted on paper or called into the Eligibility Dept.

Changes, Terminations or Reinstatements – The contract number is already established. Each member has a unique identifier regardless of the dependent/subscriber relationship within Apex's system. Submitters can find this information on each member's ID Card. Care should be taken in transmitting the correct identification number, including alpha characters and numeric suffixes.

6 Choosing a PCP

For all non-PPO groups, each member must be assigned to a Primary Care Physician (PCP) to coordinate the healthcare for the member.

- **Adds** – A PCP is required on all non-PPO groups "New Enrollments." If one is not sent we will assign a PCP and a letter of explanation is then sent to the member. You must also submit if the member is an "established patient" or not since the PCP may choose to only accept established patients.
- **Changes** – A PCP change will only be accepted in the 834 if there is a code of "2" (Change) being sent in Loop 2310 PLA 01.
- **Full Load Files** – We will ignore a PCP that is being sent in the 834 if it differs from what we currently show in our system. This is because PCP changes are sent or called in to us directly by the members.

7 HIPAA Compliance Checking and Business Edits

All files will potentially be checked for HIPAA compliance via a 3rd party vendor. Please validate that the file being submitted is HIPAA compliant prior to submitting the file for testing.

8 Data Retention

All files will be archived for 7 years.

9 Time Frames for Processing

Incoming files are processed daily.

10 Batch Volume

There should be no more than 10,000 INS (Member) segments within a single transaction. You will need to use multiple Transaction Set Header/Trailer segments within a single interchange when there are more than 10,000 INS segments.

11 834 Data Element Table

This section contains clarifications for the data transmitted inside the various loops and segments associated with the ANSI 834 transaction. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),
- Parameters in the implementation guide that provide options.

Many of the data clarifications included in this companion guide represent business requirements, not standardization requirements. Inclusion of “Business required” clarifications will contribute to accurate, efficient transaction processing.

11.1 834 Eligibility Enrollment – Header

The 834 Header identifies the start of the specific transaction set, and the transaction’s business purpose. The transaction first identifies itself as a full file as opposed to a change or update file. Also, the transaction will identify the sponsor and the payer for which the enrollment is being processed.

Table 1 - Header

Envelope/Section Label	Element	Description	Value	Description/Comments
Transaction Set Header	ST01	Transaction Set Identifier Code	834	834
Transaction Set Header	ST02	Transaction Set Control Number	<i>Counter starting at "0001"</i>	Identifying Control Number that must be unique within the transaction set functional group
Beginning Segment	BGN05	Time Code	<i>ET - Eastern Time</i>	The time should be in eastern standard time unless you are in a different time zone.
Beginning Segment	BGN08	Action Code	2 4	2 - Change (Update) 4 - Verify (used for full file processing)
Transaction Set Policy Number	REF01	Reference Identification Qualifier	38	38 - Master Policy Number
Transaction Set Policy Number	REF02	Reference Identification	<i>(Group#)</i>	Master Policy Number – value of entire group for all members with in ST segment.
File Effective Date	DTP01	Date/Time Qualifier	007	The file effective date should be given 007 - Effective
File Effective Date	DTP02	Date Time Period Format Qualifier	D8	D8 - Date expressed in format CCYYMMDD
File Effective Date	DTP03	Date Time Period	<i>Format: CCYYMMDD</i>	Expression of a date
Sponsor Name	N101	Entity Identifier Code	P5	P5 - Plan Sponsor
Sponsor Name	N102	Name	<i>(Company's Name)</i>	Plan Sponsor Name
Sponsor Name	N103	Identification Code Qualifier	FI	FI - Federal Taxpayer's Identification Number
Sponsor Name	N104	Identification Code	<i>(Company's Federal Taxpayer's ID)</i>	Sponsor Identifier
LOOP ID - 1000B PAYER				
Payer	N101	Entity Identifier Code	IN	IN - Insurer
Payer	N103	Identification Code Qualifier	FI	FI - Federal Taxpayer's Identification Number
Payer	N104	Identification Code	341726655	Insurer Identification Code

11.2 834 Eligibility Enrollment – Detail

The detail section of the 834 will loop for each subscriber with the dependant immediately following.

