Geisinger Health Plan

Companion Guide for the 837

Health Care Claim: Professional

Refers to the Implementation Guides

Based on X12 version 005010X222A1

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Preface

This is a Companion Guide to the ASC X12N Implementation Guides adopted under the Health Insurance Portability and Accountability Act (HIPAA). It should be used when interacting with Geisinger Health Plan (GHP). This document describes the data element requirements of GHP's trading partners for submission of EDI HIPAA compliant transactions. This guide is not meant to replace HIPAA's Implementation Guides but should be used in conjunction with them.

Disclosure Statement

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1. Introduction

In an effort to reduce the administrative costs of health care across the nation, the Health Insurance Portability and Accountability Act (HIPAA) was passed in 1996. This legislation requires that health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care, established by the Secretary of Health and Human Services (HHS). For the health care industry to achieve the potential administrative cost savings with EDI, standard transactions and code sets have been developed and need to be implemented consistently by all organizations involved in the electronic exchange of data. The ANSI X12N 837 Health Care Claims transaction implementation guides provide the standardized data requirements to be implemented for all health care electronic claim submissions.

HIPAA does not require that a provider submit health care claims electronically. Providers may continue to submit paper claims and receive a paper remittance advice. However, if the provider elects to conduct business electronically, HIPAA does mandate the use of the standard transactions and code sets.

1.1 Scope

This Companion Guide explains the procedures necessary for trading partners of the Health Plan to transmit Electronic Data Interchange (EDI) for the 837 Health Care Claim: Professional transaction. This Companion Guide is not intended to replace, contradict or exceed the X12N Implementation Guides; rather it is intended to be used in conjunction with them.

1.2 Overview

The first part of this Companion Guide explains its purpose and the trading partner's role working with the Health Plan. It also provides important information on the communication process and detailed Health Plan contact information.

1.3 References

This Companion Guide should be used in conjunction with the Implementation Guides, which can be obtained from the Washington Publishing Company on their web site at http://www.wpc-edi.com/content/view/817/1.

Other important websites:
Workgroup for Electronic Data Interchange (WEDI) – http://www.wedi.org
United States Department of Health and Human Services (DHHS) – http://aspe.hhs.gov/admnsimp/
Centers for Medicare and Medicaid Services (CMS) – http://www.cms.hhs.gov/HIPAAGenInfo/
Designated Standard Maintenance Organizations (DSMO) – http://www.hipaa-dsmo.org/
National Council of Prescription Drug Programs (NCPDP) – http://www.ncpdp.org/
National Uniform Billing Committee (NUBC) – http://www.nubc.org/
Accredited Standards Committee (ASC X12) – http://www.x12.org/

2. Getting Started

2.1 Trading Partner Registration

You may request Health Plan authorization to submit and/or receive HIPAA- compliant ASC X12 electronic transaction(s). To do so, a Health Plan Electronic Data Interchange (EDI) Provider Enrollment Application (Dev. 5/03) is required by the Health Plan. This enrollment application can be found at www.thehealthplan.com. or be mailed or faxed to you by the Health Plan. The application is required to be **completed in its entirety**, including the **authorized representative's signature,** and returned to the address or fax number listed below:

Geisinger Health Plan
Provider Network Management/Operations Manager
100 North Academy Ave.
Danville PA 17821-3020
Fax: (570) 271-5341

Please note: Providers are strongly encouraged to follow the below recommendations prior to electronic transmission of information to the Health Plan:

- ✓ Provider review of the HIPAA Implementation Transaction and Code Set Guides and required addenda, which are available for download at www.wpc-edi.com
- ✓ Provider's claim submission software vendor/billing company has taken all necessary steps to confirm all required data elements are captured and populating the appropriate field/location as indicated in the Health Plan Companion Guide
- ✓ Testing for such requirements has been successfully completed.

Failure to demonstrate the ability to send compliant, error-free electronic transactions will result in unnecessary costly delays and rejections.

2.2 Certification and Testing Overview

The Workgroup for Electronic Data Interchange (WEDI) and the Strategic National Implementation Process (SNIP) have recommended seven types of HIPAA compliance testing, these are:

1. Integrity Testing – This is testing the basic syntax and integrity of the EDI transmission to include: valid segments, segment order, element attributes, numeric values in numeric data elements, X12 syntax and compliance with X12 rules.

