EMBLEMHEALTH

HIPAA Transaction Standard Companion Guide

Refers to the X12N Implementation Guide 005010X222A1: 837P — Health Care Claim Professional Transaction

HIPAA Readiness Disclosure Statement

The Health Insurance Portability and Accountability Act (HIPAA) was signed into federal law on August 21, 1996. HIPAA mandates standards for electronic data interchange (EDI) transactions and code sets, and establishes uniform health care identifiers for providers, health plans and employers. EmblemHealth has been following the evolution of the Administrative Simplification provisions of HIPAA since its inception in 1996. Our goal is to ensure our systems, supporting business processes, policies and procedures successfully meet the standards and implementation deadlines mandated by the United States Department of Health and Human Services (DHHS).

To achieve this goal, we have accomplished or are in the process of accomplishing the following:

- Formed an Executive HIPAA Steering Committee
- Established a HIPAA Program Management Office
- Completed an impact assessment on business processes and systems
- Developing and implementing HIPAA education and awareness programs
- Identifying specific remediation projects necessary to mitigate or diminish actual or potential exposures
- Assessing the impact the HIPAA requirements may have on our products, programs and services
- Evaluating our business processes and best practices to realize the benefits of Administrative Simplification

Compliance with HIPAA requires the use of ANSI ASC X12N (version 5010) transaction standards and implementation guides. The rules for transactions and code sets (version 5010) are scheduled to go into effect January 1, 2012. EmblemHealth will be compliant by January 1, 2012.

The rules and regulations adopted under HIPAA apply to “covered entities“ (health plans, health care clearinghouses and health care providers) that transmit health care data electronically in transactions covered under HIPAA. All covered entities must comply with the standards adopted by HIPAA by the January 1, 2012, compliance date.

Preface

This *Companion Guide* to the *ASC X12N Implementation Guides and associated errata* adopted under HIPAA specifies the data content for electronically exchanging information with EmblemHealth. Transmissions based on this *Companion Guide*, used in tandem with the *v5010 ASC X12N Implementation Guides*, are compliant with both ASC X12 syntax and those guides.

This *Companion Guide* is intended to provide information 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 use of data expressed in the implementation guides.

Testing 5010 Transactions with EmblemHealth

To assist our providers and trading partners with the transition from version 4010 A1 to version 5010 errata, we will provide a Web-based testing environment where our providers and trading partners can self-test transactions against EmblemHealth's standards.

The objective is to enable each of our providers and trading partners to test their files against EmblemHealth guidelines and HIPAA transaction standards edits. We intend to streamline the process by using this Web site to enable you to test online directly against our *Companion Guide* edits and business requirements.

The testing environment is a Web-based application with a self-service portal allowing our providers and trading partners to sign in and participate in tasks designed to assist in the validation of 5010 errata test files.

EmblemHealth-Specific Information for Electronic Transaction

The table on the following page identifies EmblemHealth-specific requirements for 837P 5010A1 implementation using available data contained in the implementation guide. The table defines specific segments/loops by:

- Field size limitation
- Data element code limitation
- Entry of specific field data
- Mandatory use of a situational segment

Please note that:

- EmblemHealth requires the submission of the member identification number as displayed on the member's ID card. No Social Security numbers will be accepted.
- EmblemHealth can only accept a single ISA/IEA (Interchange Control Header/Interchange Control Trailer).
- For each ISA/IEA interchange, EmblemHealth can only accept one (1) GS/GE (Functional Group Header/Functional Group Trailer).
- Within the GS/GE Group, a submitter can submit either a single or multiple ST/SE (Transaction Set Header/Transaction Set Trailer).
- For files submitted with either a single ST/SE set or multiple ST/SE sets, EmblemHealth recommends limiting the total number of claims within each ST/SE set to a maximum of 5,000.
- EmblemHealth will not support a single transmission containing different transactions, such as an 837 (claim) and a 276 (claims status request).
- A trading partner may submit more than one (1) transmission per day.
- EmblemHealth will not support the electronic submission of adjustments to previously processed claims.

COORDINATION OF BENEFITS

Effective May 22, 2015, EmblemHealth now accepts electronically submitted commercial coordination of benefit (COB) claims. COB is a way of coordinating benefits when a member is covered by more than one health care plan to ensure that members receive the benefits to which they are entitled and that claims are paid correctly by the health plans.

