MAGNACARE^{sh}

HIPAA Transaction Standard Companion GuideASC X12N Version 005010X220A1 834 Benefit and Enrollment Maintenance

Guide Version 1.0 August 14, 2020

Preface

This Companion Document to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with MagnaCare. Transmissions based on this companion document, used in tandem with the X12N Implementation Guides, are intended to be 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

1.1 Scope

This Companion Guide is intended to support the implementation of a batch processing application. MagnaCare will accept inbound submissions that are formatted correctly in X12 terms. The files must comply with the specifications outlined in this companion document as well as the corresponding HIPAA implementation guide. MagnaCare Electronic Data Interchange (EDI) applications will edit for these conditions and reject files that are out of compliance. This companion document will specify everything that is necessary to conduct EDI for this standard transaction.

This includes:



Communications link specifications



Submission methods specifications



Transaction specifications

1.2 Overview

This document is intended to compliment the ASC X12N implementation guide currently adopted from HIPAA. It is compliant with the corresponding HIPAA implementation guides in terms of data element and code standards and requirements. It will be the vehicle that MagnaCare uses with its Clients and Partners to further qualify the HIPAA-adopted implementation guides.

Data elements that require mutual agreement and understanding will be specified in this companion guide. Types of information that will be clarified within this companion are;



Qualifiers that will be used from the HIPAA implementation guides to describe certain data elements



Situational segments and data elements that will be utilized to satisfy business conditions



1.3 References

ASC X12N IMPLEMENTATION GUIDES

1. Benefit Enrollment and Maintenance



834 (005010X220A1)

1.4 Additional Information

Electronic Data Interchange (EDI) is the computer-to-computer exchange of formatted business data between MagnaCare & its Clients and Partners, without human intervention. MagnaCare maintains a dedicated team for the purpose of enabling and processing X12 EDI transmissions with its Clients and partners, and EDI team will engage with the technical resources from clients/ partners.

2. Before you begin

2.1 Important information

Clients/ Partners will be working with two units within MagnaCare to implement EDI transactions:

MagnaCare Implementation team will serve as the Client's central point of contact. This group will also facilitate the implementation of Clients through all steps of external testing. This group will coordinate closely with MagnaCare EDI team who will be responsible for setup of accepting and translating data-file integration.

MagnaCare EDI team will also implement the communication link and facilitates the notifications for acceptance or rejection of Client's EDI 834 data-file. This group maintains the EDI translator maps. They will also handle all issues relating to files that were accepted from our translator and moved forward for processing, in downstream systems and applications.

2.2 Registration

To register as a Client/ Partner with MagnaCare, you will need to do the following:

- 1. Initial conversations are held between the Client & MagnaCare Implementation team.
- 2. Agreements are reached as to the transactions that will be conducted.
- 3. A companion guide is provided and reviewed.
- 4. Submitter Id and Receiver Id is established for the purpose of identification.
- 5. Required Client profiling is built into our EDI translator.
- 6. Test files are exchanged and test runs conducted.
- 7. MagnaCare's security Questionnaire is filled out and approved by security team
- 8. Once the testing phase is completed, the Client/Partner is registered and a client code is issued that would be used in the 834 file.



2.3 Testing Overview

MagnaCare recommends their Clients and/or Partners to perform EDI files validations using a commercial third party tool and test at their end prior to sharing the files with MagnaCare. The complexity of X12 files when not tested and certified by a third party tool may cause delays in the ability to enable the X12 submissions in a production environment.

MagnaCare EDI team would spend the majority of the testing period time, working with Clients on the agreed components of this companion guide, and would not support explaining the X12 or HIPAA implementation guide details.

3. Testing Procedures

MagnaCare would like to establish a set of scenarios intended for testing with the Client. The scenarios would be a representation of the majority of conditions that will be encountered with production data from these transactions.

3.1 Phases of Testing

3.1.1 SYNTACTIC TESTING

MagnaCare uses an industry standard data validator to validate EDI transactions and to translate them for internal processing. In addition to the structural and syntactic integrity of 834 file, the 999 acknowledgement will also be tested during this phase. Any issues identified during this phase of testing need to be addressed in order for subsequent phase to continue.

3.1.2 COMPLIANCE TESTING

Client specific setup, as defined in the companion guide will be verified. Generally, this will be done in conjunction with Syntactic testing.

3.1.3 SCENARIO TESTING

This will normally involve all possible business scenarios to be tested.

