



CareSource

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010

Companion Guide Version Number: 1.1

Preface:

The information contained in this guide is meant to provide assistance to providers regarding the electronic submission of health information to CareSource. The sole purpose of this document is to provide guidance to entities who wish to become a Trading Partner. Every effort has been made to assure the information in this guide conforms to current requirements of the law. Each Medicaid provider and Trading Partner has the ultimate responsibility to follow federal and state laws. All users of this guide are advised to review these legal requirements with their legal counsel.

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with CareSource. Transmissions based on this companion guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1. INTRODUCTION

This document is intended as a companion to the errata Benefit Enrollment and Maintenance (834) ASC X12N/005010X220A1, published in June 2010, and the Benefit Enrollment and Maintenance (834) Implementation Guide (IG) ASC X12N/005010X220, originally published August 2006. This companion guide will give CareSource specific guidelines they need to process certain scenarios on a payable claim that the Implementation Guides can't provide. This clarifying information will be listed in a table format consisting of a row for each segment that CareSource has something additional, over and above, the information in the Implementation Guides. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listing
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with CareSource

a. Scope

The companion guide is intended to be used as a supplement of the implementation guides.

b. Overview

This companion guide clarifies what CareSource looks for in specific loops/segments under specific scenarios on a payable claim.

c. References

This companion guide supplements errata and IG documents "834 A1.pdf" and "834.pdf" respectively, which are published by the **Washington Publishing Company** www.wpc-edi.com.

- a. Additional Information

2. GETTING STARTED

- a. Working with CareSource

Please email CareSource's EDI department at EDIServices@caresource.com to initiate interaction regarding questions/comments/clarifications needed regarding this companion guide.

- b. Trading Partner Registration
- c. Certification and Testing Overview

3. Testing with the Payer

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

- a. Process Flows and Passwords
- b. Transmission Administrative Procedures
- c. Re-Transmission Procedure

- d. Communication Protocol Specifications – Downtime for Server Maintenance will be notified via email
- e. Password

5. CONTACT INFORMATION

- a. EDI Customer Service
- b. EDI Technical Assistance: EDIServices@caresource.com
- c. Provider Services Number: 1-800-488-0134
- d. Applicable Website: www.caresource.com

6. CONTROL SEGMENTS / ENVELOPES

Specific requirements/expectations, based on transaction type, will be communicated by the EDI department during the life cycle requirements phase for the following:

- a. ISA-IEA Interchange Control
- b. GS-GE Functional Group
- c. ST-SE Transaction Set

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Please refer to the Notes/Comments column in section “Transaction Specific Information.”

8. ACKNOWLEDGEMENTS AND/OR REPORTS

Not applicable.

9. TRADING PARTNER AGREEMENTS

a. Trading Partners

An EDI Trading Partner is defined as any CareSource customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from CareSource.

10. TRANSACTION SPECIFIC INFORMATION:

Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
C.3	Control Segment Header	ISA	ISA - Interchange Control				
C.4		ISA01	Authorization Information Qualifier	00	2		00
C.4		ISA02	Authorization Information		10		blank
C.4		ISA03	Security Information Qualifier	00	2		00
C.4		ISA04	Security Information		10		blank
C.4		ISA05	Interchange ID Qualifier	01	2		01
C.4		ISA06	Interchange Sender ID		15		311143265
C.5		ISA07	Interchange ID Qualifier	ZZ	2		ZZ

