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# **5010 834 STANDARD COMPANION GUIDE**

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## **A. Transaction Introduction**

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Standard Companion Guide (CG) Transaction Information  
IEHP Covered California

Effective January 1, 2024

IEHP Instructions related to Implementation Guides (IG) based  
On X12 Version 005010X220A1  
Benefit Enrollment and Maintenance (834)

Companion Guide Version Number: 1.0  
2024

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# 5010 834 STANDARD COMPANION GUIDE

## A. Transaction Introduction

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### **PREFACE**

This transaction instruction is expected to be used in parallel with the Technical Report Type 3 (TR3) Implementation Guides (IG) available for purchase from X12 at <https://x12.org>. It is provided because Inland Empire Health Plan wants to clarify the IG instructions for submission of specific electronic transactions. This companion guide is not meant to exceed the requirements or usages of data nor replace the guidelines expressed in the TR3's.

### **CONTACT INFORMATION**

For further questions regarding Eligibility 834 Files, please contact:

**EDI [edispecialist@iehp.org](mailto:edispecialist@iehp.org) or 909-890-2025 BACKGROUND**

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

### **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).

### **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.

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## **5010 834 STANDARD COMPANION GUIDE**

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### **A. Transaction Introduction**

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#### **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 requirement 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 statement.

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## 5010 834 STANDARD COMPANION GUIDE

### B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

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#### ISA Segment - Interchange Control Header

| Loop ID | Reference | Name                          | Codes                     | Notes/Comments                           |
|---------|-----------|-------------------------------|---------------------------|--|
| ISA     |           | Interchange Control Header    |                           |  |
|         | ISA05     | Interchange ID Qualifier      | ZZ                        | Mutually Defines                         |
|         | ISA06     | Interchange Sender ID         | IEHPCCA                   | “IEHPCCA”- IEHP Covered CA               |
|         | ISA07     | Interchange ID Qualifier      | ZZ                        | Mutually Defines                         |
|         | ISA08     | Interchange Receiver ID       | Receiver Code             | IEHP assigned submitter code.            |
| GS      |           | Functional Group Header       |                           |  |
|         | GS02      | Application Sender’s Code     | IEHPCCA                   | Same Value as ISA06                      |
|         | GS03      | Application Receiver’s Code   | Receiver Code             | Same Value as ISA08                      |
| BGN     |           | Beginning Segment             |                           |  |
|         | BGN01     | Transaction Set Purpose       | 00                        | Original submission                      |
|         | BGN08     | Action Code                   | 2                         | Change (update) used for daily files.    |
|         |           |                               | RX                        | Replace used for monthly files.          |
| 1000A   | N1        | Sponsor Name                  |                           |  |
|         | N101      | Entity Identifier Code        | P5                        | Plan Sponsor                             |
|         | N102      | Name                          | Inland Empire Health Plan | “Inland Empire Health Plan”              |
|         | N103      | Identifier Code Qualifier     | FI                        | Federal Taxpayer’s Identification Number |
| 1000B   | N1        | Payer Name                    |                           |  |
|         | N101      | Entity Qualifier Code         | IN                        | Insurer                                  |
|         | N102      | Name                          |                           | Receiver Name                            |
|         | N103      | Identification Code Qualifier | FI                        | Federal Taxpayer’s Identification Number |

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### B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

| Loop ID | Reference | Name                         | Codes | Notes/Comments                  |
|---------|-----------|------------------------------|-------|---------------------------------|
| 2000    | INS       | Member Level Detail          |       |                                 |
|         | INS01     | Subscriber Indicator         | N     | No                              |
|         |           |                              | Y     | Yes                             |
|         | INS02     | Individual Relationship Code | 01    | Spouse                          |
|         |           |                              | 03    | Father or Mother                |
|         |           |                              | 04    | Grandfather or Grandmother      |
|         |           |                              | 05    | Grandson or Granddaughter       |
|         |           |                              | 06    | Uncle or Aunt                   |
|         |           |                              | 07    | Nephew or Niece                 |
|         |           |                              | 08    | Cousin                          |
|         |           |                              | 09    | Adopted Child                   |
|         |           |                              | 10    | Foster Child                    |
|         |           |                              | 11    | Son-in-law or Daughter-in-law   |
|         |           |                              | 12    | Brother-in-law or Sister-in-law |
|         |           |                              | 13    | Mother-in-law or Father-in-law  |
|         |           |                              | 14    | Brother or Sister               |
|         |           |                              | 15    | Ward                            |
|         |           |                              | 16    | Stepparent                      |
|         |           |                              | 17    | Stepson or Stepdaughter         |
|         |           |                              | 18    | Self                            |
|         |           |                              | 19    | Child                           |
|         |           |                              | 23    | Sponsored Dependent             |
|         |           |                              | 24    | Dependent of a Minor Dependent  |
|         |           |                              | 25    | Ex-spouse                       |
|         |           |                              | 26    | Guardian                        |

