



Regence (WSRX)

Moda Health

Standard Companion Guide

834 Eligibility Enrollment and Maintenance

X12 Version 5010 Including Errata and A1

Change Request Tracking Summary

Date	Initial	Comments/Nature of Change
12/12	PV	Draft
1/16/12	AG	Update per discussion on 1/10/12
1/17/12	AG	Update B&E contact information and HCA Contact Information
2/9/2012	PV	Finalized with testing schedule for move from 4010 to 5010; inserted Group Structure V4
2/14	PV	Test Scenarios updated
2/28	PV	Updated timeline to include all Regence internal testing dates
4/24	PV	Updated Foreign address, renumbering of files, use of 338 member level date, updating of requirements for REF 17, DX and 23
2/22/14	AG	OE data are included in the weekly file starting 11/5/13 but majority of the data were in 12/10 file with stragglers on 12/17 file.
1/12/2015	WK	Open Enrollment ends 11/28 12/15/14 last file with 2014 plans 12/22/14 first file with 2015 plans
8/27/2015	WK	Added the finalized group structure for 2016 testing to occur mid-October. OE file could be as early as 11/3/15
01/13/2016	WK	Open Enrollment period: 11/1 – 11/30 OE data combined on weekly files beginning 11/9/2015
10/17/2016	WK	Added the finalized group structure for 2017, OE data expected on the 11/8 file

Specification Overview

This document defines the data layout of the Production and Ongoing export file sent from Trading Partner to Payer to administer Client benefit eligibility.

Key Dates – Test Files

COMMUNICATION TEST FILE:	Week of xx/xx/xxxx
FIRST TEST FILE including Base Enrollment Scenarios:	Week of xx/xx/xxxx
SECOND TEST FILE including 2 nd Level Enrollment Scenarios:	Week of xx/xx/xxxx
QA (Full Enrollment File):	06/07/2012
FIRST PRODUCTION FULL FILE:	06/12/2012

Other Key Dates

- Plan Year: January

Client Technical Contacts

Name	Role	Phone	Location	Email
	HCA Information Officer			_____
	Insurance System Architect			_____

Third Party Business Contact

Name	Role	Phone	Location	Email
	(primary)			_____

Third Party Technical Contacts

Name	Role	Phone	Location	Email
	(primary)			_____
	Backup			_____

Moda Health EDI Contacts

Name	Role	Phone	Email
	EDI Lead Business Analyst		
	EDI Business Analyst		

Distribution Instructions

File Frequency: Weekly

Day of the week: Tuesday

Time of Day: AM

Files Automated: No

Holiday Schedule: Will not be sent on holidays

File Acknowledgments – When the Payer receives an 834 file, an email notification will be sent that the Payer has placed an acknowledgment file for your retrieval.

WSRX_834_TA1CCYMMDDHHMMSS.DAT

The Payer will send a TA1 Reject Acknowledgment if there are compliance issues at the enveloping level.

WSRX_834_999CCYMMDDHHMMSS.DAT

The Payer will send a 999-Functional Acknowledgement upon loading and processing the file. This response will have a message of either Accept or Reject. It is important to read this acknowledgement especially for information should there be a compliance failure.

Group Structure---The Regence group structure information will be translated into Moda Group Structure



UMP Group
Structure 2017_v1 Fi

File Layout

Moda follows the 834 TR3 guideline. We comply with the usage as described in the guide. Loops and segments provided below list the values where we have specific requirements.

Segment	Loop ID/Usage	Element	Element Description	USE	Min/Max	Codes/Values	Comments
Interchange Control Header	None/Required	ISA05	Sender Interchange ID Qualifier	R	2/2	ZZ	
		ISA06	Interchange Sender ID	R	15/15	WSRX5010834	
		ISA07	Interchange Receiver ID Qualifier	R	2/2	ZZ	
		ISA08	Interchange Receiver ID	R	15/15	MODA	
		ISA11	Repetition Separator	R	1/1	^	
		ISA12	Interchange Control Version	R	5/5	00501	
		ISA13	Interchange Control Number	R	9/9		Unique number per file must increase incrementally. Must match the Trailer IEA02 value. Assigned by Trading Partner for each file.
		ISA14	Acknowledgement Requested	R	1/1	1	
		ISA15	Usage Indicator	R	1/1	P=Production; T=Test	Use 'T' for Test files and 'P' for production files.