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
C.5		ISA08	Interchange Receiver ID		15		<Trading Partner Identifier>
C.5		ISA09	Interchange Date		6		yymmdd
C.5		ISA10	Interchange Time		4		hhmm
C.5		ISA11	Repetition Separator		1		^
C.5		ISA12	Interchange Control Version Number	00501	5		00501
C.5		ISA13	Interchange Control Number		9		<Unique control number> / Interchange control number
C.6		ISA14	Acknowledgment Requested	0	1		0
C.6		ISA15	Interchange Usage Indicator	P, T	1		P - Test; T - Test
C.6		ISA16	Component Element Separator		1		~
C.7		GS	Functional Group Header				
C.7		GS01	Functional Identifier Code		2		BE
C.7		GS02	Application Sender's Code		15		311143265
C.7		GS03	Application Receiver's Code		15		<Trading Partner Identifier>
C.7		GS04	functional group creation date		8		yyyymmdd
C.8		GS05	creation time		8		hhmm
C.8		GS06	Group Control Number		9		Counter - Increment by 1
C.8		GS07	Responsible Agency Code	X	2		X
C.8		GS08	Version / Release / Industry Identifier Code	005010X220A1	12		005010X220A1
31	Header	ST	Transaction Set Header				
31	Header	ST01	Transaction Set Identifier Code	834	3	M	834
31	Header	ST02	Transaction Set Control Number		9	M	000501
31	Header	ST03	Implementation Convention Reference		35	O	005010X220A1
32	Header	BGN	Beginning Segment				
33	Header	BGN01	Transaction Set Purpose Code	00	2	M	00
33	Header	BGN02	Transaction Set Reference Number		50	M	time stamp is used
33	Header	BGN03	Transaction Set Creation Date		8	M	CCYYMMDD
33	Header	BGN04	Transaction Set Creation Time		8	X	HHMMSS
35	Header	BGN08	Action Code		2	O	2 – Change; 4 - Full
39	1000A	N1	N1 - Sponsor Name			M	
39	1000A	N101	Entity Identifier Code	P5	3	X	P5

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
39	1000A	N102	Plan Sponsor Name		60	X	CareSource
40	1000A	N103	Identification Code Qualifier	FI	2	X	FI
40	1000A	N104	Sponsor Identifier		80	X	311143265
40	1000B	N1	N1 - Payer			M	
41	1000B	N101	Entity Identifier Code	IN	3	M	IN
41	1000B	N102	Insurer Name		60	X	<Trading Partner Name>
42	1000B	N103	Identification Code Qualifier	FI	2	X	FI
42	1000B	N104	Insurer Identification Code		80	X	<Trading Partner Identifier>
47	2000	INS	INS - Member Level Detail				
48	2000	INS01	Subscriber Indicator	Y	1	M	Y - Yes
48	2000	INS02	Individual Relationship Code	18	2	M	18 - Self
49	2000	INS03	Maintenance Type Code	001, 021, 024, 030	3	O	Value used based on trading partner agreement.
49	2000	INS04	Maintenance Reason Code		3	O	See implementation guide for valid HIPAA codes. Will not be used when INS03 = 030
51	2000	INS05	Benefit Status Code	A	1	O	A - Active
51	2000	INS06	MEDICARE STATUS CODE			O	Not Used
52	2000	INS08	Employment Status Code	FT, TE	2	O	FT - Full-time or TE - Terminated
53	2000	INS10	Handicap Indicator		1	O	Y – Yes or N - No
53	2000	INS11	Date Time Period Format Qualifier	D8	3	X	
54	2000	INS12	Member Individual Death Date		35	X	Death Date
55	2000	REF	SUBSCRIBER IDENTIFIER				
55	2000	REF01	Reference Identification Qualifier	0F	3	M	0F - Subscriber Number
55	2000	REF02	Subscriber Identifier		50	X	Also referred to as the CareSource Member Identifier
56	2000	REF	MEMBER POLICY NUMBER				
56	2000	REF01	Reference Identification Qualifier	1L	3	M	1L -Group or Policy Number
56	2000	REF02	Member Group or Policy Number		50	X	Sub Group ID
57	2000	REF	MEMBER SUPPLEMENTAL IDENTIFIER				
57	2000	REF01	Reference Identification Qualifier	17	3	M	17 - Client Reporting Category
58	2000	REF02	Member Supplemental Identifier		50	X	This is the assistant group name

