
5010 834 STANDARD COMPANION GUIDE

A. Transaction Introduction

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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A. Transaction Introduction

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

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

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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

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

Loop ID	Reference	Name	Codes	Notes/Comments	
2300	HD	Health Coverage			
	HD01	Maintenance Type Code	001	Change	
			002	Delete	
			021	Addition	
			024	Cancellation or Termination	
			025	Reinstatement	
			030	Audit or Compare	
	HD03	Insurance Line Code	HLT	Health	
			DCP	Dental Capitation	
			DEN	Dental	
			HMO	Health Maintenance Organization	
			PPO	Preferred Provider Organization	
	2300	DTP	Health Coverage Dates		
		DTP01	Date/Time Qualifier	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 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; 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; 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; 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	REF01	Reference Identification Qualifier	17	Client Reporting Category
	REF02	Reference Identification	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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C. Frequently Asked Questions

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