Table 2 - Detail				
Envelope/Section Label	Element	Description	Value	Description/Comments
LOOP ID - 2000 MEMBER LEVEL DETAIL				
Member Level Detail	INS04	Maintenance Reason Code	(Reason Code)	A Maintenance Reason Code is required for proper reporting
Member Level Detail	INS06-01	Medicare Plan Code	A B C D E	A Medicare Plan code is required for proper reporting A - Medicare Part A B - Medicare Part B C - Medicare Part A and B D - Medicare - Part Unknown E - No Medicare
Member Level Detail	INS06- 02	Eligibility Reason Code	0 1 2	Required if the member has Medicare. 0 Age 1 Disability 2 End State Renal Disease (ESRD)
Member Level Detail	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	1 2 3 4 5 6 7 8 9 10 ZZ	1 - Termination of Employment 2 - Reduction of work hours 3 - Medicare 4 - Death 5 - Divorce 6 - Separation 7 - Ineligible Child 8 - Bankruptcy of a Retired Employee 9 - Layoff 10 - Leave of Absence ZZ - Mutually Defined
Member Level Detail	INS17	Number	Counter starting at "1"	Birth Sequence Number Required if reporting family members with the same birth date
Subscriber Number	REF01	Reference Identification Qualifier	OF	OF - Subscriber Number
Subscriber Number	REF02	Reference Identification	(Contract#, SSN or other)	Subscriber Number
Member Policy Number	REF01	Reference Identification Qualifier	1L	1L - Group or Policy Number
Member Policy Number	REF02	Reference Identification	(Division#)	Insured Group or Policy Number
Member Identification Number	REF01	Reference Identification Qualifier	23	23 - Client Number
Member Identification Number	REF02	Reference Identification	(Member#)	Subscriber Supplemental Identifier The trading partner will only know this information for changes, terms, or reinstatements
Member Level Dates	DTP01	Date/Time Qualifier	336	336 - Employment Begin
Member Level Dates	DTP02	Date Time Period Format Qualifier	D8	D8 - Date expressed in format CCYYMMDD
Member Level Dates	DTP03	Date Time Period	(Hire Date)	Required when enrolling a new member
LOOP ID - 2100A MEMBER NAME				
Member Communication Numbers	PER01	Contact Function Code	IP	IP - Insured Party
Member Communication Numbers	PER03	Communications Number Qualifier	HP	HP - Home Phone Number

Table 2 - Detail

Envelope/Section Label	Element	Description	Value	Description/Comments
Member Communication Numbers	PER04	Communications Number	<i>Home phone number if available</i>	Complete Communications number including country or area code when applicable
Member Communication Numbers	PER05	Communications Number Qualifier	<i>WP</i>	WP - Work Phone Number
Member Communication Numbers	PER06	Communications Number	<i>Work phone number if available</i>	Complete Communications number including country or area code when applicable
Member Residence Street Address	N301	Address Information	<i>Address including Apt/Suite/PO box numbers</i>	Subscriber Address Line
Member Residence City, State, Zip Code	N401	City Name	<i>Free form text for City Name</i>	Subscriber City Name
Member Residence City, State, Zip Code	N402	State or Providence	<i>Valid Code from Code Source 22: States and Outlying Areas of the U.S.</i>	Subscriber Sate Code
Member Residence City, State, Zip Code	N403	Postal Code	<i>Valid Code from Code Source 51: Zip Code</i>	Subscriber Postal Zone or Zip Code
Member Residence City, State, Zip Code	N404	Country Code	<i>Valid code from Code Source 5: Countries, Currencies and Funds</i>	Required only if country is not USA
Member Demographics	DMG01	Date Time Period Format Qualifier	<i>D8</i>	D8 - Date expressed in format CCYYMMDD
Member Demographics	DMG02	Date Time Period	<i>(Member Birth Date)</i>	Required to Identify the member if the member number is not sent.
Member Demographics	DMG03	Gender Code	<i>(Member Gender)</i>	
Member Language	LUI01	Identification Code Qualifier	<i>LD</i>	LD - NISO Z39.53 Language Codes
Member Language	LUI02	Identification Code	<i>Apex accepts all valid NISO Z39.53 Language Codes</i>	Language Code
LOOP ID - 2100D MEMBER EMPLOYER				
Member Employer	NM101	Entity Identifier Code	<i>36</i>	36 - Employer
Member Employer	NM103	Name Last or Organization Name	<i>(Other employer name)</i>	Insured Employer Name
Member Employer Communications Numbers	PER01	Contact Function Code	<i>EP</i>	EP - Employer Contact
Member Employer Communications Numbers	PER03	Communications Number Qualifier	<i>TE</i>	TE - Telephone
Member Employer Communications Numbers	PER04	Communications Number	<i>Phone number if available</i>	Complete Communications number including country or area code when applicable
LOOP ID - 2300 HEALTH COVERAGE				
Health Coverage	HD03	Insurance Line Code	<i>DEN HMO POS PPO</i>	Apex uses these four codes: DEN Dental HMO Health Maintenance Organization POS Point of Service PPO Preferred Provider Organization
Health Coverage Dates	DTP01	Date/Time Qualifier	<i>Apex needs either a '348' or '349'</i>	348 - Benefit Begin 349 - Benefit End
Health Coverage Dates	DTP02	Date Time Period Format Qualifier	<i>D8</i>	D8 - Date expressed in format CCYYMMDD
Health Coverage Dates	DTP03	Date Time Period	<i>Format: CCYYMMDD</i>	Coverage Period
Prior Coverage Months	REF01	Reference Identification Qualifier	<i>QQ</i>	QQ - Unit Number
Prior Coverage	REF02	Reference Identification	<i>Coverage Month Count</i>	Coverage Month Count is