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
57	2000	REF	MEMBER SUPPLEMENTAL IDENTIFIER				
57	2000	REF01	Reference Identification Qualifier	23	3	M	23 - Client Number
58	2000	REF02	Member Supplemental Identifier		50	X	This is the Medicaid ID
57	2000	REF	MEMBER SUPPLEMENTAL IDENTIFIER				
57	2000	REF01	Reference Identification Qualifier	3H	3	M	3H - Case Number
58	2000	REF02	Member Supplemental Identifier		50	X	This is the family link
57	2000	REF	MEMBER SUPPLEMENTAL IDENTIFIER				
57	2000	REF01	Reference Identification Qualifier	ABB	3	M	ABB – Personal ID Number
58	2000	REF02	Member Supplemental Identifier		50	X	This is the Medicare ID
57	2000	REF	MEMBER SUPPLEMENTAL IDENTIFIER				
57	2000	REF01	Reference Identification Qualifier	DX	3	M	DX - Department/Agency Number
58	2000	REF02	Member Supplemental Identifier		50	X	This is the county
57	2000	REF	MEMBER SUPPLEMENTAL IDENTIFIER				
57	2000	REF01	Reference Identification Qualifier	F6	3	M	F6 – Health Insurance Claim (HIC) Number
58	2000	REF02	Member Supplemental Identifier		50	X	This is the Assistance Group Code
57	2000	REF	MEMBER SUPPLEMENTAL IDENTIFIER				
57	2000	REF01	Reference Identification Qualifier	QQ	3	M	
58	2000	REF02	Member Supplemental Identifier		50	X	Consent Indicator; 1 – yes, 0 - No
57	2000	REF	MEMBER SUPPLEMENTAL IDENTIFIER				
57	2000	REF01	Reference Identification Qualifier	ZZ	3	M	
58	2000	REF02	Member Supplemental Identifier		50	X	Group ID
62	2100A	NM1	Member Name				
62	2100A	NM101	Entity Identifier Code	IL	3	M	IL - Insured or Subscriber

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
63	2100A	NM102	Entity Type Qualifier	1	1	M	1 - Person
63	2100A	NM103	Member Last Name		60	X	
63	2100A	NM104	Member First Name		35	O	
63	2100A	NM105	Member Middle Name		25	O	
64	2100A	NM108	Identification Code Qualifier	34	2	X	
64	2100A	NM109	Member Identifier		80	X	Medicaid ID
65	2100A	PER	Member Communication Numbers				
66	2100A	PER01	Contact Function Code	IP	2	M	IP - Insured Party
66	2100A	PER03	Communication Number Qualifier	HP	2	X	HP - Home Phone Number
66	2100A	PER04	Communication Number		256	X	This is the home phone number
66	2100A	PER05	Communication Number Qualifier	TE	2		TE - Telephone
67	2100A	PER06	Communication Number		256	X	This is the secondary phone number
68	2100A	N3	MEMBER RESIDENCE STREET ADDRESS				
68	2100A	N301	Member Address Line		55	M	Member address line 1
68	2100A	N302	Member Address Line		55	O	Member address line 2
69	2100A	N4	MEMBER CITY, STATE, ZIP CODE				
69	2100A	N401	Member City Name		30	O	
69	2100A	N402	Member State Code		2	X	
70	2100A	N403	Member Postal Zone or Zip Code		15	O	
70	2100A	N405	Location Qualifier	CY	2	X	
70	2100A	N406	Location Identifier		30	O	County
71	2100A	DMG	MEMBER DEMOGRAPHICS				
71	2100A	DMG01	Date Time Period Format Qualifier	D8	3	X	D8 - Date Expressed in Format CCYYMMDD
71	2100A	DMG02	Member Birth Date		35	X	
72	2100A	DMG03	Gender Code	F, M, U	1	X	F - Female; M - Male; U - Unknown
84	2100A	LUI	MEMBER LANGUAGE				
84	2100A	LUI01	Identification Code Qualifier	LE	2	X	LE - ISO 639 Language Codes
85	2100A	LUI02	Language Code		80	X	
85	2100A	LUI04	Language Use Indicator	7	2	O	7 - Language Speaking
92	2100C	NM1	MEMBER MAILING ADDRESS				
92	2100C	NM101	Entity Identifier Code	31	3	M	31 - Postal Mailing Address
92	2100C	NM102	Entity Type Qualifier	1	1	M	1 - Person

