Alameda Alliance for Health

Standard Companion Guide Transaction Information

Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010X220A1

Benefit Enrollment and Maintenance (834) Companion Guide (Outbound)

Version Number: V.2.0
August 2015

Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

Table of Contents

Transaction Instruction (TI)

1 TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

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

1.1.2 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).

1.1.3 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.

1.2 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 requirements 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 statements.

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X220A1	Benefit Enrollment and Maintenance (834)

3 Instruction Tables

The Transaction Table contains one or more rows for each segment for which a supplemental instruction is needed. The Transaction Table does not represent all of the fields necessary for a successful transaction. The TR3 should be reviewed for additional fields that are required and/or are situational and should be included if they are available in your claims/encounters system. Only those elements that the Alliance expects to see or those that required commentary are presented in the Transaction Table

Legend
SHADED rows represent "segments" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide.

Alameda Alliance for Health's 834 Benefit Enrollment and Maintenance Transaction Table				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
	ISA	Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	The Alliance expects to send "00" in this segment.
	ISA03	Security Information Qualifier	00	The Alliance expects to send "00" in this segment.
	ISA05	Interchange ID Qualifier	30	U.S Federal Tax Identification Number
	ISA06	Interchange Sender ID	943216947	The Alliance's Federal Tax ID
	ISA07	Interchange ID Qualifier (Receiver)	30	U.S Federal Tax Identification Number
	ISA08	Interchange Receiver ID	Receiver's Federal Tax ID	Receiver's Federal Tax ID
	ISA11	Repetition Separator	^	A carat (^) is preferred by the Alliance
	ISA15	Usage Indicator	P or T	P - Production Data T - Test Data Use "T" during testing.
	ISA16	Component Separator	: ~	A colon, the component separator, followed by a terminator, tilde (~), is preferred by the Alliance
	GS	Functional Group Header		
	GS01	Functional Identifier Code	BE	Benefit Enrollment and Maintenance (834)
	GS02	Application Sender's Code	943216947	Same value as ISA06
	GS03	Application Receiver's Code	Receiver's Federal Tax ID	Same value as ISA08
	ST	Transaction Set Header		
	ST03	ST - Implementation Convention Reference	005010X220A1	The Alliance will use current adopted version. This version number will also appear in GS08.
	BGN	Beginning Segment		
	BGN01	Transaction Set Purpose Code	00, 15	Will use 00 for original transmissions. See IG for use of 15 -Re-submission
	BGN08	Action Code	2, 4, RX	2- CHANGE; transactions of add, terms and changes to the current enrollment only. The Alliance sends this type of file daily or weekly depending on your trading partner agreement. 4- VERIFY; full enrollment transactions to verify that the sponsor's and payer's systems are synchronized. This file includes all actively enrolled members. The Alliance sends this type of

Alameda Alliance for Health's 834 Benefit Enrollment and Maintenance Transaction Table				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
				file monthly.
	DTP	File Effective Date		
	DTP01	Date/Time Qualifier	007, 303	The Alliance will place the File Effective date at header level: 007 - effective date is used if BGN08=4 303 - maintenance effective is used if BGN08=2
1000A	N1	Sponsor Name		
1000A	N103	Identification Code Qualifier	FI	FI qualifier will be used.
1000A	N104	Sponsor Identifier	943216947	The Alliance's U.S Federal Tax Identification Number.
1000B	N1	Payer Name		
1000B	N103	Identification Code Qualifier	FI	FTIN qualifier will be used.
1000B	N104	Insurer Identification Code	Receiver's Federal Tax ID	Same value as ISA08
2000	INS	Member Level Detail		
2000	INS02	Individual Relationship Code	18	The Alliance will use only 18 – Self.
2000	INS03	Maintenance Type Code	001, 021, 024, 025, 030	001- Change, 021- Addition, 024-Termination, 025- Reinstatement, 030 - Audit or Compare is only used if BGN08=4
2000	INS04	Maintenance Reason Code	07, 09, 15, 20, 22, 25, 28, 33, 41, 43, XN	The Alliance will use one of these reason codes from the codes list. 07 - Termination of Benefits 09 – COBRA 15 – PCP Change 20 - Active 22 - Plan Change 25 - Change in Identifying Data Elements (I.e., name, SSN, DOB, etc.) 28 - Initial Enrollment 33 – Personnel Data – used when CAP aid code, Medicare Status, Redetermination Date, or AIDS Flag is changed. 41 - Reinstate/Re-Enrollment 43 – change of location (address) XN- Notification only (used when INS03 equal to 030)
2000	INS05	Benefit Status Code	A, C	C (COBRA) is used only for IHSS COBRA members otherwise the value will be

