

EyeMed Vision Care

BENEFIT ENROLLMENT AND MAINTENANCE

Companion Document to ASC X12N 834 (004010X095A1)

Welcome to EyeMed Vision Care's HIPAA TCS implementation process. We have developed this guide to assist you in preparing to trade HIPAA 834 enrollment transactions with us.

This Companion Guide to the ASC X12N 834 Implementation Guide adopted under HIPAA clarifies and specifies the data content for data that is electronically transmitted to EyeMed. Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guide, are compliant with both X12 syntax and the HIPAA Implementation Guide. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guide 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 HIPAA Implementation Guide.

This document is to be used as a companion to the HIPAA Implementation Guide for trading enrollment transactions with EyeMed Vision Care. The first section describes the loops and segments EyeMed will capture, along with specific data element requirements and guidelines. The second section describes the situational loops, segments, and data elements that EyeMed will *not* be capturing; therefore, you are not required to include these when you trade with us.

We look forward to testing with you and establishing an effective trading relationship.

Pg#	Seg	DE	Req	PIC	Min Max	Use	Description	X12 Valid Codes	X12 Code Definition	Values	Notes
INTERCHANGE CONTROL HEADER											
	ISA		M			R	INTERCHANGE CONTROL HEADER				
	ISA07		M		2/2		Interchange Receiver ID Qualifier			30	EyeMed requires this value to be a '30'
	ISA08		M		15/15		Interchange Receiver ID			311656473	EyeMed Tax ID
	ISA13		M		9/9		Interchange Control Number				EyeMed requires this value to be unique across all transmissions.
	GS		M			R	FUNCTIONAL GROUP HEADER				
	GS03		M		2/15		Application Receiver's Code			311656473	
TABLE 1 HEADER											
27	ST		M		1/1	R	TRANSACTION SET HEADER				
28	BGN		M		1/1	R	BEGINNING SEGMENT				
32	REF		O		0/1	S	TRANSACTION SET POLICY NUMBER				
LOOP 2000						R	MEMBER LEVEL DETAIL				
43	INS		O		1/1	R	MEMBER LEVEL DETAIL				
	INS02	1069	M	ID	2/2	R	Individual Relationship Code		See Implementation guide for code list		18-Self 01-Spouse 19-Child all other codes will be interpreted as Other
51	REF		M		1/1	R	SUBSCRIBER NUMBER				Ex. 123456789
53	REF		M		0/1	S	MEMBER POLICY NUMBER				
	REF01	128	X	ID	2/3	S	Reference Identification Qualifier	1L	Group or Policy Number	1L	
	REF02	127	X	AN	1/30	R	Insured Group or Policy Number				Unique group identifier will be supplied to you by the EDI Coordinator (aka Group ID).
55	REF		O		1/1	R	MEMBER IDENTIFICATION NUMBER				
	REF01	128	M	ID	2/3	R	Reference Identification Qualifier		See Implementation Guide for complete code list	23	
	REF02	127	X	AN	1/30	R	Reference Identification				Client number. EyeMed utilizes this segment to pass a unique Member ID. Typically, it is Subscriber Number + Suffix, e.g. 12345678901 This segment must be included in the transaction on both subscribers and dependents. Additional information will be provided by the EDI Coordinator.
55	REF		O		1/1	R	MEMBER IDENTIFICATION NUMBER				
	REF02	128	M	ID	2/3	R	Reference Identification Qualifier		See Implementation Guide for complete code list	DX	
	REF02	127	X	AN	1/30	R	Reference Identification				Department/Agency Number. Used to pass work location code if desired by client. (Existing clients will have valid values provided to you by the EDI Coordinator.)
59	DTP		O		0/20	S	MEMBER LEVEL DATES				
	DTP03	1251	M	AN	1/35	R	Status Information Effective Date		See Implementation Guide for code list		Only 3 of the possible 21 dates will be captured: 303 Maintenance Effective; 356 Eligibility Begin; and 357 Eligibility End. Preference is to receive 356 Eligibility Begin and/or 357 Eligibility End.
LOOP 2100 A						S	MEMBER NAME				
61	NM1		O		1/1	R	MEMBER NAME				
	NM105	1037	O	AN	1/25	S	Subscriber Middle Name				EyeMed will use first character only
	NM108	66	X	ID	1/2	S	Identification Code Qualifier		Social Security Number Mutually Defined	34	Provide Social Security Number
64	PER		O			S	MEMBER COMMUNICATIONS NUMBERS				
	PER04 or PER06 or PER08	364	X	AN	1/80	R S S	Communication Number				Only one phone number will be captured, if sent
67	N3		O			S	MEMBER RESIDENT STREET ADDRESS				
68	N4		O			S	MEMBER RESIDENCE CITY, STATE, ZIP CODE				
70	DMG		O			S	MEMBER DEMOGRAPHICS				
LOOP 2100 B						S	INCORRECT MEMBER NAME				
80	NM1		O			S	INCORRECT MEMBER NAME				
83	DMG		O			S	INCORRECT MEMBER DEMOGRAPHICS				
LOOP 2300						S	HEALTH COVERAGE				