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
94	2100C	N3	MEMBER MAIL STREET ADDRESS				
94	2100C	N301	Member Address Line		55	M	Mailing address 1
94	2100C	N302	Member Address Line		55	O	Mailing address 2
95	2100C	N4	MEMBER MAIL CITY, STATE, ZIP CODE				
95	2100C	N401	Member Mail City Name		30	O	
95	2100C	N402	Member Mail State Code		2	X	
96	2100C	N403	Member Mail Postal Zone or ZIP Code		15	O	
123	2100G	NM1	RESPONSIBLE PERSON				Trading Partner determines
123	2100G	NM101	Entity Identifier Code	GB, QD	3	M	
124	2100G	NM102	Entity Type Qualifier	1	1	M	1 - Person
124	2100G	NM103	Responsible Party Last or Organization Name		60	X	COB Primary or Case Manager Last Name
124	2100G	NM104	Responsible Party First Name		35	O	COB Primary or Case Manager First Name
124	2100G	NM105	MIDDLEINITIAL		10	O	
140	2300	HD	HEALTH COVERAGE				
140	2300	HD01	Maintenance Type Code	001, 021, 024, 030	3	M	Value used based on trading partner agreement.
141	2300	HD03	Insurance Line Code		3	O	
141	2300	HD04	Plan Coverage Description		50	O	
142	2300	HD05	Coverage Level Code	IND	3	O	IND - Individual
143	2300	DTP	HEALTH COVERAGE DATES				
143	2300	DTP01	Date Time Qualifier	348	3	M	348 - Benefit Begin
144	2300	DTP02	Date Time Period Format Qualifier	D8	3	M	D8 - Date Expressed in Format CCYYMMDD
144	2300	DTP03	Coverage Period		35	M	Subscriber's effective date
143	2300	DTP	HEALTH COVERAGE DATES				
143	2300	DTP01	Date Time Qualifier	349	3	M	349
144	2300	DTP02	Date Time Period Format Qualifier	D8	3	M	D8
144	2300	DTP03	Coverage Period		35	M	Subscriber's end date
145	2300	AMT01	Amount Qual Code		3	M	
145	2300	AMT02	Monetary Amount		18	M	
146	2300	REF	HEALTH COVERAGE POLICY NUMBER				
146	2300	REF01	Reference Identification Qualifier	PID	3	M	PID - Program Identification Number
147	2300	REF02	Member Group or Policy Number		50	X	Product ID
146	2300	REF	HEALTH COVERAGE POLICY NUMBER				

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
146	2300	REF01	Reference Identification Qualifier	XX1	3		XX1 – Special Program Code
147	2300	REF02	Member Group or Policy Number		50	M	Handicap Coverage Type
146	2300	REF01	Reference Identification Qualifier	9V	3	X	9V – Payment Category
147	2300	REF02	Member Group or Policy Number		50		
146	2300	REF01	Reference Identification Qualifier	CE	3	M	CE – Class of Contract Code
147	2300	REF02	Member Group or Policy Number		50	X	
152	2310	LX	PROVIDER INFORMATION				
152	2310	LX01	Assigned Number		6	M	Begin with 1
153	2310	NM1	PROVIDER NAME				
153	2310	NM101	Entity Identifier Code	P3		M	P3 – Primary Care Provider
154	2310	NM102	Entity Type Qualifier	1	1	M	1 - Person
154	2310	NM103	Provider Last or Organization Name		60	X	
154	2310	NM104	Provider First Name		35	O	
153	2310	NM101	Entity Identifier Code	P3		M	QA – Pharmacy
154	2310	NM102	Entity Type Qualifier	2	1	M	2 Non-Person Entity
154	2310	NM103	Provider Last or Organization Name		60	X	
155	2310	NM108	Identification Code Qualifier	XX	2	X	XX – NPI
155	2310	NM109	Provider Identifier		80	X	NPI
155	2310	NM108	Identification Code Qualifier	XX	2	X	XX – NABP
155	2310	NM109	Provider Identifier		80	X	NPI
155	2310	NM110	Entity Relationship Code	72	2	X	72 - Unknown
156	2310	N3	PROVIDER ADDRESS				
156	2310	N301	Provider Address line 1		55	M	
156	2310	N302	Provider Address line 2		55	O	
157	2310	N4	PROVIDER CITY, STATE, ZIP CODE				
157	2310	N401	Provider City Name		30	O	
157	2310	N402	Provider State Code		2	X	
158	2310	N403	Provider Postal Cod or Zip Code		15	O	
164	2320	COB	COORDINATION OF BENEFITS				
164	2320	COB01	Payer Responsibility Sequence Number Code	S, P	1	O	S - Secondary or P - Primary
164	2320	COB02	Member Group or Policy Number		50	O	Group Policy Number or Member Number, determined by trading partner needs.
164	2320	COB03	Coordination of Benefits Code	1	1	O	1 - Coordination of Benefits
165	2320	COB04	Service Type Code		2	O	
166	2320	REF	ADDITIONAL COORDINATION OF BENEFITS IDENTIFIERS				