3.1.4 VOLUME TESTING

This will involve testing large eligibility files. We would like to receive eligibility files with 50 members each.

3.2 Testing Process

The following summarizes the testing process:

- 1. Client will work with MagnaCare implementation team and post, one or more test files of the X12N formatted sample data, and samples of all relevant business scenarios.
- 2. Once the files are validated, if any issues are encountered, then Error messages or diagnostics messages will be relayed back to the Client.
- 3. This process will proceed by iteration until requirements are satisfied.
- 4. Once the scenario based testing is completed, the communication protocols are also tested and verified.
- 5. As all requirements succeed during testing phase, the results will be documented and the Client and MagnaCare implementation team will sign off on testing and move the transaction into production.

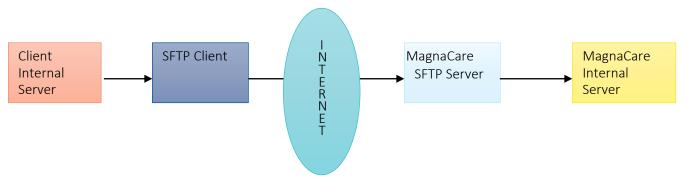


4. Transfer of Information

4.1 Data Transfer

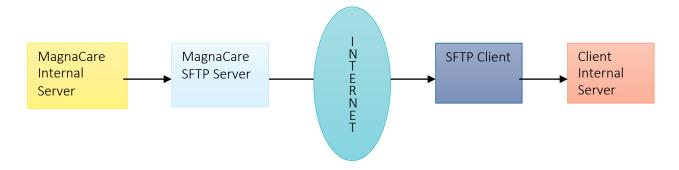
Data can be exchanged with MagnaCare via SFTP over the Internet where the file is encrypted, sent over the Internet and then decrypted. For data inbound to MagnaCare (see Figure 1A), the Client would encrypt the data on an internal server, transfer it using FTP Client to MagnaCare's SFTP server. MagnaCare EDI team will then move the encrypted file from SFTP server to an internal server where the file is decrypted and forwarded for processing.

Figure 1A
Encrypted Data sent over the Internet from Client to MagnaCare SFTP Server



MagnaCare data sent to Client (see Figure 1B). MagnaCare will generate the X12 data file and encrypt it. Once encrypted, the file will be sent to MagnaCare's SFTP server. At that time, the Client can retrieve the file, transfer it to their internal system using SFTP client, decrypt it and process it.

Figure 1B
Encrypted Data sent over the Internet from MagnaCare SFTP Server to Client



4.2 Administrative Transmission Procedures

As part of the process establishing the relationship, MagnaCare and the Client must exchange certain technical information. The requested information will include:

- 1. Contacts: business, data and communications
- 2. Dates: testing, production
- 3. File information; size, naming
- 4. Transfer; schedule, protocol
- 5. Server information; host name, user ID, password, file location, file name
- 6. Notification; failure, success

4.2.1 RE-TRANSMISSION PROCEDURES

When a file needs to be re-transmitted, the Client will contact their primary Account Management contact at MagnaCare.

4.3 Specification of Communication Protocol

The following items are required from the Client in order to exchange data with MagnaCare utilizing SFTP server over the Internet.

- 1. Computer with SFTP client and connectivity to the Internet.
- 2. PGP software for encryption/decryption. RSA (or Legacy) keys must be generated and exchanged with MagnaCare via e-mail (public keys only).
- 3. E-mail capability to exchange configuration and testing information.

Initial setup will include confirming SFTP connectivity, exchanging PGP public keys and performing end-to-end communications testing. Before sending data to MagnaCare, the data must be encrypted with PGP and then sent to the MagnaCare SFTP using the SFTP client over the Internet connection. When receiving data from MagnaCare, the SFTP client will be used to get the data from the MagnaCare SFTP server after which PGP will be used to decrypt the data.

- 1. MagnaCare provides following connectivity options to establish interface with its servers.
 - a. SFTP (Secure File Transfer Protocol) with PGP encryption
 - b. VPN connectivity (for specific clients/ partners with large file volumes)



4.4 Passwords

MagnaCare requires the use of User IDs and Passwords to access its systems and servers and will assign each Client a unique User ID and password when using MagnaCare server. In the event a Client forgets their password, MagnaCare will change the password after verifying the authenticity of the request.