2. Requirement Testing – This is testing for HIPAA Implementation Guide specific syntax such as repeat counts, qualifiers, codes, elements and segments. Also testing for required or intra-segment situational data elements and non-medical code sets whose values are noted in the guide via a code list or table.

3. Balance Testing – This is testing the transaction for balanced totals, financial balancing of claims or remittance advice and balancing of summary fields.

4. Situational Testing – This is testing of inter-segment situations and validation of situational fields based on rules in the Implementation Guide.

5. External Code Set Testing – This is testing of external code sets and tables specified within the Implementation Guide. This testing not only validates the code value but also verifies that the usage is appropriate for the particular transaction.

6. Product Type or Line of Service Testing – This is testing that the segments and elements required for certain health care services are present and formatted correctly. This type of testing only applies to a trading partner candidate that conducts the specific line of business or product type.

7. Implementation Guide-Specific Trading Partners Testing – This is testing of HIPAA requirements that pertain to specific trading partners such as Medicare, Medicaid and Indian Health. Compliance testing with these payer specific requirements is not required from all trading partners. If the trading partner intends to exchange transactions with one of these special payers, this type of testing is required.

The WEDI/SNIP white paper on Transaction Compliance and Certification and other white papers are found at www.wedi.org

3. Connectivity / Communications

The Health Plan has contracted with clearinghouses that will receive and send electronic transactions on behalf of the Health Plan. For more information regarding clearinghouses available please submit your inquiry to the E-Help Desk using the contact information below.

4. Contact information

4.1 Health Plan E-Help Desk

If you have any questions or need additional EDI information, please contact the Health Plan E-help Desk by filling in the following form online:

http://www.thehealthplan.com/bottomnav/EDIhelpdeskform.cfm

Contact Name:
EDI Technical Contact
100 N. Academy Avenue
Danville, PA, 17822-3233

Telephone: 570-271-5633
Fax: 570-271-5162
Weekdays 8:30am – 5:00pm.

If you have any questions or need additional enrollment processing information, please contact the Health Plan's Enrollment Department at the following:

Enrollment Manager
100 N. Academy Avenue
Danville, PA, 17822-3229

Telephone: 570-271-5555 x. 52759
Fax: 570-271-5516
Weekdays 8:00am – 5:00pm.

4.2 Available Websites

For on-line EDI information, including the Health Plan's companion guides, access
http://www.thehealthplan.com/bottomnav/hipaa.cfm

5. Payer Business Rules

5.1 Maximum Limitations

The Health Plan will support HIPAA's Implementation Guide limit of 5000 CLM segments in a batch of 837 claims.

NM1 Subscriber Name

	LOOP: 2010BA

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM108	66	**Identification Code Qualifier**	X	ID	1/2
		Code **Name**			
		MI Member Identification Number			
NM109	67	**Identification Code**	X	AN	2/80

The Health Plan requires one (1) "Subscriber Name" segment to be formatted in the NM1 segment as follows:

NM108 is set to MI (Member Identification Number)
NM109 is set to the Health Plan's specific member identification number

REF Subscriber Secondary Identification

	LOOP: 2010BA

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier**	M	ID	2/3
		Code **Name**			
		SY Social Security Number			
REF02	127	**Reference Identification**	X	AN	1/30

The Health Plan prefers one (1) "Subscriber Secondary Identification" segment to be formatted in the REF segments as follows:

REF01 is set to SY (Social Security Number).
REF02 contains the member social security number

NM1 Payer Name

LOOP: 2010BB

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM108	66	**Identification Code Qualifier**	X	ID	1/2
		Code **Name**			
		PI Payor Identification			
NM109	67	**Identification Code**	X	AN	2/80

The Health Plan prefers the Payer Name segment to be formatted in the NM1 segment as follows:

NM108 is set to PI (Payor Identification)
NM109 is set to the Health Plan's Payer Id of 75273

6. Acknowledgements and or Reports

6.1 Report Inventory

The Health Plan supports the following response transactions and acknowledgements to the 837 Health Care Claim: Professional Transaction:

- 997 Functional Acknowledgement
- 835 Health Care Claim Payment Advice - **ASC X12N 835 (004010X098A1)**
- Proprietary Detailed Error Reporting