AULTCARE **PRIMETIME** HEALTH PLAN **AULTRA** ADMINISTRATIVE GROUP

5010 835 Companion Guide

Refers to the Implementation Guides
Based on X12 version 005010
Companion Guide Version Number: 1.1

October 21, 2013

AULTCARE **PRIMETIME** HEALTH PLAN **AULTRA** ADMINISTRATIVE GROUP

Disclosure Statement

It is the sole responsibility of the provider/vendor to initiate Enrollment for 835 Transactions.

Any questions regarding EFT/ERA data should be directed to Customer Service at 330-363-6360.

Transaction log files are retained for a period of six months.

Submit data transmission problems to edisupport@aultcare.com as soon as possible. AultCare recommends by the end of the next business day.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under the Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content being requested when data is transmitted electronically to AultCare. Transmissions based on this companion document, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

TABLE OF CONTENTS

1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry 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 translations 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

Purpose of the Companion Guide

The HIPAA EDI Transaction Standard Companion Guide explains the procedures necessary for Trading Partners to transmit Electronic Data Interchange (EDI) transactions. Please see our website at www.aultcare.com for the companion guide pertaining to the HIPAA EDI transaction set that meets your needs.

This Companion Guide is not intended to replace the X12N Implementation Guides; rather it is intended to be used in conjunction with them. Additionally, the Companion Guide is intended to convey information that is within the framework and structure of the X12N Implementation Guides and not to contradict or exceed them.

1.1. Scope

The scope of this Companion Guide is to specify the appropriate and recommended use of the 835 EFT and ERA HIPAA Transactions.

1.2. Overview

This Companion Guide is to be used as a supplement to the ASC X12N Version 5010 Implementation Guide. The goals of this guide are to describe the processes to set up, test and clarify when conditional data elements and segments must be used.

1.3. References

This document supplements the *X12N Implementation Guide 005010X221A1* adopted under HIPAA.

1.4. Additional Information

- Assumes the provider/vendor initiates an 835 EFT and ERA Enrollment
- Assumes the provider/vendor has a Third Party Agreement on file with AultCare.

2 Getting Started

2.1 Working with AultCare

Questions related to HIPAA 835 EFT and ERA Transactions should be emailed to edisupport@aultcare.com .

2.2 Trading Partner Registration

Register to become a trading partner. To complete this process, go to the following website to locate the Vendor/Affiliate Registration Guide.

 www.aultcare.com

Click on the Get Registered located under the heading Find It Fast.

2.3 Certification and Testing Overview

AultCare will create a test EFT and ERA file. Once the provider confirms receipt of these test files, they will need to complete the AultCare 835 Electronic Remit Checklist.

3 Testing with the Payer

3.1 Account Information

The Financial Institution account information supplied in the testing process will be used for production 835 processing. It is the provider's responsibility to notify AultCare when bank account information is being changed.

3.2 Third Party Vendors

Providers that contract with a vendor to facilitate file transfer and processing are responsible for notifying AultCare of any change in vendor status (e.g. service transferring to a different vendor, vendor system changes, vendor system upgrades, etc.) Providers are responsible for coordinating pickup and delivery of run-out claims when switching vendors.

Vendors new to AultCare are required to complete both 837 and 835 testing.

3.3 Test Procedures

The following test procedures must be completed by providers/vendors prior to implementing the 835 EFT and ERA HIPAA Transactions.

3.3.1 Prerequisites:

- AultCare will verify that a signed trading partner agreement is on file.
- The provider/vendor must complete the online EFT and ERA Enrollment forms.

3.3.2 Testing

AultCare will create a test EFT and ERA file.   The test EFT will be sent to the Financial Institution information that was supplied on the 835 Enrollment Data Form. AultCare will place the 835 ERA test file on the Payer Connectivity Services (PCS) Test system for the provider/vendor to retrieve. AultCare will notify the provider/vendor when the test files are available.