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
166	2320	REF01	Reference Identification Qualifier	6P	3	M	6P - Group Number
167	2320	REF02	Member Group or Policy Number		50	X	COB Group number
168	2320	DTP	COORDINATION OF BENEFITS ELIGIBILITY DATES				
168	2320	DTP01	Date/Time Qualifier	344	3	M	344 - Coordination of Benefits Begin
168	2320	DTP02	Date Time Period Format Qualifier	D8	3	M	D8 - Date Expressed in Format CCYYMMDD
168	2320	DTP03	Coordination of Benefits Date		35	M	COB effective date
168	2320	DTP	COORDINATION OF BENEFITS ELIGIBILITY DATES				
168	2320	DTP01	Date/Time Qualifier	345	3	M	345 - Coordination of Benefits End
168	2320	DTP02	Date Time Period Format Qualifier	D8	3	M	D8
168	2320	DTP03	Coordination of Benefits Date		35	M	COB end date
169	2330	NM1	COORDINATION OF BENEFITS RELATED ENTITY				
169	2330	NM101	Entity Identifier Code	IN	3	M	IN - Insurer
170	2330	NM102	Entity Type Qualifier	2	1	M	2 – Non person entity
170	2330	NM103	Coordination of Benefits Insurer Name		60	X	
170	2330	NM108	Identification Code Qualifier	FI	2	X	FI – Federal taxpayer's Identification Number
170	2330	NM109	Coordination of Benefits Insurer Identification Code		80	X	
171	2330	N3	COORDINATION OF BENEFITS RELATED ENTITY ADDRESS				
171	2330	N301	Address Information		55	M	
171	2330	N302	Address Information		55	O	Secondary address
172	2330	N4	COORDINATION OF BENEFITS OTHER INSURANCE COMPANY CITY, STATE, ZIP CODE				
172	2330	N401	Coordination of Benefits Other Insurance Company City Name		30	O	
173	2330	N402	Coordination of Benefits Other Insurance Company State Code		2	X	
173	2330	N403	Coordination of Benefits Other Insurance Company Postal Zone or ZIP Code		15	O	

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
173	2330	N404	Country Code		3	X	
179	2700	LS					
179	2700	LS01	Loop Identifier Code	2700	4	M	2700
177	2710	LX	Member Reporting Categories				There are up to 7 data fields that will be reported in loop 2750. The N1 will describe what data field will be reported in the REF segment(s).
177	2310	LX01	Assigned Number		6	M	Begin with 1
178	2750	N1	Reporting Category				
178	2750	N101	Entity Identifier Code	75	3	M	75 - Participant
178	2750	N102	Name		60	X	MECD_MCTR_AIDC
179	2750	REF	Reporting Category Reference				
179	2750	REF01	Reference ID Qualifier	17	3	M	17
179	2750	REF02	Reference Identification		50	X	Aide Category. Managed Care Code Translation. Will have maximum length of 4.
178	2750	N1	Reporting Category				
178	2750	N101	Entity Identifier Code	75	3	M	75 - Participant
178	2750	N102	Name		60	X	MECD_MCTR_AIDC_DESCRIPTION
179	2750	REF	Reporting Category Reference				Because there can be 255 characters there can be 6 REF segments for this field that will need to be concatenated into one contiguous field.
179	2750	REF01	Reference ID Qualifier	ZZ	3	M	ZZ
179	2750	REF02	Reference Identification		50	X	Aide Category. Managed Care Code Translation Description.
178	2750	N1	Reporting Category				
178	2750	N101	Entity Identifier Code	75	3	M	75 - Participant
178	2750	N102	Name		60	X	LUCID_ID
179	2750	REF	Reporting Category Reference				Because there can be 80 characters there can be 2 REF segments for this field that will need to be concatenated into one contiguous field.
179	2750	REF01	Reference ID Qualifier	ZZ	3	M	ZZ
179	2750	REF02	Reference Identification		50	X	LUCID_ID. Member Health ID.
178	2750	N1	Reporting Category				
178	2750	N101	Entity Identifier Code	75	3	M	75 - Participant