4.5 Encryption

MagnaCare requires the encryption of data that is exchanged via the Internet or any other public network. MagnaCare utilizes Gnu PGP encryption with 2048 bit keys for file encryption.

4.6 SFTP Server

MagnaCare SFTP server can be reached using the DNS name itbbs.MagnaCare.com. MagnaCare highly recommend using the DNS name rather than the IP address of the server, as we have more than one SFTP server available to meet our Disaster Recovery needs.

5. Business Rules and Specifications



Numeric fields should not be zero padded.



Fields should not be space padded except ISA segment.



Specific field descriptions may be found in the detailed file layout section of this Companion Guide. Although some elements are situational, MagnaCare may require them and may also require a specific value.



6. Additional Requests

If requested, 999 Acknowledgement will be sent so the Client will get confirmation that we received their submission.

7. Transaction Specification

7.1 Control Segments

7.1.1 ISA - INTERCHANGE CONTROL HEADER

ELEMENT	ELEMENT DEFINITION	Values	Description
ISA01	AUTHORIZATION INFORMATION QUALIFIER	00	No Authorization Information Present
ISA02	Authorization Information		[space fill]
ISAo ₃	SECURITY INFORMATION QUALIFIER	00	No Security Information Present
ISA04	SECURITY INFORMATION		[space fill]
ISAo5	Interchange ID Qualifier	ZZ 30	Mutually Defined U.S. Federal Tax Identification Number
ISAo6	Interchange Sender ID	Inbound: Mutually Defined or TIN Outbound: 11-3038233	
ISA07	Interchange ID Qualifier	ZZ 30	Mutually Defined U.S. Federal Tax Identification Number
ISAo8	Interchange Receiver ID	Inbound: 11-3038233 Outbound: : Mutually Defined or TIN	Inbound: "11-3038233" Outbound: Client TIN/ MagnaCare assigned client Code.
ISA09	INTERCHANGE DATE	YYMMDD	Date of interchange
ISA10	INTERCHANGE TIME	ННММ	Time of interchange
ISA11	Interchange Control Standards Identifier	^	Repetition separator
ISA12	Interchange Control Version Number	00501	Draft Standards approved by ASCX12

ISA13	Interchange Control Number	Assigned by sender	Must be identical to the interchange trailer IEA02
ISA14	ACKNOWLEDGMENT REQUEST	0	No Acknowledgment Requested
ISA15	Usage Indicator	PorT	P = Production, T = Test
ISA16	Component Element Separator		n.n

NOTE: MagnaCare will accept only One ISA-IEA per file.

7.1.2 IEA - INTERCHANGE

ELEMENT	ELEMENT DEFINITION	Values	Description
IEA01	Number of included Functional Groups		Number of included Functional Groups
IEA02	Interchange Control Number	Assigned by Sender	Must be identical to the value in ISA13

7.1.3 GS - FUNCTIONAL GROUP HEADER

ELEMENT	ELEMENT DEFINITION	Values	Description
GS01	Functional Identifier Code	ВЕ	Benefit Enrollment and Maintenance
GS02	Application Sender's Code	Inbound: : Mutually Defined or TIN Outbound: MagnaCare TIN	Client TIN/ MagnaCare assigned client Code.
GSo ₃	Application Receiver's Code	Inbound: MagnaCare TIN Outbound: Mutually Defined or TIN	Receiver's code / Tax Identification Number
GS04	Date	CCYYMMDD	Group creation date
GSo ₅	TIME	HHMM Creation time	
GSo6	GROUP CONTROL NUMBER		Assigned and maintained by the sender
GS07	Responsible Agency Code	X	Accredited Standards Committee X12
GSo8	Version/Release/Industry Identifier Code	005010X220A1	Version/Release/Industry Identifier Code

NOTE: MagnaCare will accept only one GS-GE per file.



7.1.4 GE - FUNCTIONAL GROUP TRAILER

ELEMENT	ELEMENT DEFINITION	Values	Description
GE01	Number of Transaction Sets Included		Number of Transaction Sets Included
GE02	GROUP CONTROL NUMBER	Assigned by Sender	Must be identical to the value in GS06

7.1.5 ST - TRANSACTION SET HEADER

ELEMENT	ELEMENT DEFINITION	Values	Description
STo1	Transaction Set Identifier Code	834	Benefit Enrollment and Maintenance
STo2	Transaction Set Control Number		The transaction set control numbers in ST02 and SE02 must be Identical. This number must be unique within a specific group and interchange
STo ₃	IMPLEMENTATION CONVENTION REFERENCE	005010X220A1	Implementation Guide Version Name

NOTE: MagnaCare can accept multiple ST-SE segments.