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### B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

|      |       |                                       |   |
|------|-------|---------------------------------------|---|
|      |       | 31                                    | Court Appointed<br>Guardian   |
|      |       | 38                                    | Collateral Dependent  |
|      |       | 53                                    | Life Partner  |
|      |       | 60                                    | Annuitant   |
|      |       | D2                                    | Trustee   |
|      |       | G8                                    | Other Relationship  |
|      |       | G9                                    | Other Relative  |
|      | INS03 | Maintenance Type Code                 | 001 Change<br>021 Addition<br>024 Cancellation or<br>Termination<br>025 Reinstatement<br>030 Audit or Compare |
|      | INS08 | Employment Status<br>Code             | AC Active Status<br>TE Terminated or Hold<br>Status   |
|      | INS12 | Member Individual<br>Death Date       | Member Death Date   |
|      | INS13 | Confidentiality Code                  | R Restricted Access<br>U Unrestricted Acces   |
|      | INS17 | Birth Sequence Number                 | Required when reporting<br>family members with<br>same birth date   |
| 2000 | REF   | Subscriber Identifier                 |   |
|      | REF01 | Reference Identification<br>Qualifier | 0F Subscriber Number  |
|      | REF02 | Reference Identification              | 10-digit IEHP Subscriber<br>ID  |
| 2000 | REF   | Member Policy Number                  |   |
|      | REF01 | Reference Identification<br>Qualifier | 1L Member Group Number  |
|      | REF02 | Reference Identification              | 51396CA0010005-00 Platinum Copay – Off<br>Exchange  |

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### B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

|  |  |                   |  |
|--|--|-------------------|--|
|  |  | 51396CA0010005-01 | Platinum Copay – On Exchange                 |
|  |  | 51396CA0010005-03 | Platinum Copay (AIAN 300 Variant) – On       |
|  |  | 51396CA0010004-00 | Gold Copay – Off Exchange                    |
|  |  | 51396CA0010004-01 | Gold Copay – On Exchange                     |
|  |  | 51396CA0010004-03 | Gold Copay (AIAN 300 Variant) – On Exchange  |
|  |  | 51396CA0010003-00 | Silver 70 – Off Exchange                     |
|  |  | 51396CA0010003-01 | Silver 70 – On Exchange                      |
|  |  | 51396CA0010003-03 | Silver 70 (AIAN 300 Variant) – On Exchange   |
|  |  | 51396CA0010003-04 | Silver 73 (CSR 250) – On Exchange            |
|  |  | 51396CA0010003-05 | Silver 87 (CSR 200) – On Exchange            |
|  |  | 51396CA0010003-06 | Silver 94 (CSR 150) – On Exchange            |
|  |  | 51396CA0010002-00 | Bronze – On Exchange                         |
|  |  | 51396CA0010002-01 | Bronze – Off Exchange                        |
|  |  | 51396CA0010002-03 | Bronze (AIAN 300 Variant) – On Exchange      |
|  |  | 51396CA0010001-00 | Minimum Coverage Catastrophic – Off Exchange |
|  |  | 51396CA0010001-01 | Minimum Coverage Catastrophic – On Exchange  |
|  |  | 51396CA0010002-02 | \$0 AIAN Bronze – On Exchange                |
|  |  | 51396CA0010003-02 | \$0 AIAN Silver – On Exchange                |

