



**EmblemHealth**<sup>®</sup>

# **EMBLEMHEALTH**

HIPAA Transaction Standard Companion Guide

**Refers to the X12N Implementation Guide 005010X220A1:  
834 Benefit Enrollment and Maintenance Transactions**

## VERSION HISTORY

VERSION	DATE	REVISION
1.0	12/15/2011	
1.1	03/27/2014	Included 2700 loop to allow passing Paperless at Enrollment Code.
1.2	04/01/2014	Added contact information for testing and Contact Information section.

# HIPAA Readiness Disclosure Statement

The Health Insurance Portability and Accountability Act (HIPAA) was signed into federal law on August 21, 1996. HIPAA mandates standards for electronic data interchange (EDI) transactions and code sets, and establishes uniform health care identifiers for providers, health plans and employers. EmblemHealth has been following the evolution of the Administrative Simplification provisions of HIPAA since its inception in 1996. Our goal is to ensure our systems, supporting business processes, policies and procedures successfully meet the standards and implementation deadlines mandated by the United States Department of Health and Human Services (DHHS).

To achieve this goal, we have accomplished the following:

- Formed an Executive HIPAA Steering Committee
- Established a HIPAA Program Management Office
- Completed an impact assessment on business processes and systems
- Developing and implementing HIPAA education and awareness programs
- Identifying specific remediation projects necessary to diminish actual or potential exposures
- Assessing the impact the HIPAA requirements may have on our programs and services
- Evaluating our business processes and best practices to realize the benefits of Administrative Simplification

Compliance with HIPAA requires the use of ANSI ASC X12N (Version 5010) transaction standards and implementation guides

The rules and regulations adopted under HIPAA apply to “covered entities” (health plans, health care clearinghouses, and health care providers) that transmit health care data electronically in transactions covered under HIPAA. All covered entities must comply with the standards adopted by HIPAA by the January 1, 2012, compliance date.

## Preface

This *Companion Guide* to the *ASC X12N Implementation Guides and associated errata* adopted under HIPAA specifies the data content for electronically exchanging information with EmblemHealth. Transmissions based on this *Companion Guide*, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides.

This *Companion Guide* is intended to provide information 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 use of data expressed in the *Implementation Guides*.

## Testing 5010 Transactions with EmblemHealth

To assist our trading partners with the transition from version 4010 A1 to version 5010 errata, we will provide a web-based testing environment where our trading partners can self-test transactions against EmblemHealth's standards.

The objective is to enable each of our trading partners to test their files against EmblemHealth guidelines and HIPAA transaction standards edits. We intend to streamline the process by using this website to enable you to test online directly against our companion guide edits and business requirements.

The testing environment is a web-based application with a self-service portal allowing our trading partners to sign in and participate in tasks designed to assist in the validation of 5010 errata test files.

All inquiries and comments regarding initiation, set-up, submission and support should be directed to our EDI Help Desk at **1-212-615-4362**, Monday through Friday 9 am to 5 pm (EST).

## EmblemHealth-Specific Information for Electronic Transactions

The table on the following pages identifies EmblemHealth-specific requirements for 834 5010A1 implementation using available data contained in the implementation guide. The table includes information that defines specific segments/loops by:

- Field size limitation
- Data element code limitation
- Entry of specific field data
- Mandatory use of a situational segment

### Please note that:

- EmblemHealth can only accept a single **ISA/IEA** (Interchange Control Header/Interchange Control Trailer).
- For each **ISA/IEA** interchange, EmblemHealth can only accept one **GS/GE** (Functional Group Header/Functional Group Trailer).
- EmblemHealth will not support single transmissions containing different transactions, such as an 834 (Benefit enrollment) and a 276 (claim status request).

**EmblemHealth Data Elements  
For Processing v5010A1 834 Transactions**

Loop ID	Reference	Name	Codes	Length	Comments
	<b>ISA</b>	<b>Interchange Control Header</b>			
	ISA01	Authorization Information Qualifier	00		
	ISA03	Security Information Qualifier	00		
	ISA05	Interchange ID Qualifier	ZZ		
	ISA06	Interchange Sender ID			Use Sender ID. Right pad with spaces to fifteen (15) characters.
	ISA07	Interchange ID Qualifier	ZZ		
	ISA08	Interchange Receiver ID			Use these values for submission to the respective plan: For GHI HMO — 255311997 For GHI — 135511997 For HIP — 552470001 For Vytra — 222647447 Right pad with spaces to fifteen (15) characters.
	ISA13	Interchange Control Number			This Unique Number must be identical to the Interchange Control Number in IEA02. Right justify and left pad with zeros to nine (9) characters. Each submitter must start with a value of '1' and increase by one (1) each time a file is sent.
	<b>IEA</b>	<b>Interchange Control Trailer</b>			
	IEA02	Interchange Control Number			This Unique Number must be identical to the Interchange Control Number in ISA13. Right justify and left pad with zeros to nine (9) characters. Each submitter must start with a value of '1' and increase by one (1) each time a file is sent.
	<b>GS</b>	<b>Functional Group Header</b>			
	GS02	Application Sender ID			Use the same value entered in ISA06.
	GS03	Application Receiver ID			Use these values for submission to the respective plan: For GHI HMO — 255311997 For GHI — 135511997 For HIP — 552470001 For Vytra — 222647447
	GS06	Group Control Number			This Unique Number must be identical to the Group Control Number in GE02. Each submitter must start with a value of '1' and increase by one (1) each time a file is sent.