7.1.6 SE - TRANSACTION SET TRAILER

ELEMENT	ELEMENT DEFINITION	Values	Description
SE01	Transaction Set Identifier Code		Total number of segments included in a transaction set including ST and SE segments.
SE02	Transaction Set Control Number	Assigned by Sender	The transaction set control numbers in ST02 and SE02 must be Identical. This number must be unique within a specific group and interchange.

7.1.7 VALID DELIMITERS FOR MAGNACARE EDI

DEFINITION	ASCII	Decimal	Hexadecimal
SEGMENT SEPARATOR	\n (New Line)	13	
ELEMENT SEPARATOR	*	42	2A
COMPOUND ELEMENT SEPARATOR	:	58	3A

7.2 834 Eligibility File Layout

This table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

834	Loops/Segments that MagnaCare will use:					
LOOP:	None	Segment(s):	ISA	Interchange Control Header	Required	
				GS Functional Group Header	Required	
				ST Transaction Set Header	Required	
				BGN Beginning Segment	Required	
				DTP File Effective Date	Situational	
				REF Transaction Set Policy Number	Required	
LOOP:	1000A	Segment(s):	N1	Sponsor Name	Required	
LOOP:	1000B	Segment(s):	N1	Payer	Required	
LOOP:	2000	Segment(s):	INS	Member Level Detail	Required	
				REF Subscriber Number	Required	
				REF Member Policy Number	Situational	
				REF Member Identification Number	Situational	
				DTP Member Level Dates	Situational	
LOOP:	2100A	Segment(s):	NM1	Member Name	Required	
				PER Member Communications Number	Situational	
				N3 Member Residence Street Address	Required	
				N4 Member Residence City, State, Zip	Required	
				DMG Demographics	Required	
LOOP:	2200	Segment(s):	DSB	Disability Information	Situational	
				DTP Disability Eligibility Dates	Situational	
LOOP:	2300	Segment(s):	HD	Health Coverage	Required	
				DTP Health Coverage Dates	Required	
				IDC Identification Card	Situational	



LOOP	2310	Segment(s):	NM1	Provider Name	Situational
LOOP:	2320	Segment(s):	СОВ	Coordination of Benefits	Situational
			DTP	COB Dates	Situational
LOOP	2330	Segment	NM1	COB Related Entity	Situational
LOOP:	None	Segment(s):		Trailer Record	

HIPAA FIELD POSITION- SEGMENT ID	HIPAA Data Element Name and Page Number from Implementation Guide	Attributes	Valid Values and Comments
CONTROL			
BGN	Beginning Segment	М	
020-BGN01	Transaction Set Purpose Code	M ID 2/2	"00" Original
020-BGN02	Reference Identification INDUSTRY: Transaction Set Identifier Code	M AN 1/30	Not used by MagnaCare
o2o-BGNo3	Date INDUSTRY: Transaction Set Creation Date	M DT 8/8	CCYYMMDD – Date submitter
020-BGN04	Time INDUSTRY: Transaction Set Creation Time		Time submitter HHMM format.
020-BGN05	Time Code INDUSTRY: Time Zone Code		Not used by MagnaCare
020-BGN06	Reference Identification INDUSTRY: Transaction Set Identifier Code		Not used by MagnaCare
020-BGN07	Sender DFI Identifier	N/U ID 2/2	Not used by MagnaCare
020-BGN08	o20-BGNo8 Action Code		"4" - Verify (recommended) Any X12 action code may be used, but MagnaCare does not determine action from this code
020-BGN09	Security Level Code	N/U ID 2/2	Not used by MagnaCare
1000			
REF	REF Subscriber Number		
030-REF01	Reference Identification Qualifier	M ID 2/3	"38" Master Policy Number
030-REF02	Reference Identification	X AN 1/30	MagnaCare assigned Client Code (PPO only)