Segment	Loop ID/Usage	Element	Element Description	USE	Min/Max	Codes/Values	Comments
		ISA16	Component element	R	1/1	:	Use a colon (:)
Functional Group Header	None/Required	GS02	Application Senders Code	R	2/15	WSRX5010834	
		GS03	Application Receiver's Code	R	2/15	MODA	
Transaction Set Header	None/Required	ST01	Transaction Set Identifier Code	R	3/3	834	The only valid value within ST01 is 834. We expect all enrollment within one ST/SE address. ST/SE per family is not indicated.
		ST02	Transaction Set Control Number	R	4/9		ST02=SE02. Assigned by the sender. This number must be unique within a specific group and interchange. It is important in problem resolution.
		ST03	Implementation Convention Reference	R	1/35	005010X220A1	
Beginning Segment	None/Required	BGN08	Action Code	R	1/2	4	4 – Full Audit only
Transaction Set Policy Number	None/Situational	REF02	Master Policy Number	R	1/50	10003948	
File Effective Date	None/Situational	DTP01	Date Time Qualifier	R	3/3	007	
		DTP02	Date Time Period Format Qualifier	R	2/3	D8	
		DTP03	Date Time Period	R	1/35	CCYYMMDD	Date is the file effective date.

Segment	Loop ID/Usage	Element	Element Description	USE	Min/Max	Codes/Values	Comments
Transaction Set Control Totals	None/Situational	QTY01	Quantity Qualifier	R	2/2	DT, ET, TO	
		QTY02	Record Total	R	1/15		This segment is repeated three times
Sponsor Name	1000A/Required	N101	Entity Identifier Code	R	2/3	P5	
		N102	Plan Sponsor Name	S	1/60	HCA	
		N103	Identification Code Qualifier	R	1/2	24	
		N104	Sponsor Identifier	R	2/80	911412780	
Payer	1000B/Required	N101	Entity Identifier Code	R	2/3	IN	
		N102	Insurer Name	S	1/60	ODS	
		N103	Identification Code Qualifier	R	2/2	FI	
		N104	Insurer Identification Code	R	2/80	930989307	
TPA/Broker Name	1000C/Situational	N101	Entity Identifier Code	R	2/3	TV	
		N102	TPA or Broker Name	R	1/60	Regence	
		N103	Identification Code Qualifier	R	1/2	FI	

Segment	Loop ID/Usage	Element	Element Description	USE	Min/Max	Codes/Values	Comments
		N104	TPA or Broker Identification Code	R	2/80	910282080	
Member Level Detail	2000/Required	INS01	Insured Indicator	R	1/1	Y, N	Subscriber=Y, Dependent=N
		INS02	Individual Relationship Code	R	2/2	18 = Subscriber; 01 = Spouse; 19 = Child; 53 = Life partner	
		INS03	Maintenance Type Code	R	3/3	030	
		INS04	Maintenance Reason Code	S	2/3	XN	
		INS05	Benefit Status Code	R	1/1	A, C	A= Active, C=COBRA
		INS07	COBRA Qualifying Event Code	S	1/2		Required when INS05=C, if not submitted, file will fail
		INS08	Employment Status	S	2/2	AC, RT, TE	

Segment	Loop ID/Usage	Element	Element Description	USE	Min/Max	Codes/Values	Comments
		INS10	Handicap Indicator	S	1/1	N, Y	Does not apply to subscribers, spouse or domestic partners. Expect to see a 'Y' if the overage dependent is handicapped, otherwise expect the value of 'N'. The client's medical carrier will certify handicap status for overage children. Non-spousal dependents are defaulted to a value of 'N' unless truly handicap, then value of 'Y'.
Subscriber Number	2000/Required	REF01	Reference Identification Qualifier	R	2/3	OF	The Payer links subscribers and dependent's using the subscriber number. Individual identification numbers are not assigned for each member (I.e. for each subscriber and dependent)
		REF02	Subscriber Identifier	R	1/50		SSN will be sent in this field
Member Policy Number	2000/Situational	REF01	Reference Identification Qualifier	R	2/3	1L	
		REF02	Insured Group or Policy Number	R	1/30	10003948	This segment is expected to be sent.
Member Supplemental Identifier	2000/Situational	REF01	Reference Identification Qualifier	R	2/3	DX, 17	DX = subgroup; 17 = class

Segment	Loop ID/Usage	Element	Element Description	USE	Min/Max	Codes/Values	Comments
		REF02	Subscriber Supplemental Identifier	R	1/30		See group structure on page 6
Member Level Dates	2000/Situational	DTP01	Date Time Qualifier	R	3/3	356	356= Eligibility Begin Date
		DTP02	Date Time Period Format Qualifier	R	2/3	D8	
		DTP03	Status Information Effective Date	R	1/35	CCYYMMDD	
Member Name	2100A/Required	NM101	Entity Identifier Code	R	2/3	IL	
		NM102	Entity Type Qualifier	R	1/1	1	
		NM103	Subscriber Last Name	R	1/35		Use legal last name--this will be shown on ID card
		NM104	Subscriber First Name	R	1/25		Use legal first name--this will also be shown on the ID card. Please do not use nicknames or initials
		NM105	Subscriber Middle Name	S	1/25		Use legal middle name or initial
		NM106	Subscriber Name Prefix	S	1/10		
		NM107	Subscriber Name Suffix	S	1/10		Provide if applicable.
		NM108	Identification Code Qualifier	S	1/2	34	