Once the provider has completed testing and the 835 Electronic Remit Checklist is returned to AultCare, a date will be established to begin 835 Transactions in production. Production ERA files will be placed on the Payer Connectivity Services (PCS) system for the provider/vendor to retrieve. Files will also be transferred utilizing a Secure File Transfer Protocol (SFTP) connection if applicable. 835 files are also archived in the PCS system within the archive/835 folder for approximately 3 months.

4 Connectivity with the Payer / Communications

4.1 Process Flows

Register to become a trading partner. To complete this process, go to the following website to locate the Vendor/Affiliate Registration Guide.

 www.aultcare.com

Click on the Get Registered located under the heading Find It Fast.

During the registration process, you will complete a trading partner and non-disclosure agreement. Once this is completed, you will be provided a login and password for the test and production environments by a representative of the AultCare Information Systems Department.

4.2 Transmission Administrative Procedures

SYSTEM MAINTENANCE

Scheduled Down-Time

 Regular System Change Window (Routine)

- Every Tuesday, 9:00 pm – 11:00 pm EST, (2 hours)
- Every Thursday, 9:00 pm – 11:00 pm EST, (2 hours)

Standard system maintenance and changes include but are not limited to, cycling of services, deployment of code changes, modification of databases, purging of data, minor upgrade of software or hardware changes, implementation of edits, workflow changes, etc. Standard system maintenance and changes will occur during this window.

 Extended System Maintenance Window (Non-Routine)

- Every Weekend, Saturday 5:00 am – Monday 5:00 am EST, (48 Hours)

Extended system maintenance and changes include, but are not limited to, maintenance or changes expected to take longer than 2 hours and maintenance or non-routine types of changes considered non-standard.

Extended system maintenance and major software/hardware changes will occur during this window. Notification of extended maintenance or changes will be communicated to the customer 1 week in advance via email from the AultCare EDI Support Team. This notification will indicate whether or not availability or functionality will be impacted during the window. If the regular system change window is used, a notification will not be provided.

Unscheduled Down-Time

Emergency system maintenance and changes cannot be predicted and notification of downtime cannot always be provided in advance. In the event unscheduled downtime occurs, a notification will be provided to the customer via email within 1 hour of discovery of the downtime, or as far in advance as possible.

The initial notification will include as much information available about the problem and any changes needed. During unscheduled downtime, notifications will be provided to the customer via email periodically (as appropriate) to relay information on the status of the issue and to provide estimated time of resolution.

Upon the resolution of unscheduled downtime and the verification of system availability, notification will be provided via email to the customer and will indicate that the system is available.

Weekend / Holidays

The system will process real-time and batch request and responses on weekends and designated holidays with the exception of system unavailability as mentioned above.

4.3 Re-Transmission Procedure

Trading Partners requiring assistance in researching problems with transmissions should send an email to edisupport@aultcare.com.

4.4 Communication Protocol Specifications

If a provider is using a vendor, the vendor tax id will be populated in the
ISA receiver ID field. The provider tax id will be populated in the GS Application
ID field.

If a provider is not using a vendor, the provider's tax id will be populated
In both the ISA Receiver ID field and GS Application ID field.

4.5 Passwords

Provider/vendor must contact System Administrator to establish a password and
user ID.

Please contact:
   AultCare Information Systems
   330-363-7495
   AultCare-IS@aultcare.com

5 Contact Information

5.1 EDI Customer Service

AultCare EDI Support
edisupport@aultcare.com

5.2 EDI Technical Assistance

AultCare IS Department
330-363-7495 (help desk)
AultCare-IS@aultcare.com

5.3 Provider Service Number

Please contact Provider Services at 330-363-6360

5.4 Applicable websites/e-mail

www.aultcare.com
edisupport@aultcare.com
AultCare-IS@aultcare.com

6 Control Segments/Envelopes

The ISA and GS segments make up the header information for the 835 transaction. Within the ISA segment is the Test /Production indicator. This indicator must be correctly set. Test files must be sent with a "T" indicator. Production files are sent with a "P" indicator.