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
178	2750	N102	Name		60	X	STATE_NAME
179	2750	REF	Reporting Category Reference				
179	2750	REF01	Reference ID Qualifier	ZZ	3	M	ZZ
179	2750	REF02	Reference Identification		50	X	State name
178	2750	N1	Reporting Category				
178	2750	N101	Entity Identifier Code	75	3	M	75 - Participant
178	2750	N102	Name		60	X	GROUP_DESCRIPTION
179	2750	REF	Reporting Category Reference				
179	2750	REF01	Reference ID Qualifier	ZZ	3	M	ZZ
179	2750	REF02	Reference Identification		50	X	Line Of Business description Aide Category. Managed Care Code Translation
178	2750	N1	Reporting Category				
178	2750	N101	Entity Identifier Code	75	3	M	75 - Participant
178	2750	N102	Name		60	X	SUBGROUP_NAME
179	2750	REF	Reporting Category Reference				
179	2750	REF01	Reference ID Qualifier	ZZ	3	M	ZZ
179	2750	REF02	Reference Identification		50	X	Subgroup name
178	2750	N1	Reporting Category				
178	2750	N101	Entity Identifier Code	75	3	M	75 – Participant
178	2750	N102	Name		60	X	MEMBER_PLAN_DESCRIPTION
179	2750	REF	Reporting Category Reference				Because there can be 70 characters there can be 2 REF segments for this field that will need to be concatenated into one contiguous field.
179	2750	REF01	Reference ID Qualifier	18	3	M	18
179	2750	REF02	Reference Identification		50	X	Member Plan Description
178	2750	N1	Reporting Category				
178	2750	N101	Entity Identifier Code	75	3	M	75 – Participant
178	2750	N102	Name		60	X	MEME_CHK
178	2750	N101	Entity ID Code	75		M	75 – Participant
178	2750	N102	Name			X	Payer
183	2700	LE	Additional Reporting Categories Loop Termination				
183	2700	LE01	Loop Identifier Code	2700	4	M	2700
184	Trailer	SE	TRANSACTION SET TRAILER				

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Page #	Loop ID	Reference	Name	Code	Len	R/O /M	Notes / Comments
184	Trailer	SE01	Transaction Segment Count		10	M	Count representing the total number of segments from ST to SE
184	Trailer	SE02	Transaction Set Control Number		9	M	should match ST02

**APPENDICES:
Business Scenario**

Business Scenario 1: Enroll Subscriber in Products / Add Subscriber Coverage

ST*834*0001*005010X220~
 BGN*00*12456*19980520*1200****2~
 N1*P5**FI*999888777~
 N1*IN**FI*654456654~
 INS*Y*18*021*20*A***FT~
 REF*0F*123456789~
 REF*1L*123456001~
 DTP*356*D8*20200523~
 NM1*IL*1*DOE*JOHN*P***34*123456789~
 PER*IP**HP*7172343334*WP*7172341240~
 N3*100 MARKET ST*APT 3G~
 N4*MIDDLETOWN*OH*45044**CY*18021~
 DMG*D8*19900816*M~
 HD*021**HLT~
 DTP*348*D8*20200601~
 LS*2700~
 LX*1~
 N1*75*TOT RES AMT~
 REF*9V*269.99~
 DTP*007*D8*20210203~
 LX*2~
 N1*75*APPLICATION ID AND ORIGIN~
 REF*6M*3752774025-5~
 DTP*007*D8*20210203~
 LX*3~
 N1*75*APTC AMT~
 REF*9V*494.00~
 DTP*007*D8*20210203~
 LX*4~
 N1*75*PRE AMT 1~
 REF*9X*763.99~
 DTP*007*D8*20210203~
 LX*5~
 N1*75*PRE AMT
 REF*9X*763.99~
 DTP*007*D8*20210203~