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Pg#	Seg	DE	Req	PIC	Min Max	Use	Description	X12 Valid Codes	X12 Code Definition	Values	Notes
128	HD		O			S	HEALTH COVERAGE				
	HD03	1205	O	ID	2/3	R	Insurance Line Code		See Implementation guide for code list	Vision Care Coverage = "VIS"	"VIS" only
	HD04	1204	O	AN	1/50	S	Plan Coverage Description				If group has multiple benefit options, EyeMed will supply you with codes to apply to each member that identifies their benefit. Typically LEV1 for plans with one benefit option. (Existing clients will have valid values provided to you by the EDI Coordinator.)
132	DTP		O			R	HEALTH COVERAGE DATES				
	DTP03	1251	M	AN	1/35	R	Coverage Period	303 348 349 543	Maintenance Effective Benefit Begin Benefit End Last Premium Paid Date	303 348 349	Only three of the four dates are captured. 303 Maintenance Effective; 348 Benefit Begin; and/or 249 Benefit End. However, preference is to receive 348 for enrollment and 349 for terminations. Please note that for a termination, the 303 or 348 code must be included on the file. It is not acceptable for only the termination code to be sent.
135	REF		O			S	HEALTH COVERAGE POLICY NUMBER				
		128	X	ID	2/3	R	Reference Identification Qualifier	17 1L ZZ	Client Reporting Category Group or Policy Number Mutually Defined	17	
	REF02	127	X	AN	1/30	R	Insured Group or Policy Number				Division. Used to report division code, if desired by client. (Existing clients will have valid values provided to you by the EDI Coordinator.)

LOCATION	USE	NAME	NOTES
Loops not picked up by EyeMed			
Loop 1000 C	S	TPA/Broker Name	
Loop 1100 C	S	TPA/Broker Account Information	
Loop 2100 C	S	Member Mailing Address	
Loop 2100 D	S	Member Employer	
Loop 2100 E	S	Member School	
Loop 2100 F	S	Custodial Parent	
Loop 2100 G	S	Responsible Person	
Loop 2200	S	Disability Information	
Loop 2310	S	Provider Information	
Loop 2320	S	Coordination of Benefits	
Segments not picked up by EyeMed			
Header			
	DTP	S	File Effective Date
Loop 2000			
	REF	S	Member Identification Number
	REF	S	Prior Coverage Months
Loop 2100 A			
	AMT	S	Member Policy Amounts
	HLH	S	Member Health Information
	LUI	S	Member Language
	ICM	S	Member Income
Loop 2300			
	IDC	S	Identification Card
	AMT	S	Health Coverage Policy
Elements not picked up by EyeMed			
Loop 2000			Member Level Detail
	INS		Member Level Detail
	INS04	S	Maintenance Reason Code
	INS06	S	Medicare Plan Code
	INS07	S	Consolidated Omnibus Budget Reconciliation Act (CORBA) Qualifying Event Code
	INS09	S	Student Status Code
	INS10	S	Handicap Indicator
	INS11	S	Date Time Period Format Indicator
	INS12	S	Date Time Period Format Indicator
	INS17	S	Birth Sequence Number
Loop 2100 A			

LOCATION		USE	NAME	NOTES
	NM1		Member Name	
	NM106	S	Subscriber Name Prefix	
	PER		Member Communications Numbers	
	PER05	S	Communication Number Qualifier	
	PER07	S	Communication Number Qualifier	
	N4		Member Residence City, State, Zip	
	N404	S	Country Code	
	N405	S	Location Qualifier	
	N406	S	Location Identification Code	
	DMG		Member Demographics	
	DMG04	S	Marital Status Code	
	DMG05	S	Race or Ethnicity Code	
	DMG06	S	Citizenship Status Code	
Loop 2100 B				
	NM		Incorrect Member Name	
	NM106	S	Name Prefix	
	NM108	S	Identification Code Qualifier	
Guidelines for Interpreting the Companion Guide:				
If Usage = "Not Used", the element/segment is omitted from the Companion Guide and "Data Not Picked Up" worksheet				
Element Names are from Industry Standard, if available				
If an element is required but is not mapped, the element is <i>not</i> listed in the "Data Not Picked Up" worksheet				
If an element is <i>not</i> required (= "O" or "X") and is not mapped, the element is listed in the "Data Not Picked Up" worksheet				