Alameda Alliance for Health's 834 Benefit Enrollment and Maintenance Transaction Table				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
				A (Active).
2000	INS06	Medicare Plan Code	A, B, C, E	Codes A – Medicare Part A, B – Medicare Part B, and C – Both Part A and B, are used to indicate member has Medicare. Otherwise the value will be E
2000	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	1	When INS05 is 'C', the Alliance will only use '1 – Termination of Employment' in INS07 element.
2000	REF	Subscriber Identifier	0F	Qualifies the Subscriber Identifier and will be followed by AAH's nine digit subscriber number.
2000	REF02	Subscriber Identifier		Nine digit, unique number
2000	REF	Member Policy Number	1L	
2000	REF02	Member Policy Number	MCAL, IHSS	The Alliance will use the following in bold: **MCAL** - Alliance Medi-Cal **IHSS** - Group Care/In Home Support Services
2000	REF	Member Supplemental Identifier		This segment can repeat.
2000	REF01	Reference Identification Qualifier	23	The Alliance will use 23 – Client Number qualifier to report the Medi-Cal Client Identification Number (CIN)
2000	REF02	Member Supplemental Identifier	CIN Number	The Alliance will report the Medi-Cal CIN number for MCAL and HFP
2000	REF01	Reference Identification Qualifier	3H	The Alliance will use 3H - Case Number qualifier to report the Medi-Cal Identification Number.
2000	REF02	Member Supplemental Identifier	Medi-Cal Identification Number	The Alliance will report the Medi-Cal Identification Number for Medi-Cal members, if available.
2000	REF01	Reference Identification Qualifier	F6	The Alliance will use F6-HIC Number qualifier.
2000	REF02	Member Supplemental Identifier	Medicare Identification Number (HIC).	The Alliance will report the Medicare Identification Number (HIC), if available.
2000	REF01	Reference Identification Qualifier	DX	The Alliance will use 'DX' - Department/Agency Number to designate which network the member belongs to: KAISER,

Alameda Alliance for Health's 834 Benefit Enrollment and Maintenance Transaction Table				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
				CHCN, CFMG,
2000	REF02	Member Supplemental Identifier	ALLIANCE, KAISER,CFMG,CHCN	The Alliance will report the AAH Network to which the member belongs.
2000	DTP	Member Level Dates		
2000	DTP01	Date/Time Qualifier	303, 356, 357	**'303'** – Maintenance effective date of change to existing member's information **'356'** – Effective data member could enroll. **'357'** – last date of coverage for which claims will be paid up to 11:59pm.
	DTP02	Date Time Format Qualifier	D8	
	DTP03	Date Time Period	e.g. 20150101	CCYYMMDD
2100A	NM1	Member Name		
2100A	N3/N4	Member Residence Street Address		This address will be sent if member has no address: "1240 South Loop Road, Alameda, CA 94502" will be used as a default address per Trading Partner agreement. Do not mail to this default address.
2100A	DMG	Member Demographics		
2100A	DMG05-1	Race or Ethnicity Code		The Alliance will use the DMG05-1 List of Codes for Race or Ethnicity.
2100A	LUI	Member Language		
2100A	LU101	LUI – Member Language	LE	The Alliance will use LE – ISO 639 Language codes; see ISO 639 Language code worksheet.
2100A	LU102	Language Code	KM,EN,FA,KO,LO,RU ES,VI ,ZH	The Alliance will use one of the following codes. KM - Cambodian EN - English FA - Farsi KO - Korean LO - Lao RU - Russian ES - Spanish VI - Vietnamese ZH - Chinese
2100A	LU104	Language Use Indicator	5,7,8	The Alliance will use one of the following codes, if known. 5 - Reading Language, 7 - Speaking Language, 8 - Native Language
2100C	N3/N4	Member Mailing Address		This address will be sent if address is not known:

Alameda Alliance for Health's 834 Benefit Enrollment and Maintenance Transaction Table				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
				"1240 South Loop Road, Alameda, CA 94502" . It will be used as a default address per Trading Partner agreement. Do not mail to this default address.
2100G	NM1	Responsible Person		
2100G	NM101	NM1 – Responsible Person	QD	The Alliance will use QD – Responsible Party Qualifier from the list.
2300	HD	Health Coverage		
2300	HD03	Insurance Line Code	AK, DEN, HMO, VIS	The Alliance will use one of these codes: AK - Mental Health DEN – Dental HMO - Health Maintenance Organization VIS - Vision
2300	HD04	Plan Coverage Description	MCAL, IHSS	The Alliance will use the following Description in bold: **MCAL** - Alliance Medi-Cal **IHSS** – Alliance Group Care, i.e. (In Home Support Services)
2300	HD05	Coverage Level Code	IND	The Alliance will only use IND – Individual.
2300	DTP	Health Coverage Dates		
2300	DTP01	Date Time Qualifier	300, 303 ,348, 349,	The Alliance will use these codes from the list. **'303'** – Maintenance Effective (designates date of coverage changes in Loop 2300; do not use to determine when a member is added or terminated – see qualifiers 348 and 349 below instead) **'348'** – Benefit Begin Date **'349'** – Benefit End Date **'300'** – 'Enrollment signature date' qualifier is used to report **the redetermination date for MCAL members.**
2300	AMT	Health Coverage Policy		
2300	AMT01	AMT – Health Coverage Policy; Amount Qualifier Code	B9,C1,D2,P3	The Alliance will use one of these codes: B9 - Co-insurance C1 – Co-payment Amt D2 - Deductible Amt P3 - Premium Amt

Alameda Alliance for Health's 834 Benefit Enrollment and Maintenance Transaction Table				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
2300	REF	Health Coverage Policy Number		Used to report current capitated aid code for Medi-Cal Members
2300	REF01	Reference Identification Qualifier	RB	RB = Rate code number
2300	REF02	Reference Identification	MCAL 2- digit aid code	The Alliance will submit the member's 2-digit current capitated Med-Cal aid code
2300	REF	Health Coverage Policy Number		This segment will be used to contain the legacy Alliance 11-digit member ID.
2300	REF01	Reference Identification Qualifier	ZZ	Mutually Defined
2300	REF02	Reference Identification	(e.g. 00056789101)	The Alliance's legacy 11-digit member ID.
2300	REF	Health Coverage Policy Number		This segment will be used to contain an AIDS Flag Indicator
2300	REF01	Reference Identification Qualifier	XX1	XX1 – Special program code will be used to Qualify an AIDS flag of 'Y'. This segment will not be sent to all trading partners.
2300	REF02	Reference Identification	Y	'Y' – flag indicates an AIDS benefit. Segment will not be sent with any other codes (e.g. N for no).
2310	NM1	Provider Name		The Alliance will submit the member's assigned primary care provider (P3) along with his or her NPI. If two PCP's are on record, we will provide both in a repeat of this loop. The PCP (physician) qualifier will be '1' in NM102 and the group entity will be qualified with '2' in NM102.
2320	COB	Coordination of Benefits		
2320	COB01	Payer's Responsible Sequence Number Code	S	The Alliance will use "S" (secondary) when a member is known to have: - California Children Services (CCS) - Medicare Parts A and/or B - any other coverage known and verified by the Alliance
2320	COB02	Reference Identification		The Alliance will report the member's CCS number.
2320	COB04	Service Type Code	1	The Alliance will use "1" (medical care)