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### B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

|       |       |                                    |                   |                                 |
|-------|-------|------------------------------------|-------------------|---------------------------------|
|       |       |                                    | 51396CA0010004-02 | \$0 AIAN Gold – On Exchange     |
|       |       |                                    | 51396CA0010005-02 | \$0 AIAN Platinum – On Exchange |
| 2000  | REF   | Member Supplemental Identifier     |                   |                                 |
|       | REF01 | Reference Identification Qualifier | 23                | 10 Digit IEHP Member ID         |
| 2100A | NM1   | Member Name                        |                   |                                 |
|       | NM108 | Identification Code Qualifier      | ZZ                | Mutually Defined                |
|       | NM109 | Member Identifier                  |                   | 10-digit IEHP Member ID         |
| 2100A | DMG   | Member Demographics                |                   |                                 |
|       |       |                                    |                   | Refer to TR3                    |
| 2100A | LUI   | Member Language                    |                   |                                 |
|       | LUI01 | Identification Code Qualifier      | LE                | ISO 639 Language Codes Used     |
|       | LUI02 | Language Code                      |                   |                                 |
|       | LUI03 | Language Description               |                   |                                 |
|       | LUI04 | Use of Language Indicator          | 5                 | Language Reading                |
|       |       |                                    | 6                 | Language Writing                |
|       |       |                                    | 7                 | Language Speaking               |
|       |       |                                    | 8                 | Native Language                 |

## 5010 834 STANDARD COMPANION GUIDE

### B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

| Loop ID | Reference | Name                  | Codes | Notes/Comments                  |
|---------|-----------|-----------------------|-------|---------------------------------|
| 2300    | HD        | Health Coverage       | 001   | Change                          |
|         |           |                       | 002   | Delete                          |
|         |           |                       | 021   | Addition                        |
|         |           |                       | 024   | Cancellation or Termination     |
|         |           |                       | 025   | Reinstatement                   |
|         |           |                       | 030   | Audit or Compare                |
|         |           |                       | HLT   | Health                          |
|         | HD03      | Insurance Line Code   | DCP   | Dental Capitation               |
|         |           |                       | DEN   | Dental                          |
|         |           |                       | HMO   | Health Maintenance Organization |
|         |           |                       | PPO   | Preferred Provider Organization |
|         |           |                       |       |                                 |
| 2300    | DTP       | Health Coverage Dates | 343   | Premium Paid to Date End        |
|         |           |                       | 348   | Benefit Begin                   |
|         |           |                       | 349   | Benefit End                     |
|         |           |                       | 543   | Last Premium Paid Date          |
|         |           |                       |       |                                 |

| Loop 2310 – Provider Information |       |                        |    |  |
|----------------------------------|-------|------------------------|----|--|
| 2310                             | LX01  | Assigned Number        |    |  |
| 2310                             | NM1   | Provider Name          |    |  |
|                                  | NM101 | Entity Identifier Code | P3 | Primary Care Provider  |
|                                  |       |                        | Y2 | Manage Care Organization   |
|                                  |       |                        | 80 | Hospital   |
|                                  | NM102 | Entity Type            | 1  | Person   |
|                                  |       |                        | 2  | Non-Person Entity  |
|                                  | NM103 | Last Name              |    |  |
|                                  | NM104 | First Name             |    |  |
|                                  | NM109 | Identification Code    |    | Use NPI only for Providers Identification. Use NPI for Hospitals also. |

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### B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

| Loop 2750 – Reporting Category – Alternate Format Selection |       |                                    |                              |   |
|---|-------|------------------------------------|------------------------------|---|
| 2750  | LX01  | Assigned Number                    |                              |   |
| 2750  | N101  | Entity Identifier Code             | 75                           | Participant                                   |
|   | N102  | Member Reporting Category Name     | Alternative Format Selection |   |
| 2750  | REF01 | Reference Identification Qualifier | 17                           | Client Reporting Category                     |
|   | REF02 | Reference Identification           | 1                            | Audio CD                                      |
|   |       |                                    | 2                            | Braille                                       |
|   |       |                                    | 3                            | Electronic                                    |
|   |       |                                    | 4                            | Large Print                                   |
|   |       |                                    | 5                            | Text to ASL                                   |
|   |       |                                    | 6                            | Audio CD – English                            |
|   |       |                                    | 7                            | Braille – English                             |
|   |       |                                    | 8                            | Electronic – English                          |
|   |       |                                    | 9                            | Large Print – English                         |
|   |       |                                    | 10                           | Text to ASL – English                         |
|   |       |                                    | 11                           | Audio CD – Spanish                            |
|   |       |                                    | 12                           | Braille – Spanish                             |
|   |       |                                    | 13                           | Electronic – Spanish                          |
|   |       |                                    | 14                           | Large Print – Spanish                         |
|   |       |                                    | 15                           | Audio CD – Chinese                            |
|   |       |                                    | 16                           | Electronic – Chinese                          |
|   |       |                                    | 17                           | Large Print - Chinese                         |
|   |       |                                    | 18                           | Audio CD – Vietnamese                         |
|   |       |                                    | 19                           | Electronic – Vietnamese                       |
|   |       |                                    | 20                           | Large Print - Vietnamese                      |
| 2750  | DTP01 | Time Qualifier                     | 007                          | Set to: 007 - Effective                       |
|   | DTP02 | Format Qualifier                   | D8<br>RD8                    |   |
|   |       |                                    |                              |   |
|   | DTP03 | Date Time Period                   |                              | Effective date or span for reporting category |