6.1 ISA – IEA

Location	Data Element Description	Expected Value
ISA01	**Authorization Information Qualifier**	00
ISA02	**Authorization Information**	Blank
ISA03	**Security Information Qualifier**	00
ISA04	**Security Information**	Blank
ISA05	**Interchange ID Qualifier**	30
ISA06	**Interchange Sender ID**	AultCare Federal Tax ID: 341488123
ISA07	**Interchange ID Qualifier**	30
ISA08	**Interchange Receiver ID**	Client Federal Tax ID
ISA09	**Interchange Date**	YYMMDD
ISA10	**Interchange Time**	HHMM
ISA11	**Repetition Separator**	^
ISA12	**Interchange Control Version Number**	00501
ISA13	**Interchange Control Number**	Increment by 1 with each submission
ISA14	**Acknowledgment Requested**	0 or 1
ISA15	**Interchange Usage Indicator**	T or P
ISA16	**Component Element Separator**	Recommend colon (:)

Location	Data Element Description	Expected Value
IEA01	**Number of Included Functional Groups**	A count of functional groups
IEA02	**Interchange Control Number**	Provider assigned

Note: An asterisk (*) is recommended as the data element separator.

A tilde (~) is recommended as the segment terminator.

6.2 GS – GE

Location	Data Element Description	Expected Value
GS01	**Functional Identifier Code**	HP
GS02	**Application Sender's Code**	AultCare Federal Tax ID: 341488123
GS03	**Application Receiver's Code**	Client Federal Tax ID
GS04	**Date**	CCYYMMDD
GS05	**Time**	HHMM
GS06	**Group Control Number**	Payer Assigned
GS07	**Responsible Agency Code**	X
GS08	**Version / Release / Industry Identifier Code**	005010X221A1

Location	Data Element Description	Expected Value
GE01	**Number of Transaction Sets Included**	A count of functional groups
GE02	**Group Control Number**	Payer Assigned

6.3 ST-SE

Location	Data Element Description	Expected Value
ST01	**Transaction Set Identifier Code**	835
ST02	**Transaction Set Control Number**	Payer Assigned

Location	Data Element Description	Expected Value
SE01	**Number of Included Segments**	A count of segments in transaction set
SE02	**Transaction Set Control Number**	Payer Assigned

7 Payer Specific Business Rules and Limitations

AultCare has two primary payer tax ids:

341488123 - AultCare

341624818 – AultCare Insurance Company

8 Acknowledgements and/or Reports

AultCare will accept TA1 and 999 Transactions.

9 Trading Partner Agreements

9.1 Trading Partners

An EDI Trading Partner is defined as any AultCare customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from AultCare.

9.2 Trading Partner Agreements

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

10 Transaction Specific Information

The following segments are provided by AultCare. **Only** fields that warrant additional clarification beyond the HIPAA 835 Implementation Guide have been included.

Headers

Transaction Set Header: Consistent with the HIPAA Implementation Guide.

Financial Information

BPR Segment

Data Element	Data Element Description	Data Requirements
BPR01	**Transaction Handling Code**	I – Remittance information only D – Make payment only
BPR02	**Monetary Amount**	Total actual provider payment amount
BPR03	**Credit/Debit Flag Code**	C – Credit to provider's account and debit to payer's account.
BPR04	**Payment Method Code**	BOP – Financial institution option
BPR05	**Payment Format Code**	N/A – Field not supplied
BPR06	**(DFI) ID Number Qualifier**	01 – ABA transit routing number
BPR07	**(DFI) Identification Number**	Sender DFI identifier
BPR08	**Account Number Qualifier**	DA – Demand deposit
BPR09	**Account Number**	Sender bank account number
BPR10	**Originating Company Identifier**	Payer tax id identifier **Note:** The payer tax id may vary depending on the account tied to a group. See section 7 of this companion guide.

