



834 Companion Guide Addendum

834 Companion Guide - Addendum

I. Introduction

This document ("Companion Guide—Addendum") is attached to and made a part of the 834 Companion Guide and contains the information necessary to establish and support a full audit maintenance file relationship with AmeriHealth New Jersey (hereinafter referred to collectively as "AHNJ"). All other terms and conditions of the 834 Companion Guide not specifically modified herein shall apply to this Companion Guide-Addendum, including but not limited to the Disclaimer on page 2 of the 834 Companion Guide.

II. ANSI x12 Transactions Supported

AHNJ processes the following full audit maintenance ANSI X12 HIPAA transactions for enrollment:

ANSI X12 834 v4010 x095A1 (HIPAA) Benefit Enrollment and Maintenance

ANSI X12 TA1 v4010 x095A (HIPAA) Response to the X12 transactions when errors are encountered in outer envelopes (ISA/IEA & GS/GE)

ANSI X12 997 v4010 x095A (HIPAA) Functional Acknowledgement

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III. EDI Acknowledgements and Error Report

The purpose of this section is to outline AHNJ's process for electronic acknowledgement and error reporting.

Similar to AHNJ ANSI Transactional process, the full audit maintenance process will produce the following electronic acknowledgement:

TA1 Interchange Acknowledgement Transaction

997 Functional Acknowledgement

AHNJ will also send a **Composite Error Report**. The Composite Error Report will list all members by the Electronic Identification Number (EIN). It will report the members that failed the AHNJ business rules or edits. The errors must be corrected and returned by the Trading Partner in order for AHNJ to load the eligibility to the AHNJ membership system.

Your eBusiness Consultant will provide additional information on the resolution of the Composite Error Report.

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IV. Payer-Specific Requirements

The purpose of this section is to delineate specific data requirements for the submission of the full audit maintenance ANSI file.

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Segment: **BGN** Beginning Segment

Level: Header

Usage: Required

Business

Rules: This information must be transmitted for ST-SE contained in the file.

Data Element Summary

Ref	Des	Element Name	Element Note
BGN08		Action Code	Enter code value: (<i>choose one</i>) 2 (Change) – Explicit Employee/Contract Terminations Only 4 (Verify) - Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.

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Segment: **INS** Member Level Detail

Loop: 2000
Level: Detail
Usage: Required
Business
Rules: This information is required for each member submitted.

Data Element Summary

Ref	Des	Element Name	Element Note
INS03		Maintenance Type Code	Enter code value: 024 (Cancellation) – Explicit Employee/Contract Terminations Only 030 (Audit or Compare)

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Segment: **HD** Health Coverage

Loop: **2300**

Level: **Detail**

Usage: **Situational**

Business

Rules: **AHNJ has determined that this information is required for each member submitted.**

Data Element Summary

Ref	Des	Element Name	Element Note
HD01		Maintenance Type Code	Enter code value: (<i>choose one</i>) 024 (Cancellation) – Explicit Employee/Contract Terminations Only 030 (Audit or Compare)

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Segment: **DTP** Health Coverage Dates

Level: 2300 Detail

Usage: Required - By Implementation Guide

Data Element Summary

Ref	Des	Element Name	Element Note
DTP01		Date/Time Qualifier	Enter code value: (<i>choose one</i>) 303 (Maintenance Effective) 348 (Benefit Date) 349 (Benefit End) – Explicit Employee/Contract Terminations Only
DTP02		Date/Time Period Format Qualifier	Enter code value: D8 (Date Expressed in Format CCYYMMDD)
DTP03		Date/Time Period	Enter value: Date associated with health coverage referenced above

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V. Full Audit Maintenance File Business Processing Guidelines

Full Audit Maintenance File

A full audit maintenance file lists all current members, whether involved in a change or not. AHNJ requires that the full audit maintenance file not contain history transactions of all previous membership.

This type of transaction is identified by a BGN08 code value of '4', Verify.

1. AHNJ requires that the Trading Partner not send both DTP01 348 (Benefit Begin) and DTP01 349 (Benefit End) at the 2300 HD Loop. This includes future terminations.
2. Subscriber and dependent change of coverage must be sent in the BGN08 '4' transaction set (ST-SE).
3. Dependent Terminations: If a dependent is to be removed from a contract (e.g. overage dependent removal, removal of former spouse, etc.), send the entire active contract (subscriber and active dependents). Omit the terminated dependent(s). AHNJ will terminate the missing dependent(s).

AHNJ will also provide the option of sending explicit dependent terminations. Please refer to the Explicit Termination processing instructions on the attached page.

4. When submitting a Personal Choice, HMO or POS Coverage Description, the Coverage Begin Date can equal any day of the month (1-31).
5. When submitting a Traditional Coverage Description (i.e. Major Medical) and the customer does not offer the Protection Starts Benefit, the Coverage Begin Date must equal the 1st or 15th of the month. The 1st or 15th is based on the clients billing cycle with AHNJ.
6. When submitting a Traditional Coverage Description (i.e. Major Medical) and the customer offers the Protection Starts Benefit, the coverage begin date can equal any day of the month (1-31).
7. Retroactivity: AHNJ will accept retroactive electronic updates that fall within the current processing month less 60 days (90-day retroactivity rule). If the Coverage Begin Date exceeds the 90-day retroactivity rule, AHNJ will manually apply the maximum date allowable.