EmblemHealth Data Elements For Processing v5010A1 837P Transactions					
Loop ID	**Reference**	**Name**	**Codes**	**Length**	**Comments**
	ISA	**Interchange Control Header**			
	ISA01	Authorization Information Qualifier	00		
	ISA03	Security Information Qualifier	00		
	ISA05	Interchange ID Qualifier	ZZ		
	ISA06	Interchange Sender ID			NOTE: New Sender IDs will be established for the 5010 format. Please confirm your Sender ID with EmblemHealth. Direct Submitters use the EmblemHealth-assigned three (3)-digit Biller Number. Right pad with spaces to fifteen (15) characters.
	ISA06	Interchange Sender ID			Clearinghouses use your Submitter ID. Right pad with spaces to fifteen (15) characters.
	ISA07	Interchange ID Qualifier	ZZ		
	ISA08	Interchange Receiver ID			Use these values for submission to the respective plan: GHI HMO — 255311997 GHI PPO — 135511997 HIP — 552470001 VYTRA — 222647447 GHI MEDICARE PFFS — 229370001 Right pad with spaces to fifteen (15) characters.
	ISA13	Interchange Control Number			This Unique Number must be identical to the Interchange Control Number in IEA02. Right justify and left pad with zeros to nine (9) characters. Each submitter must start with a value of '1' and increase by one (1) each time a file is sent.
	ISA14	Acknowledgement Requested			EmblemHealth will use the TA1 transaction in the event of a file failure.
	ISA15	Usage Indicator			Providers and trading partners must populate with "T" for test files and "P" for production files.
	GS	**Functional Group Header**			
	GS02	Application Sender's Code			Direct Submitters use the same value entered in ISA06.
	GS02	Application Sender's Code			Clearinghouses use the same value entered in ISA06.

Loop ID	Reference	Name	Codes	Length	Comments
	GS03	Application Receiver's Code			Use these values for submission to the respective plan: GHI HMO — 255311997 GHI PPO — 135511997 HIP — 552470001 VYTRA — 222647447 GHI MEDICARE PFFS — 229370001
	GS06	Group Control Number			This Unique Number must be identical to the Group Control Number in GE02. Each submitter must start with a value of '1' and increase by one (1) each time a file is sent.
	GS08	Version Identifier Code			Version Identifier Code must refer to the X222A1 version or file will be rejected.
	ST	**Transaction Set Header**			
	ST02	Transaction Set Control Number			This Unique Number must be identical to the Transaction Set Control Number in SE02. Left pad with zeros — minimum of four (4), maximum of nine (9) characters. Each submitter must start with a value of '0001' and increase by one (1) each time a file is sent.
	ST03	Implementation Convention Reference			Use the same value entered in GS08.
	BHT	**Beginning of Hierarchical Transaction**			
	BHT02	Transaction Set Purpose Code	00		
	BHT03	Reference Identification			Enter a unique value for every file submitted. If submitting multiple ST/SE segments within a single file, or submitting multiple files on the same day, the value in BHT03 must be unique.
	BHT06	Transaction Type Code	CH or RP		The appropriate value for direct submitters to HIP is RP. All other submitters use CH.
1000A	**NM1**	**Submitter Name**			
1000A	NM109	Identification Code			Direct Submitters use the same value entered in GS02.
1000A	NM109	Identification Code			Clearinghouses use the same value entered in GS02.
1000B	**NM1**	**Receiver Name**			
1000B	NM103	Name Last or Organization Name			If NM109 is: GHI HMO is 255311997 GHI PPO is 135511997 HIP is 552470001 VYTRA is 222647447 GHI MEDICARE PFFS is 229370001