Alameda Alliance for Health's 834 Benefit Enrollment and Maintenance Transaction Table				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
2320	DTP	Coordination of Benefits Eligibility Dates		The Alliance will report the COB beginning and end dates, if known.
2330	NM1	Coordination of Benefits Related Entity		The Alliance will report the name of the COB insurance company if known.
2000	LS	Additional Reporting Categories	2700	The Alliance will use Additional reporting Categories to provide Case Management Indicators for members as well as additional Diagnosis codes for CCS Members.
2000	LX	Member Reporting Categories		
2000	LX01	Assigned Number	1 – Sequential integer, increments by 1	This loop can repeat.
2750	N1	Reporting Category:		
2750	N101	Entity ID code	75	
2750	N102	Name: Member Reporting Category Name	Category Names Used: Case Management, Case Number, Diagnosis Code	**Case Management** – The Alliance will use this Name and REF02 and DTP03 will contain the Member Case Number and effective Date Range respectively. **Case Number** – For CCS members, the Alliance will use this Name followed by the CCS case number in REF02 and effective date in DTP03. **Diagnosis Code** – For CCS members, the Alliance will use this Name followed by diagnosis code(s) in REF02 and effective date in DTP03.
2750	REF	Reporting Category Reference		
2750	REF01	Reporting Category: Reference ID	ZZ – Mutually Defined	
2750	REF02	Member Reporting Category Reference ID		The Case Management number, Case Number (CCS) or Diagnosis Code(s) assigned to the member.
2750	DTP	Reporting Category Date		Contains data range member's case management and or CCS members additional diagnosis code(s) is active.
2750	DTP01	Date/Time Qualifier	007	007 - Effective
2750	DTP02	Date Time Period Format Qualifier	RD8	The Alliance will use range format: CCYYMMDD-

Alameda Alliance for Health's 834 Benefit Enrollment and Maintenance Transaction Table				
Loop ID	**Reference**	**Name**	**Codes**	**Notes/Comments**
				CCYYMMDD
2750	DTP03	Date Time Period	CCYYMMDD-CCYYMMDD	The effective date range.
2000	LE	Additional Reporting Categories Loop Termination	2700	Termination of loop

4 TI Additional Information

4.1 Payer Specific Business Rules and Limitations

The Alliance will arrange with trading partners to send both a change file (adds, terms, reinstates and changes) and a monthly 834 full file (all members on the file are active as of the effective date of the file).

1. 834 Monthly file reconciliation: The Alliance produces a monthly audit (reconciliation) 834-5010 transaction file. The file will include all active membership as of the last day of the previous month. The file is scheduled to be staged on our SFTP site on a specific date each month, weekends and holidays included since the file is automated. For example, February 15, 2015, the reconciliation file would include membership active on January 31, 2015. You have the option to process the audit file in order to reconcile membership using a term-by-omission algorithm, but please notify us if this is the default method your systems uses to synchronize your database. This term-by-omission (absence) reconciliation method will keep your database in sync with Alameda Alliance's membership database but will not identify any root cause for gaps or unprocessed change files.

The monthly 834 full file is a snapshot of our current membership and should be used to reconcile the membership after receipt in the training partner's database. Members missing (not added) or not terminated (members absent from the AAH monthly 834 full file) should be reported to edisupport@alamedaalliance.org so that our Enrollment team can verify that the correct 834 change transaction was sent. If the member record needs to be added or terminated and was not in a previously sent file, we can place the member into a subsequent daily 834 file. A special report format will be provided to you with instructions on how to communicate any data discrepancies of this type to the Alliance.

2. 834 Daily Change files: The Alliance produces a daily (recommended) or weekly 834-5010 (change) transaction file for all trading partners. The file will include

member additions, member terminations, Primary Care Physician changes, member address changes and personnel data changes (Medicare Status, Cap Aid code, Redetermination Date, Aids Flag). Add member transactions will include future adds up to seven days, when available. Future member terminations will include future termination up to seven days, when available. The Alliance stages change 834-5010 files Monday through Friday for pickup by trading partners. All trading partners should process daily change files because, in most cases, it will improve member access to care and reduce the need for your organization to verify eligibility via other means as membership changes will be updated frequently in your system. If the member needs to be added or terminated and was not in a previously sent file, we can place the member into a subsequent daily 834 file. A special report format will be provided to you with instructions on how to communicate and notify the enrollment team at AAH of any data discrepancies found in files or between your database and our 834 full file the require updated files.

4.2 Example: 834 Full (reconciliation) file; Graphical representation of a sample de-identified enrollment record.

Note 1. The new, nine digit member ID is active since 1/1/2014 and is in Loop 2000, REF02, were REF01= 0F.

Note 2. The previous, legacy Alameda Alliance Member ID is 11-digits and will be provided in Loop 2300 REF01= ZZ and REF02 contains the 11-digit number. Warning; this legacy ID will eventually phase out of use.

INS*Y*18*030*XN*A*B**AC	
REF*0F*000210007	AAH UNIQUE 9-DIGIT SUBSCRIBER (MEMBER ID)
REF*23*94377792A	MCAL MEMBER CIN NUMBER
REF*3H*01609621407051	
REF*DX*ALLIANCE	MEMBER NETWORK: KAISER, CFMG, CHCN ARE OTHER ALLIANCE NETWORKS
REF*F6*621407051M	
NM1*IL*1*BXX*CXXX*T	
PER*IP**HP*5XXXXXXXXX	
N3*1XXXXXXXXXXXXXXXXXXXX	
N4*AXXXXXX*CX*9XXXXXXXX**CY*ALAMEDA	
DMG*D8*20000101*F	
LUI*LE*vi**7	
LUI*LE*vi**7	
NM1*31*1	
N3*1XXXXXXXXXXXXXXXXXXXX	
N4*AXXXXXX*CX*9XXXXXXXX	
HD*030**AK*MCAL*IND	
DTP*348*D8*20000501	
AMT*C1*0	
REF*1L*MCAL	LINE OF BUSINESS: MCAL OR IHSS
REF*RB*60	MCAL CAP AID CODE
REF*ZZ*00000038001	AAH LEGACY 11-DIGIT MEMBER ID;
LX*1	
NM1*P3*2*BXXXXXXXXXXXXX*****XX*1376575639*72	
LX*2	
NM1*P3*1*DXXXXXX*BXX****XX*1376575639*72	

4.3 Example of 834 de-identified change file record #1:

Change: -Terminated Member

Loop		
2000	**INS*Y*18*024*07*A*E**AC**	INS03 = '024' - Termination of the Subscriber (Member) in this Record; INS04 = '07' - Termination of Benefits
	REF*0F*000076158	
	REF*23*93837196A	
	NM1*IL*1*CXXXXX*KXXXXX	
	PER*IP**HP*5XXXXXXXXX	
	N3*3XXXXXXXXXXXXXXXXX	
	N4*OXXXXXX*CX*9XXXXXXXX**CY*ALAMEDA	
	DMG*D8*20000101*F**B	
	LUI*LE*en**7	
	LUI*LE*en**7	
	NM1*31*1	
	N3*3XXXXXXXXXXXXXXXXX	
	N4*OXXXXXX*CX*9XXXXXXXX	
2300	**HD*024**HMO*MCAL*IND**	HD01 = '024' - Termination of the Coverage for this Subscriber (Member)
2300	**DTP*349*D8*20150430**	DTP01 - '349' - Termination Date; last date of coverage for which claims should be paid (through 11:59am on 4/30/2015)
	AMT*C1*0	
	REF*1L*MCAL	
	REF*RB*M1	
	LX*1	
	NM1*P3*2*MXXXXXXXXXXXXXXXXXXX*****XX*1447395736*72	

4.4 Example of 834 de-identified change file record #2:

Change: Subscriber's (Member) Address

Loop	Example Change File: Change of Subscriber's (Member) Address	
2000	**INS*Y*18*001*43*A*E**AC**	INS03 = '001' - Indicates a change to an existing subscriber's (member) record. INS04 - ' 43' - Reason for change is 'change of address'.
	REF*0F*000048616	
	REF*23*93297521E	
	DTP*303*D8*20150610	DTP01 = '303' - Maintenance effective date; the date the address change is effective.
	NM1*IL*1*DXXXX*MXXXXXX*E	
	PER*IP**HP*5XXXXXXXXX	
	N3*1XXXXXXXXXX	
	N4*SXXXXXXXXX*CX*9XXXXXXXX**CY*SACRAMENTO	
	DMG*D8*20000101*F**B	
	LUI*LE*en**7	
	LUI*LE*en**7	
	NM1*31*1	
	N3*PXXXXXXXXX	
	N4*SXXXXXXXX*CX*9XXXXXXX	
2300	**HD*001**HMO*MCAL*IND**	HD01 = '001' - This maintenance type code indicates a change is made to update the members coverage.
	DTP*348*D8*20040601	
	DTP*303*D8*20150610	
	AMT*C1*0	
	REF*1L*MCAL	
	REF*RB*K1	
	REF*ZZ*00040588801	
	LX*1	
2310	NM1*P3*1******XX*1801960513*72	Loop 2310 - Informational only; provides the NPI of the Primary Care Provider; NM102 is Type 1; an individual
	LX*2	
2310	NM1*P3*2*KXXXXXXXXXXXX*****XX*1801960513*72	Loop 2310 - Informational only; provides the NPI of the Assigned Facility; NM102 is Type 2; an organization

4.5 Example of 834 de-identified change file record #3:

Change: Subscriber's (Member) Primary Identifying Elements: Name, DOB, or other ID's.

Loop		
2000	INS*Y*18 *001*25* A*E**AC	a. INS03 = '001' - Indicates a change to an existing subscriber's (member) record.
	REF*0F*000136478	b. INS04 - ' 25' - Reason is change in member's primary identifying elements (i.e. DOB, Name (first and/or last), other ID's).
	REF*23*92354640A	
	DTP*303*D8*20150610	DTP01 = '303' - Maintenance effective date; the date the address change is effective.
	NM1*IL*1*MXXXXXXXX*MXXXXXX	
	PER*IP**HP*5XXXXXXXXX	
	N3*3XXXXXXXXXXXXXXXXXXX	
	N4*OXXXXXX*CX*9XXXXXXXX**CY*ALAMEDA	
	DMG*D8*20000101*F**B	
	LUI*LE*en**7	
	LUI*LE*en**7	
	NM1*70*1*MXXXXXXXXX*MXXXXXX	
	DMG*D8*20000101*F	
	NM1*31*1	
	N3*3XXXXXXXXXXXXXXXXXXX	
	N4*OXXXXXX*CX*9XXXXXXXX	
2300	HD*001**HMO*MCAL*IND	
	DTP*348*D8*20091201	
	DTP*303*D8*20150610	
	AMT*C1*0	
	REF*1L*MCAL	
	REF*RB*34	
	REF*ZZ*00018587801	
2310A	LX*1	
	NM1*P3*1******XX*1356499149*72	
	LX*2	
2310A	NM1*P3*2*KXXXXXXXXXXXX*****XX*1356499149*72	

4.6 Example of 834 de-identified change file record #4:

Change: Subscriber's (Member) Personnel Data

Loop		
2000	INS*Y*18*001*33*A*E**AC~	a. INS03 ='001'- Indicates a change to an existing subscriber's (member) record.
	REF*0F*000009806~	b. INS04 -' 33'- Reason is change in member's personnel data
	REF*23*92946471F~	(i.e. Medicare Status Code (Loop 2000, INS06), Cap AID code (Loop 2300, REF*RB),
	DTP*303*D8*20140801~	Redetermination Date (Loop 2300 DTP*300), AIDS Flag (Loop 2300, REF*XX1)).
	NM1*IL*1*CXXXXXXXXXXX*HXXXXXX~	
	PER*IP**HP*5XXXXXXXXX~	
	N3*3XXXXXXXXXXXXXXXXXXXXXXXX~	
	N4*FXXXXXX*CX*9XXXXXXXX**CY*ALAMEDA~	
	DMG*D8*20000101*M**H~	
	LUI*LE*es**7~	
	LUI*LE*es**7~	
2100C	NM1*31*1~	Loop 2100C - Information only; Member's Mailing address if different than residence address
	N3*3XXXXXXXXXXXXXXXXXXXXXXXX~	
	N4*FXXXXXX*CX*9XXXXXXXX~	
2300	HD*001**HMO*MCAL*IND~	
	DTP*300*D8*20150801~	Loop 2300 - Information only;
	DTP*348*D8*20140701~	DTP*300 represent the future redetermination date of the Medi-Cal member's eligibility
	DTP*303*D8*20150610~	
	AMT*C1*0~	
	REF*1L*MCAL~	
	REF*RB*H3~	
	LX*1~	
2310A	NM1*P3*1******XX*1801960513*72~	
	LX*2~	
2310A	NM1*P3*2*KXXXXXXXXXXXX*****XX*1801960513*72~	

4.7 Example of Member Records with COB and 2700 Loops

Under development.

5 TI Change Summary

Version	Date	Section(s) changed	Change Summary
1.0	10/19/2011	Initial Release	Initial Release
1.1	10/26/2011	Section 3, page 6	ISA11 – A carat (^) will be used and replaces the asterisk (*).
1.1	10/26/2011	Section 3, page 7	Maintenance reason code 26 has been deleted.
1.2	11/07/2011	Section 3, page 7	Added Code 'D' is used when coverage is only with Alliance CompleteCare."
1.2	11/07/2011	Section 3, page 7	Added new relational segment INS07: When INS05 is 'C', the Alliance will only use '1 – Termination of Employment' in this element.
1.2	11/15/2011	Section 3, page 8	Replaced Note with "The Alliance will report the Medicare Identification Number (HIC)."
1.2	11/16/2011	Section 3, page 10	Replace Note with "The Alliance will submit the member's assigned primary care provider (P3) along with his or her NPI. If two PCP's are on record, we will provide both in a repeat of this loop. The first will be the group provider and the second will be the secondary provider."
1.3	8/23/2012	Section 3, page 8	The Alliance will not send member SSN number. This has been deleted.
1.4	11/20/2013	Section 3	New member ID will be nine digits and will be available 12/1/2013.
1.4	11/20/2013	Section 3	HFP line of business has been absorbed by MediCal.
1.5	2/10/2014	Section 3	Added REF*DX segment to inform receiver of member's network.
2.0	8/9/2015	Section 3, loop 2000, page 8	Remove HPMG from list of networks.
2.0	8/9/2015	Loop 2300 HD04 Plan Coverage Description	Remove 'ACC' – Alameda Alliance Complete Care ended 12/31/2015
2.0	8/9/2015	Loop 2300, DTP01, Date Time Qualifier 303, page 9	Clarified DTP qualifier 303 – Maintenance Effective (designates date of changes in Loop 2300; but not when a member is added or terminated (see Loop 2000)
2.0	8/9/2015	Loop 2000, DTP01, Date/Time Qualifiers,	Clarified the logic of these qualifiers in loop 2000:

		303, 356, 357	303' – Maintenance effective date of change to existing member's information in loop 2000 and excludes changes in Loop 2300 Health Coverage Loop. '356' – Effective data member could enroll. '357' – last date of coverage for which claims will be paid; to 11:59pm.
2.0	8/9/2015	2000, INS04, Maintenance Reason Code –'33' - Personal Data, 15 – PCP Change, 43 – Change of location (address)	Clarifies use of Maintenance Reason Code '33' – Personnel Data – used when CAP aid code, Medicare Status, Redetermination Date, or AIDS Flag is changed. Loop 2300 will contain the DPT*303 – Maintenance Date of these changes. Added 15, and 43.
2.0	8/9/2015	Loop 2100A, N3/N4, Member Residence, Street Address	This data will be sent if member address is not known: "If address is: "1240 South Loop Road, Alameda, CA 94502" it is a default address per Trading Partner agreement. Do not mail to this default address.
2.0	8/9/2015	Loop 2100C, N3/N4, Member Mailing, Address	This data will be sent: "If address is not known: "1240 South Loop Road, Alameda, CA 94502" will be used as a default address per Trading Partner agreement. Do not mail to this default address.