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Explicit Terminations

Explicit terminations are employee and/or contract or dependent cancellations that result in a termination of coverage. The Trading Partner must physically send the termination for the member on the Full Audit Maintenance File. Implied employee and/or contract terminations are not acceptable. Please inform your eBusiness Deployment Analyst if you intend to send explicit dependent terminations.

This type of transaction is identified by a BGN08 code value of '2', Change (Update).

The Trading Partner must adhere to the following guidelines when submitting explicit terminations on the full audit maintenance file.

1. When submitting explicit terminations, a new ST/SE is required.
2. AHNJ will terminate the employee and/or contract or dependent as of the Benefit End Date submitted in the Health Coverage DTP01 '349' 2300 HD Loop.
3. The member being terminated must have a Health Coverage Data Qualifier in HD01 equal to '024' (Cancellation).
8. When submitting a Personal Choice, HMO or POS Coverage Description, the Coverage End Date can equal any day of the month (1-31). The Protection End Benefit is non-applicable. The termination date is considered a 'Paid Through Date'. The termination date of 2/17/05 means no coverage as of midnight on 2/17/05.
9. When submitting a Traditional Coverage Description (i.e. Major Medical) and the customer offers the Protection End Benefit, the Coverage End Date can equal any day of the month. The termination date is considered a 'Paid To Date'. The termination date of 2/17/05 means no coverage on 2/17/05. The coverage ends midnight on 2/16/05.
10. When submitting a Traditional Coverage Description (i.e. Major Medical) and the customer does not offer the Protection Starts Benefit, the Coverage End Date must equal the 1st or 15th of the month. The 1st or 15th is based on the clients billing cycle with AHNJ.

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Interchange Control Structure *

- 1) Communications Envelope
Communications Transport Protocol

- 2) Interchange Envelope
ISA - Interchange Control Header

Functional Group

GS - Functional Group Header

ST - Transaction Set Header

ST – Transaction Set Header

BGN – Beginning Segment

DTP – File Effective Date

Loop 1000A – Sponsor Name

N1 – Sponsor Name

Loop 1000B – Payer

N1 – Payer

Loop 2000 – Member Level Detail

INS – Member Level Detail

REF – Subscriber Number

REF – Member Policy Number (may be submitted in Loop 2000 or Loop 2300)

DTP – Member Level Dates

Loop 2100A – Member Name

NM1 – Member Name

PER – Member Communication Numbers

N3 – Member Residence Street Address

N4 – Member Residence City, State, ZIP code

DMG – Member Demographics

Loop 2100B – Incorrect Member Name

NM1 – Incorrect Member Name

DMG – Incorrect Member Demographics

Loop 2300 – Health Coverage

HD – Health Coverage

DTP – Health Coverage Dates

REF – Health Coverage Policy Number (may be submitted in Loop 2300 or Loop 2000)

Loop 2310 – Provider Information

LX – Provider Information

NM1 – Provider Name

SE - Transaction Set Trailer

GE - Functional Group Trailer

- 3) Interchange Envelope

IEA - Interchange Control Trailer

- 4) Communications Envelope

Communications Transport Trailer

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ISA*00* 00* *ZZ*PREMCOR *33*95044
*040226*1319*U*00401*000000057*0*T*~
GS*BE*PREMCOR*95044*20040226*1319*52*X*004010X095A1~
ST*834*0001~
BGN*00*200402201558-0*20040226*13174034****2~
DTP*303*D8*20040220~
N1*P5*PREMCOR REFINING GROUP*FI*200099999~
N1*IN*INDEPENDENCE BLUE CROSS*FI*23-0370270~
INS*Y*18*021**A***FT~
REF*0F*999999999~
REF*1L*427738~
DTP*303*D8*20040105~
NM1*IL*1*DOE*JOHN****34*999999999~
PER*IP**HP*2157400933~
N3*15 LOUELLA CT. FRONT~
N4*WAYNE*PA*19087~
DMG*D8*19650207*M~
HD*021**HMO*D005*EMP~
DTP*348*D8*20040105~
INS*Y*18*001**A***FT~
REF*0F*999999999~
REF*1L*427738~
DTP*303*D8*20040102~
NM1*IL*1*COOL*JOE*B***34*999999999~
DMG*D8*19590216*F~
HD*001**HMO*D005*FAM~
DTP*348*D8*20040101~
INS*N*01*001**A~
REF*0F*999999999~
REF*1L*427738~
NM1*IL*1*WAYNE*JOHN****34*999999999~
DMG*D8*19591022*M~
HD*001**HMO*D005~
DTP*348*D8*20040101~
INS*N*19*001**A~
REF*0F*999999999~
REF*1L*427738~
NM1*IL*1*WAYNE*JOHN*JR***34*999999999~
DMG*D8*19860629*M~
HD*001**HMO*D005~
DTP*348*D8*20040101~
INS*Y*18*024**A***FT~
REF*0F*999999999~
REF*1L*427738~
DTP*303*D8*20040106~
NM1*IL*1*PEROT*ROSS****34*888888888~
PER*IP**HP*7578270416~
N3*232 MARTHA LEE DRIVE~
N4*HAMPTON*VA*23666~
DMG*D8*19521112*F~
HD*024**HMO*D005*EMP~
DTP*349*D8*20040531~
SE*169*0001~
GE*1*52~
IEA*1*000000057~