1000				
QTY	Transaction Set Control Totals	0	New in 5010	
030-QTY01	Reference Identification Qualifier	M AN 2/2	DT – Dependent Total, ET – Employee Total, TO - Total	
030-QTY02	Reference Identification	M R 1/15	Record Totals	
1000A				
N1	Sponsor Name	М		
070-N101	Entity Identifier Code	M ID 2/3	"P5" – Plan Sponsor	
070-N102	Plan Sponsor Name	M AN 1/60	MagnaCare assigned Client Code (ASC only)	
070-N103	Identification Code Qualifier	M ID 1/2	"94" –Code assigned by Organization	
070-N104	Identification Code INDUSTRY: Sponsor Identifier	M AN 2/80	Client Code assigned by MagnaCare	
1000B				
N1	Payer Name	М		
070-N101	Entity Identifier Code	M ID 2/3	"IN" – Insurer	
070-N102	Insurer Name	M AN 1/60		
070-N103	Identification Code Qualifier	M ID 1/2	"FI" – Federal Taxpayer's Identification Number	
070-N104	Identification Code INDUSTRY: Insurer Identification Code	M AN 2/80	113410766	
INS	Member Level Detail	М		
010-INS01	Yes/No Condition or Response Code INDUSTRY: Insured Indicator	M ID 1/1	'Y" – if Insured is a subscriber "N" – Insured is a dependent	
010-INS02	Individual Relationship Code	M ID 2/2	"18" – subscriber '01" – Spouse "03" – Father or Mother "19" – Child	
			Please refer to Guide for other Values	



Maintenance Reason Code O ID 2/3 "XN" - Notification Only (This is used when INSOS is equal to 030)					
ma-INSe6 Medicare Status Code O ID 1/1 Changed to Composite element in 5010 The Consolidated Omnibus Budget Reconciliation Act (COBRA) Consolidated Omnibus Budget Reconciliation Act (COBRA) Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying The Cobre Status Code O ID 1/2 "FIT" - Full time active employee "RT" - Retired "PT" - Part-time REF Subscriber Number M O20-REF01 Reference Identification Qualifier M ID 2/3 "OF" Subscriber Number M AN	010-INS04	Maintenance Reason Code	O ID 2/3		
Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Discribs Employment Status Code Employment Status Code Col D 2/2 "FI" – Full time active employee "RI" – Retired "PI" – Part-time REF Subscriber Number M ID 2/3 "OF" Subscriber Number Reference Identification Qualifier M ID 2/3 "OF" Subscriber Number M AN IT/30 Reference Identification Qualifier M ID 2/3 "1L" – Group or Policy Number Discriber Number Reference Identification INDUSTRY: Insured Group or Policy Number REF Member Supplemental Number M Name change in 5010 Reference Identification Qualifier M ID 2/3 "23" – Person Number. – Unique Person Identification Contain Alpha Char. The sequencing must start with "01" as member, "02" spouse "DV" – Member Shop Number Reference Identification Gualifier Reference Identification Gualifier Reference Identification Gualifier Reference Identification Gualifier M ID 2/3 "23" – Person Number. – Unique Person Identification Contain Alpha Char. The sequencing must start with "01" as member, "02" spouse "DV" – Member Shop Number "F6" – Health Insurance Claim (HIC) number. Format accepted is (HIC#)-SEE Begin Date-SEE End Date). SEE stands for Small Employer Exception. "ZZ"- Alternate ID	010-INS05	Benefit Status Code	M ID 1/1	"C" Consolidated Omnibus Budget Reconciliation Act	
Reconciliation Act (COBRA) Qualifying 110-INS08 Employment Status Code Employment Status Code COID 2/2 "FI" – Full time active employee "RT" – Refired "PT" – Part-time REF Subscriber Number M 120-REF01 Reference Identification Qualifier M ID 2/3 Member Social Security Number M Member Social Security Number M ID 2/3 "IL" – Group or Policy Number 101-102-REF02 Reference Identification INDUSTRY: Insured Group or Policy Number REF Member Supplemental Number M ID 2/3 Man ID 2/3 "IL" – Group or Policy Number 101-103-103-103-103-103-103-103-103-103-	010-INS06	Medicare Status Code	O ID 1/1	Changed to Composite element in 5010	
REF Subscriber Number M 020-REF01 Reference Identification Qualifier M ID 2/3 "0F" Subscriber Number 020-REF02 Reference Identification M AN REF Member Policy Number M 020-REF01 Reference Identification Qualifier M ID 2/3 "1L" - Group or Policy Number 020-REF02 Reference Identification INDUSTRY: Insured Group or Policy Number N 020-REF03 Reference Identification INDUSTRY: Insured Group or Policy Number N REF Member Supplemental Number M Name change in 5010 020-REF02 Reference Identification Qualifier M ID 2/3 "23" -Person Number Unique Person Identifier e.g. "01", "02" This number must always be the same in each update received and cannot contain Alpha Char. The sequencing must start with "01" as member, "02" spouse "DX" - Member Shop Number "F6" - Health Insurance Claim (HIC) number, Format accepted is (HIC#-SEE Begin Date). SEE stands for Small Employer Exception. "22"- Alternate ID Reference Identification M AN	010-INS07	Reconciliation	O ID 1/2		
REF Member Policy Number Description of Policy Number Reference Identification Qualifier Reference Identification Man Man Member Social Security Number Member Policy Number Member Supplemental Number Member Social Security Number Man Number Policy Number Member Social Security Number Man Number Policy Number Man Number Policy Number Man Number Policy Number Member Social Security Number Man Number Policy Number Man Number Social Security Number Man Number Social	010-INS08	Employment Status Code	O ID 2/2	"RT" – Retired	
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	020-REF02	Reference Identification Qualifier	M ID 2/3	Identifier e.g. "01", "02" This number must always be the same in each update received and cannot contain Alpha Char. The sequencing must start with "01" as member, "02" spouse "DX" – Member Shop Number "F6" – Health Insurance Claim (HIC) number. Format accepted is (HIC#-SEE Begin Date-SEE End Date). SEE stands	
				"ZZ"- Alternate ID	



