

835 HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides
Based on ASC X12 version 005010

CORE v5010 Companion Guide

June 2019

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Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Sutter Health Plus 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 convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under the Health Insurance Portability and Accountability Act (HIPAA). The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1 INTRODUCTION

Under the Administrative Simplification provisions of HIPAA (1996), the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is to enable health information to be exchanged electronically and to adopt standards for those transactions.

1.1 SCOPE

This section specifies the appropriate and recommended use of the Companion Guide.

This companion guide is intended for Sutter Health Plus trading partners interested in exchanging HIPAA compliant X12 transactions with Sutter Health Plus. It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12 standards. It is intended to be used to clarify the CORE rules. It contains information about specific Sutter Health Plus requirements for processing following X12N Implementation Guides:

- 005010X221A1, Health Care Claim Payment/Advice (835)

All instructions in this document are written using information known at the time of publication and are subject to change.

1.2 OVERVIEW

The Health Insurance Portability and Accountability Act–Administration Simplification (HIPAAAS) requires Sutter Health Plus and all other covered entities to comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services.

This guide is designed to help those responsible for testing and setting up electronic claim status transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting and identifies codes and data elements that do not apply to Sutter Health Plus. This guide supplements (but does not contradict) requirements in the ASC X12N 835 (version 005010X212) implementation. This information should be given to the provider's business area to ensure that claims status responses are interpreted correctly.

1.3 REFERENCES

This section specifies additional documents useful for reading. For example, the X12N Implementation Guides adopted under HIPAA that this document is a companion to:

ACS X12 Version 5010 TR3s: <http://store.x12.org/store/healthcare-5010-consolidated-guides>

CAQH/CORE: <http://www.caqh.org/COREv5010.php>

2 GETTING STARTED

2.1 WORKING WITH SUTTER HEALTH PLUS

For questions relating to Sutter Health Plus 835 Health Care Claim Remittance Advice Transaction or testing, send an email to the Sutter Health Plus EDI Department at shpedi.support@sutterhealth.org.

2.2 TRADING PARTNER REGISTRATION

Trading partners can initiate registration by completing and sending the Provider EDI Request form to Sutter Health Plus.

1. Trading partners access the form online at:

<https://www.sutterhealthplus.org/providers/non-participating-providers>

2. Trading partners can fill out the form online, and then save completed form to their computer. Trading partners then email the form to Sutter Health Plus at shpedi.support@sutterhealth.org

Sutter Health Plus will forward the inquiry to MIS for processing, testing, and authorization.

Once authorized, MIS will register trading partners to receive 835s.

3 TESTING WITH THE PAYER

After the trading partner setup is complete, Edifecs and the trading partner can test 835 transactions in test the environment. Edifecs notifies the trading partner after the successful completion of testing and prepares the trading partner for production status.

- During the testing process, Edifecs examines test transactions for required elements, and also ensures that the trading partner gets a response during the testing.
- When the trading partner is ready to receive 835 transactions from production mailbox, they must notify the Sutter Health Plus EDI Department at shpedi.support@sutterhealth.org. The EDI Department then moves the trading partner to the production environment.
- The trading partner mailbox name remains the same when moving from test to production. Changing passwords is optional upon submitter's request to the EDI Department.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

4.1 PROCESS FLOWS

4.1.1 Batch

- The user application submits SOAP request at <https://or.edifecs.com/mt1sp700> and MIME request at <https://or.edifecs.com/mt1mp700>
- SHP's system authenticates the user.
- If the user is successfully authorized, all 835s available for the requested trading partner will be delivered. If the user is unauthorized then an unauthorized response is returned.
- If the user is submitting acknowledgement data and the user is successfully authorized, an HTTP 202 OK status is returned to the user indicating that the batch transaction has been accepted for processing.

4.2 TRANSMISSION ADMINISTRATIVE PROCEDURES.

4.2.1 Structure Requirements

Batch 835 requests are limited to one pickup request per transmission.

4.3 RE-TRANSMISSION PROCEDURE

If the HTTP post reply message is not received within the 60-second response period, the user's CORE compliant system should send a duplicate transaction no sooner than 90 seconds after the original attempt was sent.