Segment	Loop ID/Usage	Element	Element Description	USE	Min/Max	Codes/Values	Comments
		NM109	Subscriber Identifier	S	2/80		Must be a valid Social Security Number. If SSN is not assigned for a dependent, do not send. If the benefit plan is medical, the SSN may be required for any member age 45 and over for Medicare Reporting purposes.
Member Communication Numbers	2100A/Situational	PER01	Contact Function Code	R	2/2	IP	
		PER03	Communication Number Qualifier	R	2/2	HP, WP, EM	email address for every member
		PER04	Communication Number	R	1/80		Submit Member home phone if possible. Format is AAABBBCCCC.
		PER05	Communication Number Qualifier	S	2/2		
		PER06	Communication Number	R	1/80		
		PER07	Communication Number Qualifier	S	2/2		
		PER08	Communication Number	R	1/80		

Segment	Loop ID/Usage	Element	Element Description	USE	Min/Max	Codes/Values	Comments
Member Residence Street Address	2100A/Situational	N301	Subscriber Address Line	R	1/55		This is the address that will be used for all mailings. The Payer sends all correspondence to the subscriber address on file unless there is a legal obligation to use another address.
		N302	Subscriber Address Line	R	1/55		
Member Residence City, State, ZIP Code	2100A/Situational	N401	Member City Name	R	2/30		
		N402	Member State Code	R	2/2		
		N403	Member Postal Zone or Zip Code	R	3/15		
		N404	Country Code	S	2/3		Not used for USA - Refer to example foreign addresses below
<u>Non-USA and Non-Canadian Address Example</u>				<u>Canadian Address Example</u>			
INS*Y*18*030*XN*A***FT REF*0F*123456789 REF*1L*0001 DTP*336*D8*20080422 NM1*IL*1*Hall*Jim*T***34*123456789 N3*PO BOX 780*65 MARSHALL CREEK RD N4*RAVENSHOE**4888*AU				INS*Y*18*030**A***FT REF*0F*W75015170100 REF*1L*0001NM NM1*IL*1*SMITH *JANE****34*987654321 N3*686 VESUVIUS BAY RD N4*SALT SPRING ISL*BC*V8KV8K*CA			
		N405	Location Qualifier	S	1/2		

Segment	Loop ID/Usage	Element	Element Description	USE	Min/Max	Codes/Values	Comments
		N406	Location Identification Code	S	1/30		
		N407	Country Subdivision Code	S	1/3		
Member Demographics	2100A/Situational	DMG03	Gender Code	R	1/1	F, M	Content of the file must declare a F or an M
Health Coverage	2300/Situational	HD01	Maintenance Type Code	R	2/3	030	For any member with both Medical and Dental coverage, all segments in the 2300 loop will be repeated for both medical and dental coverage.
		HD03	Insurance Line Code	R	2/3	PDG	PDG = Prescription Drug
		HD04	Plan Coverage Description	S	1/50	Plan ID	See Group Structure on Page 6
		HD05	Coverage Level Code	S	3/3	EMP = Employee only; ESP = Employee and spouse; ECH = Employee and children; FAM = Family	Must be used for Subscriber only. Is required by The Payer
Health Coverage Dates	2300/Required	DTP01	Date Time Qualifier	R	3/3	348, 349	Use value 348 to indicate effective date of a benefit plan and 349 to indicate the termination date. The Payer expects to see a 348 on each

Segment	Loop ID/Usage	Element	Element Description	USE	Min/Max	Codes/Values	Comments
							member and when a member is terminated, both a 348 and 349. If there are changes in class, subgroup, plan, and/or family indicator, the Payer expects to receive a new effective date (348) in which the changes are effective. Terminated employees and/or dependents will be passed on the file until the termination date has passed, then dropped off the file.
		DTP02	Date Time Period Format Qualifier	R	2/3	D8	This segment should be used when changing benefits i.e. at end of a waiting period.
		DTP03	Coverage Period	R	1/35	CCYYMMDD	
Transaction Set Trailer	None/Required	SE01	Transaction Segment Control	R	1/10		Assigned by sender
		SE02	Transaction Set Control Number	R	4/9		ST02=SE02
Functional Group Trailer	None/Required	GE01	Number of Transaction	R	1/6		
		GE02	Transaction Set Control Number	R	1/9		
Interchange Control Trailer	None/Required	IEA01	Number of Included	R	1/5		

Segment	Loop ID/Usage	Element	Element Description	USE	Min/Max	Codes/Values	Comments
		IEA02	Interchange Control Number	R	9/9		Must match value in ISA13.