2100Å			
NM1	Member Name	М	
030-NM101	Entity Identifier Code	M ID 2/3	"1L" - Insured or Subscriber
030-NM102	Entity Type Qualifier	M ID 1/1	"1" – Person
030-NM103	Name Last or Organization Name INDUSTRY: Subscriber Last Name	M AN 1/60	
030-NM104	Name First INDUSTRY: Subscriber First Name	M AN 1/35	
030-NM105	Name Middle	O AN 1/25	
030-NM106	Name Prefix	O AN 1/10	
030-NM107	Name Suffix	O AN 1/10	
030-NM108	Identification Code Qualifier	M ID 1/2	"34" Social Security Number "ZZ" Mutually Defined
030-NM109	Identification Code INDUSTRY: Subscriber Identifier	M AN 2/80	
PER	Member Communication Numbers	0	
040-PER01	Contact Function Code	M ID 2/2	"IP" – Insured Party
040-PER01	Communication Number Qualifier	O AN 1/60	"EM" Electronic Mail "EX" Telephone Extension "FX" Facsimile "HP" Home Phone Number "TE" Telephone "WP" Work Phone Number
N ₃	Member Residence Street Address	М	
050-N301	Address Information	M AN 1/55	
050-N301	Address line 2	O AN 1/55	
N4	Member Residence City, State, Zip	М	
060-N401	City Name	O AN 2/30	



060-N402	State	O ID 2/2		
o6o-N4o3	Zip	O ID 3/15	O ID 3/15	
DMG	Member Demographics	М		
080-DMG01	Date Time Period Qualifier	M ID 2/3	"D8" (CCYYMMDD)	
080-DMG02	Date Time Period	M AN 1/35	Member Birth Date	
o8o-DMGo3	Gender Code	M ID 1/1	"F"- Female, "M"- Male, "U" - Unknown	
080-DM04	Marital Status Code (optional)	O ID 1/1	"B" Registered Domestic Partner "D" Divorced "I" Single "M" Married "R" Unreported "S" Separated "U" Unmarried (Single or Divorced or Widowed) This code should be used it the previous status is shown "W" Widowed "X" Legally Separated	
2200				
DSB	Disability Information	0		
200-DSB01	Disability Type Code	M ID 1/1	"1" Short Term Disability "2" Long Term Disability "3" Permanent or Total Disability "4" No Disability	
200-DSB07	Product or Service ID Qualifier	X ID 2/2	"DX" – ICD-9 Diagnosis "ZZ" – ICD-10 Diagnosis	
200-DSB08	Medical Code Value INDUSTRY Diagnosis Code	M AN 1/15	"585" – The only allowed value Use DSB08 to indicate if the reason for disability is End Stage Renal Disease (ESRD)	
2300				
HD	Health Covreage	М		
260-HD01	Maintenance Type Code	M ID 3/3	"030" Audit or Compare	
260-HD03	Insurance Line Code	M ID 2/3	"HLT" – Health. Incudes both hospital and professional coverage "VIS" – Vision "DEN" – Dental	