Loop ID	Reference	Name	Codes	Length	Comments
1000B	NM109	Identification Code			Use these values for submission to the respective plan: GHI HMO — 255311997 GHI PPO — 135511997 HIP — 552470001 VYTRA — 222647447 GHI MEDICARE PFFS — 229370001
2000A	**PRV**	**Billing Provider/Pay-To Provider Specialty Information**			
2000A	PRV01	Provider Code	BI		
2010AA	**NM1**	**Billing Provider Name**			
2010AA	NM108	Identification Code Qualifier	XX		
2010AA	NM109	Identification Code		10	National Provider Identifier (NPI)
2010AA	**REF**	**Billing Provider Secondary Identification**			**Required**
2010AA	REF01	Reference Identification Qualifier	EI *or* SY		
2010AA	REF02	Reference Identification		9	Enter either your nine (9)-digit Tax ID or nine (9)-digit Social Security number.
2010AB	**NM1**	**Pay-To Address: Name**			**Required when the payment address is different from the Billing Provider address**.
2010AB	**N3**	**Pay-To Address: Address**			
2010AB	**N4**	**Pay-To Address: City, State, Zip Code**			
2010BA	NM108	Identification Code Qualifier	MI		
2010BA	NM109	Identification Code			Claims should be submitted with the member ID as shown on the ID card. Depending on the member's plan, the member ID will be 8, 9 or 11 digits.
2010BB	**NM1**	**Payer Name**			
2010BB	NM103	Name Last or Organization Name			GHI HMO GHI PPO HIP VYTRA GHI MEDICARE PFFS — 229370001
2010BB	NM108	Identification Code Qualifier	PI		
2010BB	NM109	Identification Code			Use these values for submission to the respective plan: GHI HMO — 255311997 GHI PPO — 135511997 HIP — 552470001 VYTRA — 222647447 GHI MEDICARE PFFS — 229370001
2300	**CLM**	**Claim Information**			
2300	CLM05-3	Claim Frequency Type Code			All claims will be processed as 'Original Claims.'
2300	**DTP**	**Date — Referral Date**			
2300	DTP03	Date — Time Period			This date is required when using Loop 2300, Segment REF — Prior Authorization or Referral Number.

Loop ID	Reference	Name	Codes	Length	Comments
2300	**REF**	**Referral Number *or* Prior Authorization**			**GHI HMO and HIP plans use this segment. Value should be supplied if available and applicable to the submitter.**
2300	REF01	Reference Identification Qualifier			Using '9F' for Referral Number or 'G1' for Prior Authorization is acceptable.
2300	**REF**	**Claim Identification Number for Clearinghouses or Other Transmission Intermediaries**			
2300	REF02	Reference Identification			Clearinghouses enter your fifteen (15)-digit claim identifier. This Clearinghouse-generated control number is used to uniquely identify a claim.
2300	**HI**	**Health Care Diagnosis Code**			**EmblemHealth cannot process claims without a diagnosis code, therefore this segment becomes required for all claim submissions.**
2310B	**NM1**	**Rendering Provider Name**			**Required when the Rendering Provider information is different from the Billing Provider information.**
2310B	NM108	Identification Code Qualifier	XX		
2310B	NM109	Identification Code		10	National Provider Identifier (NPI)
2310C	**NM1**	**Service Facility Location Name**			**Use when the address of the service is different from the address of the Billing Provider.**
2310C	N3	Service Facility Location Address			
2310C	N4	Service Facility Location City, State, Zip Code			
2400	**SV1**	**Professional Service**			
2400	SV101-1	Product/ Service ID Qualifier	HC		EmblemHealth will only accept 'HC'.
2400	SV103	Units or Basis for Measurement Code	MJ *or* UN		Use MJ when billing for anesthesia services by use of the anesthesia or surgical procedure codes.
2400	SV104	Quantity			Value must be greater than zero (0).
2400	**REF**	**Referral Number**			**GHI HMO and HIP plans use this segment. Value should be supplied if available and applicable to the submitter.**
2400	REF01	Reference Identification Qualifier	9F		
2400	**REF**	**Prior Authorization**			**GHI HMO and HIP plans use this segment. Value should be supplied if available and applicable to the submitter.**
2400	REF01	Reference Identification Qualifier	G1		
2400	REF	**Prior Authorization *or* Referral Number**			**GHI HMO and HIP plans use this segment.**
2400	REF01	Reference Identification Qualifier			'9F' for Referral Number or 'G1' for Prior Authorization is acceptable.

Loop ID	Reference	Name	Codes	Length	Comments
	SE	**Transaction Set Trailer**			
	SE02	Transaction Set Control Number			This Unique Number must be identical to the Transaction Set Control Number in ST02. Left pad with zeros — minimum of four (4) characters to a maximum of nine (9) characters. Each submitter must start with a value of '0001' and increase by one (1) each time a file is sent.
	GE	**Functional Group Trailer**			
	GE02	Group Control Number			This Unique Number must be identical to the Group Control Number in GS06. Each submitter must start with a value of '1' and increase by one (1) each time a file is sent.
	IEA	**Interchange Control Trailer**			
	IEA02	Interchange Control Number			This Unique Number must be identical to the Interchange Control Number in ISA13. Right justify and left pad with zeros to nine (9) characters. Each submitter must start with a value of '1' and increase by one (1) each time a file is sent.

EmblemHealth Contact Information

Please direct questions or any correspondence to:

EmblemHealth EDI Operations Call Center at 212-615-4362.