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LX*6~
N1*75*SOURCE EXCHANGE ID~
REF*17*KY0~
DTP*007*D8*20210203~
LX*7~
N1*75*RATING AREA~
REF*9X*R-KY003~
DTP*007*D8*20210203~
LX*8~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20210203141553~
DTP*007*D8*20210203~
LX*9~
N1*75*ADDL MAINT REASON~
REF*17*CONFIRM~
DTP*007*D8*20210203~
LE*2700~
SE*21*12345~
GE*4*174583~
IEA*40*000167414~

Business Scenario 2: Terminate Eligibility for a Subscriber

ST*834*718219508*005010X220A1~
BGN*00*CMS00001995-1104116440*20210317*000219*ET***2~
DTP*303*D8*20210317~
QTY*DT*0~
QTY*TO*1~
N1*P5*Karen Rodenbeck*FI*303117271~
N1*IN*CareSource Indiana, Inc.*FI*320121856~INS*Y*18*024*59*A***AC~
REF*0F*0002810124~
REF*1L*87057028~
REF*17*0002810124~
REF*23*11041164400~
REF*60*IN00084989329~
REF*ZZ*11041164400~
DTP*357*D8*20201130~
NM1*IL*1*Rodenbeck*Karen***34*303117271~
PER*IP**TE*2607059804*EM*rodenbeckks@gmail.com~
N3*6211 Buckners Pass~
N4*Fort Wayne*IN*46818**CY*18003~
DMG*D8*19910329*F*U*:RET:2186-5^:RET:2106-3~
LS*2700~
LX*1~
N1*75*SEP REASON~
REF*17*07~DTP*007*D8*20201130~
LX*2~
N1*75*TOT RES AMT~
REF*9V*109.33~DTP*007*D8*20201130~
LX*3~

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N1*75*CSR AMT~
REF*9V*123.79~
DTP*007*D8*20201130~
LX*4~
N1*75*APTC AMT~
REF*9V*290.00~
DTP*007*D8*20201130~
LX*5~
N1*75*APPLICATION ID AND ORIGIN~
REF*6M*3514424118-1~
DTP*007*D8*20201130~
LX*6~
N1*75*PRE AMT 1~
REF*9X*399.33~
DTP*007*D8*20201130~
LX*7~
N1*75*PRE AMT TOT~
REF*9X*399.33~DTP*007*D8*20201130~
LX*8~
N1*75*SOURCE EXCHANGE ID~
REF*17*IN0~DTP*007*D8*20201130~
LX*9~
N1*75*RATING AREA~REF*9X*R-IN004~
DTP*007*D8*20201130~
LX*10~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20200317104936~
DTP*007*D8*20201130~
LX*11~
N1*75*ADDL MAINT REASON~
REF*17*TERM~
DTP*007*D8*20201130~
LE*2700~
SE*67*718219508~
GE*1*174912~
IEA*44*000167424~

Business Scenario 3: Reinstate the Subscriber

ST*834*822562793*005010X220A1~
BGN*00*CMS00001985-1107893940*20210304*035055*ET***2~
DTP*303*D8*20210304~
QTY*DT*1~
QTY*TO*2~
N1*P5*Daniel Adam*FI*302724532~
N1*IN*CareSource*FI*311143265~
INS*Y*18*025**A***AC~
REF*0F*0002920795~
REF*17*0002920795~
REF*23*11078939400~
REF*60*OH00095932727~
REF*ZZ*11078939400~