**EmblemHealth Data Elements  
For Processing v5010A1 834 Transactions**

Loop ID	Reference	Name	Codes	Length	Comments
	<b>GE</b>	<b>Functional Group Trailer</b>			
	GE02	Group Control Number			This Unique Number must be identical to the Group Control Number in GS06. Each submitter must start with a value of '1' and increase by one (1) each time a file is sent.
	<b>ST</b>	<b>Transaction Set Header</b>			
	ST02	Transaction Set Control Number			This Unique Number must be identical to the Transaction Set Control Number in SE02. Left pad with zeros – minimum of four (4) characters, maximum of nine (9) characters. Each submitter must start with a value of '0001' and increase by one (1) each time a file is sent.
	<b>BGN</b>	<b>Beginning Segment</b>			
	BGN08	Action Code	2		To ensure efficient processing of the enrollment files, populate this field with a value of '2' to represent change (update).
	<b>QTY</b>	<b>Transaction Set Control Totals</b>			
	QTY01	Quantity Qualifier	DT ET TO		To distinguish number of records accounted for in QTY02.
	QTY02	Quantity – Record Totals			To account for total of each type of record passed.
<b>2000</b>	<b>INS</b>	<b>Member Level Detail</b>			
2000	INS04	Maintenance Reason Code			To ensure the correct processing of changes, enter the Maintenance Reason Code.
<b>2000</b>	<b>REF</b>	<b>Member Supplemental Identifier</b>			
2000	REF01	Reference Identification Qualifier	23		
2000	REF02	Reference Identification		5	To ensure efficient processing, populate this field with the five (5) character EmblemHealth Category Number.
<b>2300</b>	<b>REF</b>	<b>Health Coverage Policy Number</b>			
2300	REF01	Reference Identification Qualifier	1L		
2300	REF02	Reference Identification		9	To ensure efficient processing, populate this field with the nine (9) character EmblemHealth Group Number.
<b>2700</b>		<b>Iteration 1</b>			
2750	N1	Reporting Category			
	N102	Member Reporting Category Name	PAE	3	Use 'PAE' in this field for Paperless at Enrollment code

EmblemHealth Data Elements For Processing v5010A1 834 Transactions					
Loop ID	Reference	Name	Codes	Length	Comments
2750	REF	<b>Reporting Category Reference</b>			
	REF01	Reference Identification Qualifier	ZZ	2	
	REF02	Member Reporting Category Reference ID	Y	1	For paperless enrollment populate this field with 'Y'
	SE	<b>Transaction Set Trailer</b>			
	SE02	Transaction Set Control Number			This Unique Number must be identical to the Transaction Set Control Number in ST02. Left pad with zeros – minimum of four (4) characters, maximum of nine (9) characters. Each submitter must start with a value of '0001' and increase by one (1) each time a file is sent.

### Contact Information

#### Technical Assistance

Please direct questions or any correspondence to the following associates:

#### For Membership/Enrollment Issues:

##### HIP HMO

Jonathan Baldeon — [jbaldeon@emblemhealth.com](mailto:jbaldeon@emblemhealth.com)

Keith Johnson — [kjohnson@emblemhealth.com](mailto:kjohnson@emblemhealth.com)

##### GHI PPO

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Caryn Hackney — [chackney@emblemhealth.com](mailto:chackney@emblemhealth.com)

#### For EDI

Michael Robinson — [mrobinson@emblemhealth.com](mailto:mrobinson@emblemhealth.com)

#### EDI Help Desk

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### **Provider Customer Service Numbers**

EmblemHealth: **1-877-842-3625**

GHI: **1-212-501-4444** in New York City  
**1-800-624-2414** outside of New York City

Medicare PPO: **1-866-557-7300**

Medicare HMO: **1-866-447-9717**

GHI HMO: **1-877-244-4466**

HIP: **1-866-447-9717**

Dental: **1-212-501-4444** in New York City  
**1-800-624-2414** outside of New York City

[Additional phone numbers](#) for claims, pharmacy, mental health, prior approvals, laboratories and more can be found in the [provider manual](#) at <http://www.emblemhealth.com/Providers/Provider-Manual>.