Table 2 - Detail

Envelope/Section Label	Element	Description	Value	Description/Comments
Months				required for Fully Insured PPO's and Self Insured that are pre-exist
LOOP ID - 2310 PROVIDER INFORMATION				
Provider Name	NM101	Entity Identifier Code	P3	P3 - Primary Care Provider
Provider Name	NM103	Name Last or Organization Name	(Provider Last Name or Organization Name)	Apex recommends that the Provider's Last and First name be submitted to efficiently process through our systems.
Provider Name	NM104	Name First	(Provider First Name)	
Provider Name	NM108	Identification Code Qualifier	SV	SV - Service Provider Number
Provider Name	NM109	Identification Code	Rendering Network Provider identifier	APEX Assigned Provider Identifier
PCP Change Reason	PLA01	Action Code	2	2 - Change (Update)
PCP Change Reason	PLA02	Entity Identifier Code	1P	1P - Provider
PCP Change Reason	PLA03	Date	Format: CCYYMMDD	Provider Effective Date
PCP Change Reason	PLA05	Maintenance Type Code	Please provide information if available	Reason for maintenance change
LOOP ID - 2320 COORDINATION OF BENEFITS				
Coordination of Benefits	COB02	Reference Identification	Member's Policy or Group Number	Insured Group or Policy Number
Other Insurance Company Name	N102	Name	Other Insurance Company's Name	Insurer Name
Other Insurance Company Name	N103	Identification Code Qualifier	FI	FI - Federal Taxpayer's ID NI - National Association of Insurance Commissioners XV - Health Care Financing Administration National Plan ID
Other Insurance Company Name	N104	Identification Code	Other Insurance Company Federal Taxpayer's ID if available	Insured Group or Policy Number
Coordination of Benefits Eligibility Dates	DTP01	Date/Time Qualifier	Please provide the Begin and End date if available	344 - Coordination of Benefits Begin 345 - Coordination of Benefits End
Coordination of Benefits Eligibility Dates	DTP03	Date Time Period	Format: CCYYMMDD	Coordination of Benefits Date
LOOP ID - 2330 COORDINATION OF BENEFITS RELATED ENTITY				
Coordination of Benefits	COB02	Reference Identification	Member's Policy or Group Number	Insured Group or Policy Number
Coordination of Benefits Related Entity	NM102	Entity Type Qualifier	2	Non Person
Coordination of Benefits Related Entity	NM103	Name Last or Organization Name	Other Insurance Carrier's Name	
Trailer				
Transaction Set Trailer	SE01	Number of Included Segments	Count of segments	Transaction Segment Count
Transaction Set Trailer	SE02	Transaction Set Control Number	Same as ST02	Identifying Control Number that must be unique within the transaction set functional group

12 Transaction Samples

12.1 Description of Business Scenario 1 - Adding a member

John Doe is enrolling into the plan as a new hire with coverage effective on 6/1/2011 and a hire date of 5/1/2011.