If no response is received after the second attempt, the user's CORE compliant system should submit no more than five duplicate transactions within the next 15 minutes. If the additional attempts result in the same timeout termination, the user's CORE compliant system should notify the user to contact the health plan or information source directly to determine if system availability problems exist or if there are known Internet traffic constraints causing the delay.

4.4 COMMUNICATION PROTOCOL SPECIFICATIONS

The following is a list of technical standards and versions for the SOAP envelope and claim status payload:

- HTTP Version 1.1
- SOAP Version 1.2
- SSL Version 3
- CAQH SOAP (Sutter Health Plus supports the use of HTTP SOAP + WSDL envelope standards as identified in CAQH CORE Phase III Connectivity standards)

The following is a list of technical standards and versions for the HTTP MIME multipart envelope and claim status payload:

- HTTP Version 1.1
- SSL Version 3.0
- MIME Version 1.0
- CAQH MIME (Sutter Health Plus supports the use of MIME Multipart envelope standards as identified in CAQH CORE Phase III Connectivity standards)

Message Specifications for SOAP Envelope Element	Specification
PayloadType	005010X221A1 Health Care Claim Payment/Advice (835)
ProcessingMode	Batch
SenderID	SHP
ReceiverID	As assigned by SHP
Certificate Version	Username Password

4.5 PASSWORDS

The Sutter Health Plus EDI Department is responsible for filing requests for password assignment and resets. For any information or queries, please email us at shpedi.support@sutterhealth.org.

4.6 MAINTENANCE SCHEDULE

The systems used by the 835 transaction have a standard maintenance schedule of Sunday 10PM to 12AM PST. The systems are unavailable during this time. Email notifications will be sent notifying submitters of unscheduled system outages.

5 CONTACT INFORMATION

The following sections provide contact information for any questions regarding HIPAA, 835 transaction, and documentation or testing.

5.1 EDI CUSTOMER SERVICE

For 835 Transaction related Questions email at shpedi.support@sutterhealth.org

5.2 EDI TECHNICAL ASSISTANCE

Email at shp shpedi.support@sutterhealth.org

5.3 PROVIDER SERVICE NUMBER

Email at shpedi.support@sutterhealth.org

5.4 APPLICABLE WEBSITES/E-MAIL

Website URL: <https://www.sutterhealthplus.org/providers/non-participating-providers>

Email us at: shpedi.support@sutterhealth.org

6 CONTROL SEGMENTS/ENVELOPES

6.1 ISA-IEA

The ISA segment terminator, which immediately follows the component element separator, must consist of only one character code. This same character code must be used as the segment terminator for each segment in the ISA-IEA segment set.

Files must contain a single ISA-IEA per transaction.

- Incoming:
ANSI 835 batch pickup requests do not contain inbound ISA data.
- Outgoing:

Segment Name	Segment ID	R/O	No. of Char	Value	Remarks
Authorization Information Qualifier	ISA01	R	2	0	00 - No Authorization Information Present
Authorization Information	ISA02	R	10	<spaces>*	No Authorization Information Present
Security Information Qualifier	ISA03	R	2	0	00 - No Security Information Present
Security Information/ Password	ISA04	R	10	<spaces>*	No Security Information Present
Interchange ID Qualifier	ISA05	R	2	ZZ	Sender Qualifier
Interchange Sender ID	ISA06	R	15	SHP	Sender's Identification Number
Interchange ID Qualifier	ISA07	R	2	<receiver>	
Interchange Receiver ID/ Trading Partner ID	ISA08	R	15	<receiver ID>	

Interchange Date	ISA09	R	6	<YYYYMMDD>	Date of the interchange in YYMMDD format
Interchange Time	ISA10	R	4	<HHMM>	Time of the interchange in HHMM format
Repetition Separator	ISA11	R	1	^ (is a typical separator received)	
Interchange Control Version Number	ISA12	R	5	00501	Version number
Interchange Control Number/Last Control Number	ISA13	R	9	<Auto-generated>	Assigned by the interchange sender, must be associated with IEA02 segment
Acknowledgement Request	ISA14	R	1	0	0 - No Acknowledgement Requested
Usage Indicator	ISA15	R	1	<T or P>	T-test data; P-production data
Separator	ISA16	R	1	<Any>	ASCII Value. Component element separator