BPR11	**Originating Company Supplemental Code**	N/A – Field not supplied
BPR12	**(DFI) ID Number Qualifier**	01 – Depository financial institution (DFI) identification number qualifier.
BPR13	**(DFI) Identification Number**	Receiver or Provider bank ID number
BPR14	**Account Number Qualifier**	DA – Demand deposit
BPR15	**Account Number**	Receiver or Provider account number
BPR16	**Date**	EFT Effective Date

Reassociation Trace Number

TRN Segment

Data Element	Data Element Description	Data Requirements
TRN01	**Trace Type Code**	1 – Current Transaction Trace Numbers
TRN02	**Reference Identification**	EFT Trace number
TRN03	**Originating Company Identifier**	Payer tax id identifier

Version Identification

REF Segment

Data Element	Data Element Description	Data Requirements
REF01	**Reference Identification Qualifier**	F2 – Version Code, local
REF02	**Reference Identification**	Version identification code

Production Date

DTM Segment

Data Element	Data Element Description	Data Requirements
DTM01	**Date/Time Qualifier**	405 – End date for the adjudication production cycle for included claims
DTM02	**Date**	Production Date in CCYYMMDD format

Payer Identification: Consistent with the HIPAA Implementation Guide.

Payer Address: Consistent with the HIPAA Implementation Guide.

Payer City, State, and Zip Code: Consistent with the HIPAA Implementation Guide.

Payer Technical Contact Information

PER Segment

Data Element	Data Element Description	Data Requirements
PER01	**Contact Function Code**	BL – Technical Department
PER02	**Name**	AultCare Insurance Company

Payee Identification: Consistent with the HIPAA Implementation Guide.

Payee Address: Consistent with the HIPAA Implementation Guide.

Payee City, State, and Zip Code: Consistent with the HIPAA Implementation Guide.

Header Number: Consistent with the HIPAA Implementation Guide.

Claim Payment Information

CLP Segment

Data Element	Data Element Description	Data Requirements
CLP01	**Claim Submitter's Identifier**	Patient control number
CLP02	**Claim Status Code**	Claim status code as assigned by AultCare or repricing organization.
CLP03	**Monetary Amount**	Total claim charge amount
CLP04	**Monetary Amount**	Claim payment amount
CLP05	**Monetary Amount**	Patient responsibility amount. **Note:** This amount is the difference between the total charge and total paid amount. The patient responsibility amount is usually reduced by the amounts supplied in the CAS (Claim Adjustment) and AMT (Service Supplemental Amount) segments. **Note:** When COB (Coordination Of Benefits) apply to the claim, patient responsibility amount is determined by subtracting: payment, write-off, and adjustment amounts from the total charge.
CLP06	**Claim Filing Indicator**	Code identifying type of claim: 12- Preferred Provider Organization (PPO) MC - Medicaid 16 – Medicare

Data Element	Data Element Description	Data Requirements
CLP07	**Reference Identification**	Payer claim control number
N/A	**Claim Comments**	**Note:** The 835 HIPAA file does not provide a field to pass claim comments, therefore this information is not supplied.

Patient Name

NM1 Segment

Data Element	Data Element Description	Data Requirements
NM101	**Entity Identifier Code**	QC – Patient
NM102	**Entity Type Qualifier**	1 – Person
NM103	**Name Last or Organization Name**	Patient last name
NM104	**Name First**	Patient first name
NM105	**Name Middle**	Patient middle initial
NM106	**Name Prefix**	Patient name prefix
NM107	**Name Suffix**	Patient name suffix
NM108	**Identification Code Qualifier**	34 – Social security number or MI – Member Identification Number
NM109	**Identification Code**	Patient social security number or Member Identification Number

Insured Name

NM1 Segment

Data Element	Data Element Description	Data Requirements
NM101	**Entity Identifier Code**	IL – Subscriber
NM102	**Entity Type Qualifier**	1 – Person
NM103	**Name Last or Organization Name**	Subscriber last name
NM104	**Name First**	Subscriber first name
NM105	**Name Middle**	Subscriber middle initial
NM106	**Name Prefix**	Subscriber name prefix
NM107	**Name Suffix**	Subscriber name suffix
NM108	**Identification Code Qualifier**	MI – Member Identification Number
NM109	**Identification Code**	Subscriber Social Security Number or Member Identification Number