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### B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

| Loop 2750 – Reporting Category – Member Out of Pocket Indicator |       |                                    |          |  |
|---|-------|------------------------------------|----------|--|
| 2750  | LX01  | Assigned Number                    |          |  |
| 2750  | N101  | Entity Identifier Code             | 75       | Participant                                |
|   | N102  | Member Reporting Category Name     | MOOP     | Member Out of Pocket Indicator             |
| 2750  | REF01 | Reference Identification Qualifier | 17       | Client Reporting Category                  |
|   | REF02 | Reference Identification           | YYYY;Yes | YYYY = benefit year;<br>MOOP Met Indicator |
| 2750  | DTP01 | Time Qualifier                     | 007      | Set to: 007 – Effective                    |
|   | DTP02 | Format Qualifier                   | D8       |  |
|   | DTP03 | Date Time Period                   |          | Effective date MOOP is met                 |

| Loop 2750 – Reporting Category – Member Out of Pocket Total |       |                                    |                |   |
|---|-------|------------------------------------|----------------|---|
| 2750  | LX01  | Assigned Number                    |                |   |
|   | N101  | Entity Identifier Code             | 75             | Participant   |
|   | N102  | Member Reporting Category Name     | IND MOOP Total | Individual Member Out of Pocket Current Total       |
|   | REF01 | Reference Identification Qualifier | 17             | Client Reporting Category                           |
|   | REF02 | Reference Identification           | YYYY;9999.99   | YYYY = Benefit Year;<br>9999.99 = MOOP Total Amount |

| Loop 2750 – Reporting Category – Member Out of Pocket Total |       |                                    |                |   |
|---|-------|------------------------------------|----------------|---|
| 2750  | LX01  | Assigned Number                    |                |   |
|   | N101  | Entity Identifier Code             | 75             | Participant   |
|   | N102  | Member Reporting Category Name     | FAM MOOP Total | Family Out of Pocket Current Total                  |
|   | REF01 | Reference Identification Qualifier | 17             | Client Reporting Category                           |
|   | REF02 | Reference Identification           | YYYY;9999.99   | YYYY = Benefit Year;<br>9999.99 = MOOP Total Amount |

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### B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

| Loop 2750 – Reporting Category – CMS Race |       |                                    |                    |   |
|---|-------|------------------------------------|--------------------|---|
| 2750                                      | LX01  | Assigned Number                    |                    |   |
| 2750                                      | N101  | Entity Identifier Code             | 75                 | Participant                             |
|   | N102  |                                    | Ethnicity          | Ethnicity                               |
| 2750                                      | REF01 | Reference Identification Qualifier | 17                 | Client Reporting Category               |
|   | REF02 | Reference Identification           | Hispanic or Latino | Hispanic or Latino                      |
|   |       |                                    | Other              | Not Hispanic or Latino, Other specified |
|   |       |                                    | Declined           | Declined                                |

| Loop 2750 – Reporting Category – Member Reported Race |       |                                    |                      |   |
|---|-------|------------------------------------|----------------------|---|
| 2750  | LX01  | Assigned Number                    |                      |   |
| 2750  | N101  | Entity Identifier Code             | 75                   | Participant                               |
|   | N102  |                                    | Member Reported Race | Member Reported Race                      |
| 2750  | REF01 | Reference Identification Qualifier | 17                   | Client Reporting Category                 |
|   | REF02 | Reference Identification           | 1                    | White                                     |
|   |       |                                    | 2                    | Black or African American                 |
|   |       |                                    | 3                    | Other                                     |
|   |       |                                    | 4                    | Asian                                     |
|   |       |                                    | 6                    | American Indian or Alaska Native          |
|   |       |                                    | 7                    | Native Hawaiian or Other Pacific Islander |
|   |       |                                    | 8                    | Declined                                  |