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DTP*356*D8*20210101~
NM1*IL*1*Adam*Daniel****34*302724532~
PER*IP**TE*6144773460*EM*djadam78@yahoo.com~
N3*5112 Bressler Dr~
N4*Hilliard*OH*43026**CY*39049~
DMG*D8*19780209*M*U*:RET:2186-5^:RET:2106-3~
HD*025**HLT~
DTP*343*D8*20211231~
DTP*348*D8*20210101~
REF*1L*98651491~
REF*X9*98651491~
REF*CE*77552OH001020001~
LS*2700~
LX*1~
N1*75*TOT RES AMT~
REF*9V*206.26~
DTP*007*D8*20210101~
LX*2~
N1*75*APPLICATION ID AND ORIGIN~
REF*6M*3660594430-18~
DTP*007*D8*20210101~
LX*3~
N1*75*PRE AMT 1~
REF*9X*398.30~
DTP*007*D8*20210101~
LX*4~N1*75*APTC AMT~
REF*9V*422.00~
DTP*007*D8*20210101~
LX*5~
N1*75*PRE AMT TOT~
REF*9X*628.26~DTP*007*D8*20210101~
LX*6~
N1*75*SEP REASON~REF*17*EX~
DTP*007*D8*20210101~
LX*7~N1*75*SOURCE EXCHANGE ID~
REF*17*OH0~DTP*007*D8*20210101~
LX*8~
N1*75*RATING AREA~
REF*9X*R-OH009~DTP*007*D8*20210101~
LX*9~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20210302143130~
DTP*007*D8*20210101~
LX*10~
N1*75*ADDL MAINT REASON~
REF*17*ISSUER - REINSTATEMENT~
DTP*007*D8*20210101~
LE*2700
SE*73*994554392~
GE*4*174583~
IEA*40*000167414~

Business Scenario 4: Cancel a Subscriber (Enrolled but never paid)

ST*834*502544640*005010X220A1~
BGN*00*CMS00001995-1085242500*20210316*235446*ET***2~
DTP*303*D8*20210316~
QTY*DT*0~
QTY*TO*1~
N1*P5*Kyler Loy*FI*271157536~N1*IN*CareSource*FI*311143265~
INS*Y*18*024*59*A***AC~
REF*0F*0000507790~
REF*1L*94996688~
REF*17*0000507790~
REF*23*10852425000~
REF*60*OH00092090692~
REF*ZZ*10852425000~
DTP*357*D8*20201201~
NM1*IL*1*Loy*Kyler****34*271157536~
PER*IP**TE*3306148784*EM*dianasimmons69@gmail.com~
N3*22140 Circle Dr~
N4*Alliance*OH*44601**CY*39029~
DMG*D8*20081114*M*U*:RET:2186-5^:RET:2106-3~
LS*2700~
LX*1~
N1*75*APTC AMT~
REF*9V*0.00~
DTP*007*D8*20201201~
LX*2~
N1*75*SEP REASON~
REF*17*07~
DTP*007*D8*20201201~
LX*3~
N1*75*PRE AMT 1~
REF*9X*182.79~
DTP*007*D8*20201201~
LX*4~
N1*75*APPLICATION ID AND ORIGIN~
REF*6M*3739916920-1~
DTP*007*D8*20201201~
LX*5~
N1*75*PRE AMT TOT~
REF*9X*593.29~
DTP*007*D8*20201201~
LX*6~
N1*75*TOT RES AMT~
REF*9V*593.29~
DTP*007*D8*20201201~
LX*7~
N1*75*SOURCE EXCHANGE ID~
REF*17*OH0~
DTP*007*D8*20201201~

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LX*8~
N1*75*RATING AREA~
REF*9X*R-OH013~
DTP*007*D8*20201201~
LX*9~
N1*75*REQUEST SUBMIT TIMESTAMP~
REF*17*20201126105235~
DTP*007*D8*20201201~
LX*10~
N1*75*ADDL MAINT REASON~
REF*17*CANCEL~
DTP*007*D8*20201201~
LE*2700~
SE*63*502544640~
GE*1*174912~
IEA*44*000167424~