Service Provider Name

NM1 Segment

Data Element	Data Element Description	Data Requirements
NM101	**Entity Identifier Code**	82 – Rendering provider
NM102	**Entity Type Qualifier**	1 – Person
NM103	**Name Last or Organization Name**	Rendering provider last name
NM104	**Name First**	Rendering provider first name

Data Element	Data Element Description	Data Requirements
NM105	**Name Middle**	Rendering provider middle initial
NM106	**Name Prefix**	Rendering provider name prefix
NM107	**Name Suffix**	Rendering provider name suffix
NM108	**Identification Code Qualifier**	XX – Nation Provider Identifier
NM109	**Identification Code**	Rendering provider identifier

Other Claim Related Identification

REF Segment

Data Element	Data Element Description	Data Requirements
REF01	**Reference Identification Qualifier**	1L – Group number
REF02	**Reference Identification**	Other Claim Related Identifier

Claim Date

DTM Segment

Data Element	Data Element Description	Data Requirements
DTM01	**Date/Time Qualifier**	232 – Claim statement period start date 233 – Claim statement period end date
DTM02	**Date**	Date in CCYYMMDD format

Service Payment Information

SVC Segment

Data Element	Data Element Description	Data Requirements
SVC01	**Composite Medical Procedure Identifier**	AD – American Dental Association Codes HC – HCPCS Codes
SVC02	**Monetary Amount**	Line item charge amount
SVC03	**Monetary Amount**	Line item provider payment amount
SVC04	**Product/Service ID**	N/A – Field not supplied
SVC05	**Quantity**	Units of service paid count

Service Date

DTM Segment

Data Element	Data Element Description	Data Requirements
DTM01	**Date/Time Qualifier**	472 – Service Date
DTM02	**Date**	Date in CCYYMMDD format

Service Adjustment

CAS Segment

Data Element	Data Element Description	Data Requirements
CAS01	**Claim Adjustment Group Code**	CO – Contractual Obligations OA – Other Adjustments PI – Payor Initiated Reductions PR – Patient Responsibility

CAS02	**Claim Adjustment Reason Code**	Claim adjustment Reason Code
CAS03	**Monetary Amount**	Adjustment amount
CAS04	**Quantity**	Adjustment quantity supplied as needed.
CAS05 – CAS19	**Additional adjustments**	Supplied as needed

Service Supplemental Amount

AMT Segment

Data Element	Data Element Description	Data Requirements
AMT01	**Amount Qualifier Code**	B6 – Allowed Amount
AMT02	**Monetary Amount**	Allowed Amount

Trailers

Transaction Set Trailer: Consistent with the HIPAA Implementation Guide.

Functional Group Trailer: Consistent with the HIPAA Implementation Guide

Interchange Control Trailer: Consistent with the HIPAA Implementation Guide.

Appendices

1. Implementation Checklist

Complete the EFT and ERA Enrollment Data forms located on www.aultcare.com if you are interested in implementing 835 HIPAA Transactions.

For Technical Assistance contact:
AultCare Information Systems
330-363-7495
AultCare-IS@aultcare.com

For Questions regarding your enrollment and/or testing please email edisupport@aultcare.com.

Register online at www.aultcare.com to become a trading partner.

Obtain your test and production logins to the PCS System from the AultCare Information Systems Department.

Test files will be created to assure your connectivity has been set up accordingly.

