



PacificSource
HEALTH PLANS

**834 Transaction Companion Guide
Benefit Enrollment & Maintenance**

Version 004010X95A1 (Addendum)

Preface

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to PacificSource Health Plans. This 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 exceeds the requirements or usage of data expressed in the Implementation Guides.

Updated copies of this and other guides may be downloaded from our web site at www.pacificsource.com, or you may request a copy by contacting our Information Systems Department at (541) 684-5251.

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Getting Started

Trading Partner Registration

Each person wishing to trade data electronically with PacificSource will be required to submit a completed Trading Partner Enrollment Form. The form may be downloaded from our website at http://www.pacificsource.com/for_prov_HIPAA.html, or you may request a copy by contacting our Information Systems Department at (541) 684-5251. Please allow 3 – 5 business days for account setup. PacificSource will contact you when your account setup is complete and inform you when testing may begin for specified transactions.

Compliance Checking

PacificSource Health Plans will check each file submitted to us for HIPAA compliance upon receipt of the file, based on the Implementation Guide for the transaction. If requested, an acknowledgment file (X12N 997) will be placed in the trading partner's mailbox for each file submitted. If a file does not pass compliance, the entire file is rejected.

Testing Overview

Once your account setup is complete and you have been approved to begin testing, you may begin submitting files into our test system. The file will be checked for compliance then processed through our system to check for data accuracy. You will be notified of all test results.

Connectivity with PacificSource

Communication Protocols

PacificSource currently uses two forms of communications. You may choose asynchronous communication with Zmodem protocol or secure FTP. If you would like to use secure FTP, please complete our enrollment form and return it to us for account setup. All forms of communications require a completed Trading Partner Enrollment form. Both forms may be downloaded from our website at http://www.pacificsource.com/for_prov_HIPAA.html.

Modem Line Phone Number

The phone number for test file submissions is (541) 684-5552.

Connecting To Our Test System

Once connected to our system, a main menu will display with several options from which you may choose. Listed below are an example of the menu and a description of each item.

```
Enter your User ID: test
Enter your PASSWORD: ****

Welcome to use Pfsasync

Your current protocol is ZModem

U)pload           D)ownload
P)rotocol         F)iles
C)hange Password G)oodbye

Select: _
```

Upload – Upload a file to PacificSource.

Protocol – Allows you to change your communication protocol.

Change Password – Allows you to change your password.

Download – Download files from PacificSource.

Files – Check to see if there are files in your mailbox.

Goodbye – Disconnect from the system.

Passwords

When your account is set up, you will have a password automatically assigned to you. Once you log on to the system, you will have the opportunity to change your password.

Please keep your password confidential. If you forget your password, you may contact PacificSource EDI Technical Support (See “EDI Customer Service and Technical Support” in this document).

Contact Information

EDI Customer Service and Technical Support

PacificSource Health Plans
Information Systems
PO Box 7068
Eugene, OR 97401
(541) 684-5251, or
(800) 624-6052, ext. 2251

You may also submit questions or problems by e-mail to edisupport@pacificsource.com.

Envelope/Segment Information

ISA

SEGMENT/ ELEMENT	ELEMENT DESCRIPTION	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
ISA01	Authorization Information Qualifier	R	2/2	ID	00	
ISA02	Authorization Information	R	10/10	AN		No information required
ISA03	Security Information Qualifier	R	2/2	ID	00	
ISA04	Security Information	R	10/10	AN		No information required
ISA05	Sender Interchange ID Qualifier	R	2/2	ID	ZZ	Mutually defined identifier provided by sender.
ISA06	Interchange Sender ID	R	15/15	AN		Mutually defined.
ISA07	Interchange Receiver ID Qualifier	R	2/2	ID	ZZ	Mutually defined identifier provided by sender.
ISA08	Interchange Receiver ID	R	15/15	AN		PACIFICSOURCE
ISA09	Interchange Date	R	6/6	DT	YYMMDD	
ISA10	Interchange Time	R	4/4	TM	HHMM	
ISA11	Interchange Control and ID	R	1/1	ID	U	
ISA12	Interchange Control Version	R	5/5	ID	00401	
ISA13	Interchange Control Number	R	9/9	NO		Assigned by Sender
ISA14	Acknowledgement Requested	R	1/1	ID	0, 1	Defined at Trading Partner Setup
ISA15	Usage Indicator	R	1/1	ID	P=Production, T=Test	PacificSource relies on this indicator
ISA16	Component element	R	1/1			

GS

SEGMENT/ ELEMENT	ELEMENT DESCRIPTION	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
GS01	Functional Identifier Code	R	2/2	ID	HC	
GS02	Application Senders Code	R	2/15	AN	ZZ	Mutually defined identifier provided by sender
GS03	Application Receiver's Code	R	2/15	AN		PACIFICSOURCE
GS04	Date	R	8/8	DT	CCYYMMDD	
GS05	Time	R	4/4	TM	HHMM	
GS06	Group Control Number	R	1/9	N0		Assigned by Sender
GS07	Responsibility Agency Code	R	1/1	ID	X	
GS08	Version/Release/Industry Identifier Code	R	1/12	AN	004010X095A1	

Other Format Notations

LOOP	SEGMENT	ELEMENT DESCRIPTION	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
1000A	N102	Sponsor Name	1/60	AN		Truncated to 30 characters
2000	INS08	Employment Status Code	2/2	ID	AO,AU,FT,L1,PT,RT,TE	*** see Required Employment Hours per Group Plan below ***
2000	REF01	Ref ID Qualifier: Subscriber Number	1/30	AN	0F	
2000	REF02	Reference ID: Member #	1/30	AN		PacificSource Member ID or Member SSN
2000	REF01	Ref ID Qualifier: Member Policy Number	2/3	AN	1L	
2000	REF02	Reference Identification: Group/Policy Number	1/30	AN		Required. PacificSource Group Number
2000	REF01	Ref ID Qualifier: Member ID Number	2/3	ID	ZZ	Mutually Defined: Job Title
2000	REF02	Reference ID: Job Title	1/30	AN		Truncated to 30 characters
2000	DTP01	Date Time Qualifier	3/3	ID	303,336,337,356,357,383	These are the only qualifiers processed at this time.
2100A	NM103	Subscriber Last Name	1/35	AN		Truncated to 30 characters
2100A	NM104	Subscriber First Name	1/25	AN		Truncated to 15 characters
2100A	NM105	Subscriber Middle Initial	1/25	AN		Truncated to 1 characters
2100A	NM109	Subscriber SSN	2/80	AN		Truncated to 9 characters
2100A	N301	Subscriber Address	1/55	AN		Truncated to 30 characters
2100A	N401	Subscriber City	2/30	AN		Truncated to 20 characters
2100A	N403	Subscriber Zip Code	3/15	ID		Truncated to 5 characters
2100B	NM103	Incorrect Insured Last Name	1/35	AN		Truncated to 30 characters
2100B	NM104	Incorrect Insured First Name	1/25	AN		Truncated to 15 characters
2100B	NM105	Incorrect Insured Middle Initial	1/25	AN		Truncated to 1 characters
2100B	NM109	Incorrect Insured SSN	2/80	AN		Truncated to 9 characters
2100D	NM103	Organization Name	1/35	AN		Truncated to 30 characters
2100E	NM103	Member School	1/35	AN		Truncated to 30 characters
2310	NM103	PCP Last Name	1/35	AN		Truncated to 30 characters
2310	NM104	PCP First Name	1/25	AN		Truncated to 15 characters
2310	NM105	PCP Middle Initial	1/25	AN		Truncated to 1 characters
2320	N102	Other Coverage Name	1/60	AN		Truncated to 30 characters

***** Required Employment Hours per Group Plan**

Part-Time or Full-Time Eligibility

Please indicate whether the number of hours worked by the member is considered full time or part time for health plan purposes by placing an FT or PT in loop 2000, INS08 (Member Level Detail).

For example, ACME Business Group has two health plans available to their employees. The first plan is for those that work 32 hours or more per week, and the employer pays the premium in full. The second plan is for those that work less than 32 hours, and the employer only pays half of the premium. For this purpose, an employee working 32 hours per week is considered full-time, since they are eligible for the same plan as those working 40 hours per week. An employee working less than 32 hours would be considered part-time.

Please submit the appropriate Employment Status Code other than full or part-time as applicable, such as Retired, Terminated, etc. If you have questions on this, please contact EDI Support (see EDI Customer Service and Technical Support in this document).