Segment Name	Segment ID	R/O	No. of Char	Value	Remarks
Number of Included Functional Groups	IEA01	R	2		
Interchange Control Number	IEA02	R	9		Must match the Interchange Control Number in ISA13

6.2 GS-GE

- Incoming:
ANSI 835 batch pickup requests do not contain inbound GS data.
- Outgoing

Segment Name	Segment ID	R/O	No. of Char	Value	Remarks
Functional Identifier Code	GS01	R	2	HP	
Application Senders Code	GS02	R	2/15		
Application Receivers Code	G503	R	2/15		
Date	G504	R	8	<CCYYMMDD>	Functional Group creation date in CCYYMMDD format
Time	GS05	R	4/8		<HHMM>
Group Control Number	GS06	R	9		Assigned and maintained by the sender, must be associated with GE02 segment GS06
Responsible Agency Code	GS07	R	2	X	Accredited Standards Committee X12
Version/Release/Industry Identifier Code	GS08	R	12	005010X221A1	Transaction version

6.3 ST-SE

Each 835 delivered as a result of a batch request may contain multiple ST/SE groupings per payment within a given ISA/IEA envelope.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Sutter Health Plus has no additional or payer specific business rules and limitations to the transaction.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

8.1 999 – ACKNOWLEDGEMENT FOR HEALTH CARE INSURANCE

Sutter Health Plus supports the 999 functional Acknowledgement.

8.2 TA1 - INTERCHANGE ACKNOWLEDGEMENT REQUEST

Sutter Health Plus supports the Interchange Acknowledgement Request (TA1) when any issues at ISA level.

9 TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA). An actual TPA may optionally be included in an appendix.

9.1 TRADING PARTNERS

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

Sutter Health Plus uses request through the EDI Department to register new partners and agreement/setup forms to process electronic transactions.

10 TRANSACTION SPECIFIC INFORMATION

Sutter Health Plus does not have any transaction specific information above HIPAA and TR3 guidelines.

APPENDICES

A. Transmission Examples

ISA*00*Authorizat*00*Security I*ZZ*Interchange Sen*ZZ*Interchange
Rec*150608*1037*^*00501*000000002*0*T*:
GS*HP*Sample Sen*Sample Rec*20150608*1037*12346*X*005010X221A1
ST*835*1235
BPR*C*211316.33*C*ACH*CTX*04*00000020*DA*123456*1512345678*123123123*04*80000008*DA*9
8765*20150608
TRN*1*12345*1512345678*123123123
DTM*405*20021026
N1*PR* SUTTER HEALTH PLAN
N3*1 MAIN STREET
N4*TIMBUCKTU*AK*89111
REF*2U*999
PER*CX*Name*TE*1234567890*TE*1234567890*EX*999
PER*BL*Name*TE*1234567890
N1*PE*CYBIL MENTAL HOSPITAL*XX*1234567893
N4*TIMBUCKTU*AK*89111
REF*TJ*123478925
LX*110211
TS3*6543210903*11*19961231*1*211366.97
CLP*666123*1*211366.97*211318.40**15*1999999444444*11*1**100*100
CAS*CO*10*48.57
NM1*QC*1*SHEPARD*SAM*O***HN*666666666A
NM1*IL*1*SHEPARD*SAM*O***MI*666666666A
NM1*74*1*****C*666666666B
NM1*82*1*SHEPARD*SAM*O***XX*1234567893
DTM*232*20021026
DTM*233*20021026
PER*CX*Name*TE*1234567890*TE*1234567890*EX*999
AMT*AU*8
QTY*CA*8
PLB*6543210903*20021026*CV:CP*1.27*CV:CP*-1.27*CV:CP*-1.2*CV:CP*-1.7*CV:CP*3.27*CV:CP*1.7
SE*28*1235
GE*1*12346
IEA*1*000000002

B. Change Summary

None