2. Business Scenarios

Health Care Claim Payment/Advice

Transaction Handling Code:	Remittance Information Only
Monetary Amount:	165.12
Credit/Debit Flag Code:	Credit
Payment Method Code:	Financial Institution Option
(DFI) ID Number Qualifier:	ABA Transit Routing Number Including Check Digits (9 digits)
(DFI) Identification Number:	041200555
Account Number Qualifier:	Demand Deposit
Account Number:	123456789
Originating Company Identifier:	1341488123
(DFI) ID Number Qualifier:	ABA Transit Routing Number Including Check Digits (9 digits)
(DFI) Identification Number:	041000124
Account Number Qualifier:	Demand Deposit
Account Number:	123456789
Date:	6/21/2013

Trace:
Trace Type Code: Current Transaction Trace Numbers
Reference Identification: EFT000222222
Originating Company Identifier: 1341488123

Reference Information:
Version Code- Local : QL3.30.60

Date/Time Reference:
Production: 06/21/2013

Payer:
AULTCARE
2600 Sixth St. SW
Canton, OH 44710

Contact Information:
Payers Claim Office: AultCare Information
Technical Department: AultCare Systems
Electronic Mail: aultcare-is@aultman.com
Telephone: 3303637495

Payee:
Internal Medicine Center (Centers for Medicare and Medicaid Services
National Provider Identifier: 0123456789)
PO Box 8
Canton, OH 44708

Reference Information:
Federal Taxpayer's Identification Number: 999999999

Claim Level Data:
Claim Submitter's Identifier: 937470
Claim Status Code: Processed as Primary
Monetary Amount: 135
Monetary Amount: 82.56
Monetary Amount: 20.64
Claim Filing Indicator Code: Preferred Providers Organization (PPO)
Reference Identification: 3333333333
Facility Code Value: 11

Individual or Organizational Name:
  Entity Identifier Code: Patient
  Entity Type Qualifier: Person
  Name Last or Organization Name: LAST
  Name First: FIRST
  Identification Code Qualifier: Social Security Number
  Identification Code: 111111111

Individual or Organizational Name:
  Entity Identifier Code: Insured or Subscriber
  Entity Type Qualifier: Person
  Name Last or Organization Name: LAST
  Name First: FIRST
  Identification Code Qualifier: Member Identification Number
  Identification Code: 222222222

Individual or Organizational Name:
  Entity Identifier Code: Rendering Provider
  Entity Type Qualifier: Person
  Name Last or Organization Name: LAST
  Name First: FIRST
  Name Middle: M
  Identification Code Qualifier: Centers for Medicare and Medicaid Services
  National Provider Identifier
  Identification Code: 1212121212

Reference Information:
  Group or Policy Number: 88A

Date/Time Reference:
  Claim Statement Period Start: 5/7/2013
  Claim Statement Period End: 5/7/2013

Service Information:
  Composite Medical Procedure Identifier: Health Care Financing
  Administration   Common Procedural Coding System (HCPCS), 99214
  Monetary Amount: 135
  Monetary Amount: 82.56
  Quantity: 1

Date/Time Reference:
  Service: 5/7/2013

Claims Adjustment:
Claim Adjustment Group Code: Contractual Obligations
Claim Adjustment Reason Code: 45
Monetary Amount: 31.8

Claims Adjustment:
Claim Adjustment Group Code: Patient Responsibility
Claim Adjustment Reason Code: 2
Monetary Amount: 20.64

Reference Information:
Provider Control Number: 102102

Allowed- Actual: 103.2

Claim Level Data:
Claim Submitter's Identifier: 904640
Claim Status Code: Processed as Primary
Monetary Amount: 135
Monetary Amount: 82.56
Monetary Amount: 20.64
Claim Filing Indicator Code: Preferred Provider Organization (PPO)
Reference Identification: 4444444444
Facility Code Value: 11

Individual or Organizational Name:
Entity Identifier Code: Patient
Entity Type Qualifier: Person
Name Last or Organization Name: LAST
Name First: FIRST
Identification Code Qualifier: Social Security Number
Identification Code: 111111111

Individual or Organizational Name:
Entity Identifier Code: Insured or Subscriber
Entity Type Qualifier: Person
Name Last or Organization Name: LAST
Name First: FIRST
Identification Code Qualifier: Member Identification Number
Identification Code: 222222222

Individual or Organizational Name:
Entity Identifier Code: Rendering Provider
Entity Type Qualifier: Person