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### B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

| Loop 2750 – Reporting Category – Sex at Birth |       |                                    |                        |                           |
|---|-------|------------------------------------|------------------------|---------------------------|
| 2750  | LX01  | Assigned Number                    |                        |                           |
| 2750  | N101  | Entity Identifier Code             | 75                     | Participant               |
|   | N102  |                                    | Sex at Birth           | Sex at Birth              |
| 2750  | REF01 | Reference Identification Qualifier | 17                     | Client Reporting Category |
|   | REF02 | Reference Identification           | Female                 | Female                    |
|   |       |                                    | Male                   | Male                      |
|   |       |                                    | X/Another Sex          | X/Another Sex             |
|   |       |                                    | Unknown                | Unknown                   |
|   |       |                                    | Choose not to disclose | Choose not to disclose    |
|   |       |                                    |                        |                           |

| Loop 2750 – Reporting Category – Sexual Orientation |       |                                    |                        |                             |
|---|-------|------------------------------------|------------------------|-----------------------------|
| 2750  | LX01  | Assigned Number                    |                        |                             |
| 2750  | N101  | Entity Identifier Code             | 75                     | Participant                 |
|   | N102  |                                    | Sexual Orientation     | Sexual Orientation          |
| 2750  | REF01 | Reference Identification Qualifier | 17                     | Client Reporting Category   |
|   | REF02 | Reference Identification           | Homosexual             | Lesbian, Gay, or Homosexual |
|   |       |                                    | Heterosexual           | Straight or Heterosexual    |
|   |       |                                    | Bisexual               | Bisexual                    |
|   |       |                                    | Pansexual              | Pansexual                   |
|   |       |                                    | Something Else         | Something else              |
|   |       |                                    | Do Not Know            | Do not know                 |
|   |       |                                    | Choose Not To Disclose | Choose not to disclose      |

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### B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

| Loop 2750 – Reporting Category – Gender Identity |       |                                    |                        |   |
|--|-------|------------------------------------|------------------------|---|
| 2750   | LX01  | Assigned Number                    |                        |   |
| 2750   | N101  | Entity Identifier Code             | 75                     | Participant   |
|  | N102  |                                    | Gender Identity        | Gender Identity                                     |
| 2750   | REF01 | Reference Identification Qualifier | 17                     | Client Reporting Category                           |
|  | REF02 | Reference Identification           | Male                   | Male  |
|  |       |                                    | Female                 | Female  |
|  |       |                                    | FTM                    | Transgender male/trans man/female-to-male (FTM)     |
|  |       |                                    | MTF                    | Transgender female/trans woman/male-to-female (MTF) |
|  |       |                                    | Genderqueer            | Genderqueer, neither exclusively male nor female    |
|  |       |                                    | Other                  | Additional gender category or other                 |
|  |       |                                    | Choose Not To Disclose | Choose not to disclose                              |

| Loop 2750 – Reporting Category – Pronoun |       |                                    |                  |                           |
|--|-------|------------------------------------|------------------|---------------------------|
| 2750                                     | LX01  | Assigned Number                    |                  |                           |
| 2750                                     | N101  | Entity Identifier Code             | 75               | Participant               |
|  | N102  |                                    | Pronoun          | Pronoun                   |
| 2750                                     | REF01 | Reference Identification Qualifier | 17               | Client Reporting Category |
|  | REF02 | Reference Identification           | She/Her/Hers     | She/Her/Hers              |
|  |       |                                    | He/Him/His       | He/Him/His                |
|  |       |                                    | They/Them/Theirs | They/Them/Theirs          |
|  |       |                                    | Other            | Other                     |

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### B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

| Loop 2750 – Reporting Category – Preferred Name |       |                                    |                |                           |
|---|-------|------------------------------------|----------------|---------------------------|
| 2750  | LX01  | Assigned Number                    |                |                           |
| 2750  | N101  | Entity Identifier Code             | 75             | Participant               |
|   | N102  |                                    | Preferred Name | Preferred Name            |
| 2750  | REF01 | Reference Identification Qualifier | 17             | Client Reporting Category |
|   | REF02 | Reference Identification           |                | Preferred Name            |

| Loop 2750 – Reporting Category – Covered California Grace Period |       |                                |                   |                         |
|--|-------|--------------------------------|-------------------|-------------------------|
| 2750   | LX01  | Assigned Number                |                   |                         |
| 2750   | N101  | Entity Identifier Code         | 75                | Participant             |
|  | N102  | Member Reporting Category Name | Grace Period      | Grace Period            |
| 2750   | DTP01 | Time Qualifier                 | 007               | Set to: 007 – Effective |
|  | DTP02 | Format Qualifier               | RD8               |                         |
|  | DTP03 | Date Time Period               | CCYYMMDD-CCYYMMDD | Grace Period Dates      |

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### B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

| Loop 2750 – Reporting Category – APTC |       |                        |          |  |
|---------------------------------------|-------|------------------------|----------|--|
| 2750                                  | LX01  | Assigned Number        |          |  |
| 2750                                  | N101  | Entity Identifier Code | 75       | Participant                            |
|                                       | N102  |                        | APTC AMT | APTC AMT                               |
| 2750                                  | REF01 |                        | 9V       | Payment Category                       |
|                                       | REF02 |                        |          | Consumer Elected APTC Amount           |
| 2750                                  | DTP01 |                        | 007      | Effective                              |
|                                       | DTP02 |                        | D8       | Date in CCYYMMDD format                |
|                                       | DTP03 |                        |          | APTC Effective Date in CCYYMMDD format |

| Loop 2750 – Reporting Category – CSR |       |                        |         |                                       |
|--------------------------------------|-------|------------------------|---------|---------------------------------------|
| 2750                                 | LX01  | Assigned Number        |         |                                       |
| 2750                                 | N101  | Entity Identifier Code | 75      | Participant                           |
|                                      | N102  |                        | CSR AMT | CSR AMT                               |
| 2750                                 | REF01 |                        | 9V      | Payment Category                      |
|                                      | REF02 |                        |         | CSR Amount                            |
| 2750                                 | DTP01 |                        | 007     | Effective                             |
|                                      | DTP02 |                        | D8      | Date in CCYYMMDD format               |
|                                      | DTP03 |                        |         | CSR Effective Date in CCYYMMDD format |

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### B. Included ASC X12 Implementation Guides - 005010X220A1 Benefit Enrollment and Maintenance (834)

| Loop 2750 – Reporting Category – State Subsidy |       |                        |               |   |
|--|-------|------------------------|---------------|---|
| 2750   | LX01  | Assigned Number        |               |   |
| 2750   | N101  | Entity Identifier Code | 75            | Participant                                     |
|  | N102  |                        | OTH PAY AMT 1 | OTH PAY AMT 1                                   |
| 2750   | REF01 |                        | 9V            | Payment Category                                |
|  | REF02 |                        |               | State Subsidy Amount                            |
| 2750   | DTP01 |                        | 007           | Effective                                       |
|  | DTP02 |                        | D8            | Date in CCYYMMDD format                         |
|  | DTP03 |                        |               | State subsidy Effective Date in CCYYMMDD format |

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## **5010 834 STANDARD COMPANION GUIDE**

### **C. Frequently Asked Questions**

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#### **Q. What is the file naming convention for IEHP Covered California 834 Benefit and Enrollment files?**

The naming convention for 834 benefit and enrollment consists of the following:

- All file name starts with a M (monthly) or D (daily)
- The 2nd through 7th character is the 834 submitter ID provided by IEHP.
- The 8th through 15th character is the date the file was created - YYYYMMDD.
- The 16th character is the file two-digit sequence identifier sent on the same day beginning with 01.
- The extension will be 834.

#### **EDI 834 File Example - File Sent from IEHP to Trading Partner**

An example of the file naming convention for the first submission of an 834 benefit and enrollment File is: M0IECCA2014060101.834

- M Indicates a monthly file
- 0IECCA identifies the IPA and Covered California line of business code
- 2014 is year the file was created
- 06 is month the file was created
- 01 is day the file was created
- 01 is first sequence sent on same day (01-10)
- .834 HIPAA 834 file extension