



EmblemHealth[®]

EMBLEMHEALTH

HIPAA Transaction Standard Companion Guide

**Refers to the X12N Implementation Guide 005010X223A2:
837I — Health Care Claim Institutional 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 log on and participate in tasks designed to assist in the validation of 5010 errata test files

EmblemHealth-Specific Information for Electronic Transactions

The table on the following pages identifies EmblemHealth-specific requirements for 837I 5010A2 implementation using available data contained in the implementation guide. The table includes information that 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 can only accept a single **ISA/IEA** (Interchange Control Header/ Interchange Control Trailer).
- For each **ISA/IEA** interchange, EmblemHealth can only accept one **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 single transmissions containing different transactions, such as an 837 (claim) and a 276 (claim status request).
- The provider or Trading Partner may submit more than one (1) transmission per day.
- EmblemHealth will not support the electronic submission of adjustments to previously processed claims.
- EmblemHealth requires the submission of the member ID as displayed on the member's identification card. No Social Security numbers will be accepted.

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 v5010A2 837I 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 005010X223A1 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	RP or CH		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.
1000A	NM109	Identification Code			Medicare intermediaries use the same value entered in GS02.

Loop ID	Reference	Name	Codes	Length	Comments
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
1000B	NM109	Identification Code			If NM109 is: GHI HMO is 255311997 GHI PPO is 135511997 HIP is 552470001 VYTRA is 222647447 GHI MEDICARE PFFS is 229370001
2000A	PRV	Billing/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	N3	Billing Provider Address			Physical address is required (no PO boxes). If PO box is needed, report in 2010AB-N3.
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 address for payment is different than that of the Billing Provider.
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			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
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 is 229370001
2300	CLM	Claim Information			
2300	CLM05-3	Claim Frequency Type Code			All claims will be processed as 'Original Claims.'
2300	DTP	Discharge Hour			This segment is required on all inpatient claims. GHI PPO requires that this loop be used when CLM05-1, Data Element 1331 in Loop 2300 contains '13.'
2300	DTP	Statement Dates			
2300	DTP02	Date Time Period Format Qualifier	RD8		
2300	DTP03	Date Time Period			EmblemHealth requires a range of dates.
2300	DTP	Statement Dates			
2300	DTP	Admission Date/Hour			
2300	DTP02	Date Time Period Format Qualifier	DT		
2300	DTP03	Date Time Period			Date and hour to be provided as CCYYMMDDHHMM.
2300	REF	Prior Authorization of Referral Number			
2300	REF01	Reference Identification Qualifier			'9F' for Referral Number or 'G1' for Prior Authorization is acceptable.
2300	REF	Claim Identification Number for Clearing Houses and 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	Principal, Admitting, E-Code and Patient Reason for Visit Diagnosis Information			
					For inpatient claims, EmblemHealth requires the Principal and Admitting Diagnosis Codes. For outpatient claims, EmblemHealth requires the Principal Diagnosis Code.

Loop ID	Reference	Name	Codes	Length	Comments
2310A	NM1	Attending Physician Name			
2310A	NM108	Identification Code Qualifier	XX		
2310A	NM109			10	National Provider Identifier (NPI)
2310A	REF	Attending Physician Secondary Identification			
2310A	REF01	Reference Identification Qualifier	EI or SY		
2310A	REF02	Reference Identification		9	Enter either your nine (9)-digit Tax ID or nine (9)-digit Social Security number.
2310E	NM1	Service Facility Name			
2310E	NM108	Identification Code Qualifier	XX		
2310E	NM109	Identification Code		10	National Provider Identifier (NPI)
2310E	REF	Service Facility Secondary Identification			
2310E	REF01	Reference Identification Code Qualifier	G2		
2310E	REF02	Reference Identification		12	Enter the twelve (12)-digit GHI-HMO Provider Number.
2400	SV2	Institutional Service Line			
2400	SV202-1	Product/ Service ID Qualifier	HC or HP		GHI PPO will only accept 'HC.' GHI PPO will not require, support or validate NDC codes. Entities should submit 'J' HCPCS codes.
2400	SV204	Unit or Basis for Measurement Code	DA UN		
2400	DTP	Service Line Date			
2400	DTP02	Date Time Period Format Qualifier	D8		GHI PPO will only accept D8.
	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.

Loop ID	Reference	Name	Codes	Length	Comments
	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.