Name Last or Organization Name: LAST
Name First: FIRST
Name Middle: M
Identification Code Qualifier: Centers for Medicare and Medicaid Services
National Provider Identifier
Identification Code: 1212121212

Reference Information:
Group or Policy Number: 88A

Date/Time Reference:
Claim Statement Period Start: 4/4/2013
Claim Statement Period End: 4/4/2013

Service Information:
Composite Medical Procedure Identifier: Health Care Financing
Administration Common Procedural Coding System (HCPCS), 99214
Monetary Amount: 135
Monetary Amount: 82.56
Quantity: 1

Date/Time Reference:
Service: 4/4/2013

Claims Adjustment:
Claim Adjustment Group Code: Contractual Obligations
Claim Adjustment Reason Code: 45
Monetary Amount: 31.8

Claims Adjustment:
Claim Adjustment Group Code: Patient Responsibility
Claim Adjustment Reason Code: 2
Monetary Amount: 20.64

Reference Information:
Provider Control Number: 97665

Allowed – Actual: 103.2

3. Transmission Example

```
ISA*00*       *00*       *30*341488123    *30*000000000
*130621*1512*^*00501*000603997*1*P*:
GS*HP*341488123*999999999*20130717*0338*222200000*X*005010X221A1
ST*835*0001
BPR*I*165.12*C*BOP**01*041200555*DA*123456789*1341488123**01*041000124*DA*123
456789*20130621
TRN*1*EFT000222222*1341488123
REF*F2*QL3.30.60
DTM*405*20130621
N1*PR*AULTCARE
N3*2600 SIXTH ST SW
N4*CANTON*OH*44710
PER*CX*AULTCARE INFORMATION SYSTEMS*EM*AULTCARE-
IS@AULTMAN.COM*TE*3303637495
PER*BL*AULTCARE
N1*PE*INTERNAL MEDICINE CENTER*XX*0123456789
N3*PO BOX 8
N4*CANTON*OH*44708
REF*TJ*999999999
LX*1
CLP*937470*1*135*82.56*20.64*12*3333333333*11
NM1*QC*1*LAST*FIRST****34*111111111
NM1*IL*1*LAST*FIRST****MI*222222222
NM1*82*1*LAST*FIRST*M***XX*1212121212
REF*1L*88A
DTM*232*20130507
DTM*233*20130507
SVC*HC:99214*135*82.56**1
DTM*472*20130507
CAS*CO*45*31.8
CAS*PR*2*20.64
REF*6R*102102
AMT*B6*103.2
CLP*904640*1*135*82.56*20.64*12*4444444444*11
NM1*QC*1*LAST*FIRST****34*111111111
NM1*IL*1*PAST*FIRST****M*222222222
NM1*82*1*LAST*FIRST*M***XX*1212121212
REF*1L*88A
DTM*232*20130404
DTM*233*20130404
SVC*HC:99214*135*82.56**1
DTM*472*20130404
CAS*CO*45*31.8
CAS*PR*2*20.64
REF*6R*97665
AMT*B6*103.2
SE*42*0001
GE*1*222200000
IEA*1*000603997
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4. Frequently Asked Questions

1. Question: How do I contact AultCare?

   Answer: Email AultCare Information Systems utilizing this email account
   aultcare-is@aultcare.com or call 330-363-7495

2. Question: Where can the 835 EFT/ERA HIPAA Companion Guide be located?

   Answer: www.aultcare.com   click on Provider Section, Click on Forms
   .

3. Question: What product lines are covered

   Answer: AultCare, McKinley Life Insurance Co., Aultcare HMO, Primetime Health
   Plan and Aultra Administrative Group.

4. Question: Who do I contact with a transmission question?

   Answer: edisupport@aultcare.com

5. Question: Who do I contact with a question regarding the member's coverage?

   Answer: AultCare Customer Service 330-363-6360

5. **Change Summary**

The following is a log of changes made since the original version of this document was published.

CHANGE:	DATE: