



Group Health Cooperative of South Central Wisconsin

ANSI 834
Version 5010
Benefit Enrollment & Maintenance
Companion Guide

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Introduction

This Companion Guide to the V5010 ASC X12N Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Group Health Cooperative of South Central Wisconsin (GHC-SCW). This Companion Guide is intended to convey information that is within the framework of the ASC X12N TR3 for implementation of the Benefit Enrollment and Maintenance (834) ASC X12N version 005010X220A1.

The companion guide is not intended to convey information that in any way exceeds the requirements of usages of data expressed in the TR3. Instead, this document is intended to assist in implementing electronic Benefit Enrollment and Maintenance transaction that meet GHC-SCW's processing standards by identifying pertinent structural and data related requirements and recommendations. This Companion Guide must be used in conjunction with the Benefit and Enrollment and Maintenance instructions as set forth by the ASC X12N Standards for Electronic Data Interchange (version 005010X220A1)

For more information regarding ASC X12 Standards for Electronic Data Interchange 834 Benefit Enrollment and Maintenance version 005010X220A1 and to purchase copies of these documents, visit the ASC X12 guide store at <http://store.x12.org/store/>. 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.

1. Working with GHC-SCW

1.1 Timeframe Expectations

GHC-SCW expects EDI setups to be completed in 4-6 weeks after the initial start date. Please make sure all parties are aware of the timeline to avoid expedited completions in the final days of the setup.

1.2 File Transfer Protocol

GHC-SCW uses sFTP to accept 834 files in a batch mode only. Real time file exchange is not available for the 834 transaction set at this time.

Review, complete, and submit document "834 EDI Setup Form.docx" to EDI@ghcscw.com to start the setup of your sFTP credentials.

A username and password will be assigned when the 834 setup request is confirmed.

1.3 Testing

GHC-SCW requires each submitter (Group) to submit at least 2 adequate test files. GHC-SCW will process the first test file, review the results, and may request modifications and/or additional test file(s). During testing, no information from the 834 transactions used for testing will be added or updated in our production environment. Upon successful test results, Trading Partners will be notified of approval and a mutually agreed upon production go-live date will be established.

Suggested changes to make on the second test file:

- Add dependent
- Terminate member (GHC-SCW does **NOT** term by omission)
- Move member to new plan

1.4 File Types and Names

GHC-SCW recommends sending unencrypted .834 or .txt files to our sFTP. Please notify GHC-SCW in advance if you plan to encrypt your file as this will require additional testing.

We do not require specific naming conventions, but we do have recommendations if you would like them:

1. Date the file in the name with the year, month, and day
2. Utilize the vendor name or acronym

Example: GHCSCW_20200704.834

1.5 Full Enrollment Transaction Files vs Change (Update) Transactions

GHC-SCW accepts full enrollment transaction files as well as those just reporting changes/updates (i.e. additional enrollments, terminations, member demographic changes, etc.). The type of transaction file being submitted is identified in BGN08 of the transaction set header. Although both types of files are accepted, GHC-SCW recommends submission of change/update transactions in lieu of full files for routine maintenance.

1.6 File Drop Date and Time

At the end of testing, GHC-SCW requires all submitters to set up a consistent day or days of the week and time when GHC-SCW can expect to retrieve your file (filled out in the 834 EDI Setup Form.docx). Files are retrieved automatically after testing is finished. Files dropped after the specified drop time and date may experience delays in processing as a team member will need to run the process manually.

2. Data Formatting Guidelines

2.1 Addresses

GHC-SCW requests that all addresses be formatted using standard official US Postal Service abbreviations found at <https://www.usps.com/send/official-abbreviations.htm>.

2.2 Email Addresses

GHC-SCW recommends checking with your client prior to including email addresses on 834 files. Many employers do not want their employees' work emails entered in our system and would prefer that this field be omitted.

2.3 Delimiters

We require the following delimiters to be used within an X12 transaction file:

Character	Name	Delimiter
*	Asterisk	Data Element Separator
^	Carat	Repetition Separator
>	Greater Than	Component Element Separator
~	Tilde	Segment Trailer

3. Control Segments / Envelopes

3.1 Interchange Control

ISA - Interchange Control Header

Element	Description	GHC-SCW Values
ISA01	Author Info Qualifier	00 (No Auth Information Present)
ISA02	Author Information	Leave blank.
ISA03	Security Information Qualifier	00 (No Security Information Present)
ISA04	Security Information	Leave blank.
ISA05	Interchange ID Qualifier	ZZ (Mutually Defined)
ISA06	Interchange Sender ID	Trade Partner ID EIN
ISA07	Interchange ID Qualifier	ZZ (Mutually Defined)
ISA08	Interchange Receiver ID	GHCSCW or 391199466
ISA09	Interchange Date	Date formatted as YYMMDD

ISA10	Interchange Time	Time formatted as HHMM
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
ISA13	Interchange Control Number	Must be the same as IEA02
ISA14	Acknowledgment Required	0 (No Acknowledgment Requested)
ISA15	Usage Indicator	P (Production Data) T (Test Data)
ISA16	Component Element Separator	>

IEA – Interchange Control Footer

Element	Description	GHC-SCW Values
IEA01	Number of Included Functional Groups	
IEA02	Interchange Control Number	Must be the same as ISA13

3.2 Functional Group

GS – Functional Group Header

Element	Description	GHC-SCW Values
GS01	Functional ID Code	BE (Benefit Enrollment and Maint)
GS02	Application Sender’s Code	Trade Partner ID EIN
GS03	Interchange Receiver ID	GHCSCW or 391199466
GS04	Date	Date formatted as CCYYMMDD
GS05	Time	Time formatted as HHMM
GS06	Group Control Number	Must be the same as GE02
GS07	Responsible Agency Code	X (Accrtd Standards Committee X12)
GS08	Version/Release ID Code	005010X220A1 (Standards Approved for Pub by ASC X12 Review Board)

GE – Functional Group Footer

Element	Description	GHC-SCW Values
GE01	Number of Transaction Sets Included	
GE02	Group Control Number	Must be the same as GS06

3.3 Transaction Set

ST – Transaction Set Header

Element	Description	GHC-SCW Values
ST01	Transaction Set Identifier Code	834 (Benefit Enrollment and Maint)
ST02	Transaction Set Control Number	Must be the same as SE02
ST03	Implementation Convention Reference	005010X220A1 (Standards Approved for Pub by ASC X12 Review Board)

SE – Transaction Set Footer

Element	Description	GHC-SCW Values
SE01	Number of Included Segments	

SE02	TS Control Number	Must be the same as ST02
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4. Transaction Details

This table identifies segments and elements that GHC-SCW either requires, encourages the use of or ignores when submitted. Additional segments/elements may be required by the X12N implementation TR3 and/or may be included in the exchanged transactions.

Loop	Segment Element	Name	GHC-SCW Values	Notes/Comments
Header	BGN	Beginning Segment		
	BGN01	Transaction Set Purpose Code	00 (Original)	
	BGN08	Action Code	2 (Change) 4 (Verify)	GHC-SCW prefers 2 (Change) for regularly submitted maintenance files to indicate additions, terminations and changes to existing enrollments
1000A	N1	Sponsor Name – Example: N1*P5*PLAN SPONSOR*FI*nnnnnnnn~		
	N103	Identification Code Qualifier	FI (Federal Taxpayer's Identification Number)	
	N104	Identification Code		9-digit Tax ID of Plan Sponsor
1000B	N1	Payer – Example: N1*IN*GHCSCW*FI*391199466~		
	N102	Payer Name	GHCSCW	
	N103	Identification Code Qualifier	FI (Federal Taxpayer's Identification Number)	
	N104	Identification Code	391199466	
2000	INS	Member Level Detail		
	INS01	Yes/No Response Code	Y (Yes) N (No)	Subscriber Indicator
	INS02	Individual Relationship Code	01 (Spouse) 09 (Adopted Child) 17 (Stepson or Stepdaughter) 18 (Self) 19 (Child) 53 (Life Partner)	Other standard code values may be used, provided GHC-SCW is notified prior to receipt of the codes not in this list.
	INS03	Maintenance Type Code	001 (Change) 021 (Addition) 024 (Cancellation or	

Loop	Segment Element	Name	GHC-SCW Values	Notes/Comments
			Termination) 025 (Reinstatement)	
	INS04	Maintenance Reason Code		See Implementation Guide
	INS06-1	Medicare Status Code	A (Medicare Part A) B (Medicare Part B) C (Medicare Part A & B) D (Medicare) E (Medicare)	Trade Partners are encouraged to use this situational element if member has Medicare coverage.
2000	REF	Subscriber Identifier		
	REF01	Reference Identification Qualifier	0F (Subscriber Number)	
	REF02	Reference Identifier		GHC-SCW prefers the Subscriber SSN in this field.
2000	REF	Member Policy Number		
	REF01	Reference Identification Qualifier	1L (Group Number)	
	REF02	Reference Identifier		GHC-SCW's Employer Group Number. This is the preferred loop/segment/ element to identify a member's group number -You will be provided a crosswalk between the plan and group IDs by EDI
2000	REF	Member Supplemental Identifier		
	REF01	Reference Identification Qualifier	23 (Client Number)	
		Reference Identifier		GHC-SCW's Member ID if known. These values can be found in the "Mem ID" column in the Membership file sent to the SFTP.
2000	DTP	Member Level Dates		
	DTP01	Date/Time Qualifier	356 (Eligibility Begin) 357 (Eligibility End) 303 (Maintenance Effective) 338 (Medicare Begin) 339 (Medicare End) 340 (COBRA Begin) 341 (COBRA End)	Please note that 356 and 357 cannot be used as the effective date and term date for a coverage in our system. GHC-SCW requires that you use DTP*348 and DTP*349 in loop 2300 to convey this information.

Loop	Segment Element	Name	GHC-SCW Values	Notes/Comments
			336 (Employment Begin) 337 (Employment End) 296 (Initial Disability Return to Work) 297 (Initial Disability Last Day Worked)	
	DTP02	Date Time Period Format Qualifier	D8	
	DTP03	Date Time Period		CCYYMMDD
2100A	NM1	Member Name		
	NM101	Entity Identifier Code	IL (Insured or Subscriber) 74 (Corrected Insured)	
	NM102	Entity Type Qualifier	1 (Person)	
	NM104	First Name		
	NM105	Middle Name		GHC-SCW recommends sending the middle initial for members, if known, to minimize the discrepancies between our data.
	NM106	Last Name		
	NM108	Identification Code Qualifier	34 (Social Security Number)	
	NM109	Identification Code		Member's Social Security Number (SSN). Do not send if member has no SSN. Do not
2100A	PER	Member Communication Numbers		
	PER01	Contact Function Code	IP (Insured Party)	
	PER03	Communication Number Qualifier	HP (Home Phone)	
	PER04	Communication Number		Member's home phone or primary contact phone number
	PER05	Communication Number Qualifier	WP (Work Phone)	
	PER06	Communication Number		Member's work phone
	PER07	Communication Number Qualifier	EM (Electronic Mail)	

Loop	Segment Element	Name	GHC-SCW Values	Notes/Comments
	PER08	Communication Number		Member's email address. Please check in with your client before sending.
2100A	N3	Member Residence Street Address		
	N301	Address Information		GHC-SCW prefers that the address in loop 2100A contain the primary mailing address in lieu of reporting a separate mailing address in loop 2100C if possible. This is the address that is captured the enrollment system. Utilize United States Postal Service formatting and abbreviations wherever possible.
	N302	Address Information		
2100A	N4	Member City, State, Zip Code		
	N401	City Name		GHC-SCW prefers that the address in loop 2100A contain the primary mailing address in lieu of reporting a separate mailing address in loop 2100C if possible. This is the address that is captured the enrollment system.
	N402	State or Province Code		Standard, 2-character State abbreviations
	N403	Postal Code		Zip + 4 when known.
	N405	County Code Qualifier	CY	
	N406	County Code		
2100A	DMG	Member Demographics		
	DMG01	Date Time Period Format Qualifier	D8	
	DMG02	Date of Birth		Member DOB - CCYYMMDD
	DMG03	Gender Code	F (Female) M (Male)	GHC-SCW does not allow the use of the U (Unknown) code for this field.
	DMG04	Marital Status Code	B (Registered Domestic Partner) D (Divorced)	Not required by GHC-SCW

Loop	Segment Element	Name	GHC-SCW Values	Notes/Comments
			I (Single) M (Married) S (Separated) W (Widowed) X (Legally Separated)	
2300	HD	Health Coverage		
	HD01	Maintenance Type Code	001 (Change) 002 (Delete) 003 (Addition) 024 (Cancellation or Termination) 025 (Reinstatement)	
	HD03	Insurance Line Code	HMO (Health Maintenance Organization) PPO (Preferred Provider Organization)	
	HD05	Coverage Level Code	EMP (Employee Only) ESP (Employee + 1) E1D (Employee and 1 Dependent) FAM (Employee and 2 or More Dependents)	
2300	DTP	Health Coverage Dates		
	DTP01	Date/Time Qualifier	348 (Benefit Begin) 349 (Benefit End)	If 348, the date that follows in DTP03 must be the first date benefit coverage is effective, including any waiting period. If 349, the date that follows in DTP03 must be the last date benefit coverage is effective. (i.e. If a member is covered until the end of a termination month, the date must be the last date of the month.
	DTP02	Date Time Period Format Qualifier	D8	CCYYMMDD
2310	LX	Provider Information		
	LX01	Assigned Number		Must be used if subsequent information is reported in Loop 2310 Provider Information.

Loop	Segment Element	Name	GHC-SCW Values	Notes/Comments
2310	NM1	Provider Name		
	NM101	Entity Identifier Code	P3 (Primary Care Provider)	Other Identity Codes will be ignored by GHC-SCW
	NM103	Last Name or Organization Name		Provider Last Name
	NM104	First Name		Provider First Name
	NM108	ID Code Qualifier	XX (National Provider Identifier)	If NM108 is present, NM109 must contain a valid ID.
	NM109	Identification Code		Provider's National Provider ID, if known.
2320	COB	Coordination of Benefits		
	COB01	Payer Responsibility Sequence Number Code	P (Primary) S (Secondary) T (Tertiary) U (Unknown)	Used to identify another insurance carrier's level of responsibility.
	COB02	Reference Identification		Other Carrier's Policy or Group Number
	COB03	Coordination of Benefits Code	1 (Coordination of Benefits) 5 (Unknown) 6 (No Coordination of Benefits)	Use 6 when it has been determined there is no coordination of benefits between GHC-SCW and the other carrier identified in this loop.
2320	DTP	Coordination of Benefits Eligibility Dates		
	DTP01	Date/Time Qualifier	344 (COB Begin) 345 (COB End)	
	DTP02	Date Time Period Format Qualifier	D8	
	DTP03	Date Time Period		CCYYMMDD
2330	NM1	Coordination of Benefits Related Entity		
	NM101	Entity Identifier Code	IN (Insurer)	
	NM102	Entity Type Qualifier Code	2 (Non-person Entity)	
	NM103	Name Last or Organization Name		Other insurer name.