260-HD05	Plan Coverage Description	O 1/50	
260-HD05	Coverage Level Code	O ID 3/3	"FAM" – Family "IND" – Individual "ECH" – Employee and Children
DTP	Health Coverage Dares	М	
270-DTP01	Date/Time Qualifier	M ID 3/3	"348" Benefit Begin. This is the effective date of coverage. This code should always be sent when adding coverage. "349" Benefit End "543" Last Premium Paid Date / Hold Date
270-DTP02	Date Time Period Format Qualifier	M ID 2/3	"D8" Date Expressed in format CCYYMMDD "RD8" Date Expressed in Range CCYYMMDD-CCYYMMDD
270-DTP03	Date Time Period INDUSTRY: Coverage Period	M AN 1/35	
IDC	Identification Card	0	
300-IDC01	Plan Coverage Description	M AN 1/50	
300-IDC02	Identification Card Type Code	M ID 1/1	"D" Dental Insurance "H" Health Insurance "P" Prescription Drug Service, Drug Insurance
300-IDC04	Action Code	M ID 1/2	"RX" Replace
2310			
NM1	Provider Name	0	
320-NM101	Entity Identifier Code	M ID 2/3	"3D" Obstetrics and Gynecology Facility "OD" Doctor of Optometry "P3" Primary Care Provider "QA" Pharmacy "QN" Dentist "Y2" Managed Care Organization
320-NM102	Entity Type Qualifier	M ID 1/1	"1" – Person "2" Non-Person Entity
320-NM103	Name Last or Organization Name INDUSTRY: Subscriber Last Name	O AN 1/35	
320-NM104	Name First INDUSTRY: Subscriber First Name	O AN 1/25	



320-NM105	Name Middle	O AN 1/25		
320-NM105	Name Prefix	O AN 1/10		
320-NM108	Identification Code Qualifier	M ID 1/2	"34" Social Security Number "FI" Federal Taxpayer's Identification Number "XX" Health Care Financing Administration National Provider Identifier	
320-NM109	Identification Code INDUSTRY: Subscriber Identifier	M AN 2/80		
2320				
СОВ	Coordination of Benefits	0		
400-COB01	Payer Responsibility Sequence Number Code	M ID 1/1	RANK – Only submit COB information that is Primary to MagnaCare "P" Primary "S" Secondary "T" Tertiary "U" Unknown	
400-COB02	Reference Identification INDUSTRY: Insured Group or Policy Number	M AN 1/50	COB policy number when it is available	
400-COB03	Coordination of Benefits Code	M ID 1/1	"1" Coordination of Benefits	
REF	Additional COB Identifiers	0		
405-REF01	Reference Identification Qualifier	M ID 2/3	'SY' only. (A6-EIN deleted from 5010)	
405-REF02	Reference Identification	X AN 1/30	COB Policy Number	
N1	Other Insurer Company Name	0	Segment deleted from 5010	
410-N101	Entity Identifier Code	M ID 2/3	"IN" - Insurer	
410-N102	Insurer Name	X AN 1/60		
DTP	COB Eligibility Dates	0		
450-DTP01	Date Time Qualifier	M ID 3/3	"344" Coordination of Benefits Begin "345" Coordination of Benefits End	



	Date Time Period Format Qualifier	M ID 2/3	D8 Date Expressed in Format CCYYMMDD
	Date Time Period INDUSTRY: COB Date	M AN 1/35	
2330 (NEW LOOP IN 5010)			
NM1	COB Related Entity	0	
030-NM101	Entity Identifier Code	M ID 2/3	"IN" - Insurer
030-14141101	Emily Identified Code		



8. Appendix

A. Implementation Checklist

The following task list should be completed to facilitate a smooth implementation of the EDI process.

TASK	Responsibility	Date
□ ESTABLISH STANDARD ISA AND GS INFORMATION	Client & MagnaCare	
□ CONFIRM BUSINESS RULES	Client & MagnaCare	
☐ DETERMINE COMMUNICATION METHOD	Client & MagnaCare	
☐ SET UP THE ENCRYPTION PROCESS	Client & MagnaCare	
☐ ESTABLISH A SCHEDULE FOR TESTING	Client & MagnaCare	
□ COMPLETE TESTING	Client & MagnaCare	
□ SIGN OFF ON COMPANION GUIDE	Client & MagnaCare	
☐ PRODUCTION CUT-OVER	Client & MagnaCare	