12.2 Transaction Sample X12 Scenario 1- Adding a member

ST*834*0001*005010X220A1~
BGN*00*XXX20110524C002*20110524*2215****2~
REF*38*G02408~
DTP*007*D8*20110524~
N1*P5*APEX ENROLL*FI*99-9999999~
N1*IN*APEX*FI*999999999~
INS*Y*18*021*28*A*FT~**
REF*0F*111224444~
REF*1L*G04559SB~
DTP*336*D8*20110501~
NM1*IL*1*DOE*JOHN*I~
PER*IP**HP*3305551111~
N3*486 SOME STREET~
N4*AKRON*OH*44313~
DMG*D8*19640101*M~
HD*021**HLT~
DTP*348*D8*20110601~
LX*1~
NM1*P3*1*****SV*170*25~
SE*20*0001~

12.3 Description of Business Scenario 2 - Terminating a member

Jane Doe coverage is terminating due to a career change. Her coverage will terminate on 3/31/2011.

12.4 Transaction Sample X12 Scenario 2 - Terminating a member

ST*834*0001*005010X220A1~
BGN*00*XXX20110524C002*20110325*1115****2~
REF*38*G02472~
DTP*007*D8*20110325~
N1*P5*APEX ENROLL*FI*99-9999999~
N1*IN*APEX*FI*999999999~
INS*Y*18*024*08*C1*TE~**
REF*0F*111224443~
REF*1L*G04559SB~
DTP*337*D8*20110331~
NM1*IL*1*DOE*JANE*I~
PER*IP**HP*3305551212~
N3*486 SOME STREET~
N4*AKRON*OH*44313~
DMG*D8*19670315*F~
HD*024HLT~**
DTP*349*D8*20110331~
SE*18*0001~

12.5 Description of Business Scenario 3 - Changing demographics

Joshua Public has a dependent, Susan Public, who needs to send a correction to her birth date.

12.6 Transaction Sample X12 Scenario 3 - Changing demographics

ST*834*0001*005010X220A1~
 BGN*00*XXX20110524C002*20110127*1315****2~
 REF*38*G02492~
 DTP*007*D8*20110127~
 N1*P5*APEX ENROLL*FI*99-9999999~
 N1*IN*APEX*FI*999999999~
INS*Y*18*030*28*A1*FT~**
 REF*0F*111224449~
 REF*1L*G04550SB~
DTP*336*D8*20100101~
 NM1*IL*1*PUBLIC*JOSHUA*C~
 PER*IP**HP*3305551313~
 N3*486 SOME STREET~
 N4*AKRON*OH*44313~
 DMG*D8*19670820*M~
HD*030HLT~**
DTP*348*D8*20100401~
INS*N*19*001A~**
 REF*0F*111224449~
 REF*1L*G04550SB~
NM1*IL*1*PUBLIC*SUSAN~
 PER*IP**HP*3305551313~
 N3*486 SOME STREET~
 N4*AKRON*OH*44313~
 DMG*D8*19950315*F~
NM1*70*1*PUBLIC*SUSAN~
DMG*D8*19950326*F~
HD*001HLT~**
DTP*348*D8*20100401~
 SE*30*0001~

13 FREQUENTLY ASKED QUESTIONS

1. Can a group be terminated by using the 834?

The 834 does not provide for termination of a group.

2. What if a contract holder/member does not have a social security number?

If a member is not a citizen and does not have a social security number, then the social security number should be sent in the file as 000000000. If a member is choosing not to provide their social security number and they have submitted to us a signed documents stating that neither they nor anyone in their family has Medicare, then the social security number should be sent in the file as 0000000009.

3. If a full Eligibility load was received and the new group has 1 contract holder/member that has to fulfill the waiting period, the member cannot have the same effective date as the group effective date. Is this possible?

Yes.

4. When will we get the National Health Number?

This has not been determined by the government.

5. Can we send advance terminations?

Yes, a contract holder/member can be terminated 60 days in advance.

6. Do you require a primary care physician (PCP) on new member transmittals?

Yes, A PCP is required for all lines of business except PPO. We will however accept PCP's in the file for PPO members when transmitted. If an invalid PCP number is chosen, the member will appear on an error report and APEX will assign a default PCP to that member. A letter of explanation will be sent to the member requesting them to choose PCP.

7. Can a member choose an OB (obstetrician) in place of her PCP?

No.

8. How do we code a gender change for a member?

It would be submitted as a change.

9. How will COB (coordination of benefits) be handled?

If COB status is unknown for the dependent/spouse, APEX will generate a COB questionnaire that will be mailed to the member to determine other coverage. All contract holders are processed as APEX being their primary insurance carrier.

10. What is the time limit for retro-terminating an employee/member?

90 days.

11. What if a member has coverage under 2 current files with SummaCare?

This circumstance will generate an error report for further investigation. If an employee has two active coverages with APEX, a second APEX contract number will be created.