

Companion Guide to the
HIPAA Transactions
Version 1.0

**Breast and Cervical Cancer
Diagnosis and Treatment Program**

Table of Contents

Preface.....	3
Connectivity.....	3
EDI Exchange	4
DHMH – Breast and Cervical Cancer Detection (BCCDT) --Specific Requirements	5
Appendix A	8
Frequently Asked Questions (FAQ)	9
Appendix B	Error! Bookmark not defined.
EDI Enrollment Form.....	Error! Bookmark not defined.

Preface

This document is Department of Health and Mental Hygiene's Companion Guide to the ASC X12N Implementation Guides for the EDI transactions adopted under HIPAA. Its intent is to clarify the outstanding or unspecified requirements for data content to be transmitted electronically to Department of Health and Mental Hygiene for the Breast and Cervical Cancer Detection Program (BCCDT).

This document is prepared for provider and trading partner use in conjunction with the ANSI ASC X12N National Implementation Guides. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com/Insurance_40.asp.

The following transactions are currently supported in this guide:

X12N ID	Version Signature	Description
837P	004010X098A1	Professional Health Care Claim
837D	004010X097A1	Dental Health Care Claim
837I	004010X096A1	Institutional Health Care Claim
835	004010X091A1	Health Care Claim Payment / Remittance Advice
276	004010X093A1	Health Care Claim Status Request
270	004010X092A1	Health Care Eligibility / Benefit Inquiry
278	004010X094A1	Health Care Services Request for Review

Connectivity

This section discusses how providers and trading partners will communicate and exchange electronic transactions with DHMH.

Administrative Details

A. Provider and Trading Partner Registration

i. Provider and Trading Partner Agreements

Legal agreements are required for all submitters. Standard DHMH agreements are in place.

ii. Establishing a Connection

An EDI enrollment form is required to start testing and to clearly communicate EDI exchange expectations. Enrollment Forms are included in Appendix B of this document. If for some reason you do not find an Enrollment Form attached, please contact DHMH Support using the information provided below (C. Initial and Ongoing Support).

The enrollment process will include the assignment of a Provider or Trading Partner ID as well as any information relevant to your chosen method of EDI exchange.

B. Testing and Production

The section of this document titled "EDI Exchange" details the steps required to move from initial contact to production-level operations with DHMH.

C. Initial and Ongoing Support

Support Contacts:

DHMH/KDP

Timothy McGinn

Phone: 410-767-4496

E-mail: tmcginn@dhhm.state.md.us

Santeon's Technical Department

Phone: 703-970-9200, option 4 for technical assistance

Toll-Free: 866-Santeon, option 4 for technical assistance

Fax: 703-970-9200

E-mail: support@santeon.com

EDI Exchange

A. Overview

In order to connect to DHMH for the exchange of production-level HIPAA-compliant EDI, submitters must complete the following steps:

- (1) An existing agreement between the Provider and DHMH is in place
- (2) Review this Companion Guide
- (3) Agree on response formats for both testing and production modes of EDI exchange
- (4) Submit a preliminary EDI test file for assurance of HIPAA compliance
- (5) Test production level data for each inbound and outbound transaction

B. Testing

i. Testing for Compliance

Submitters will submit at least one file of each type of transaction planned for production mode operation. These files will be validated using industry-standard tools against the published HIPAA EDI standards. Once any transaction has been deemed HIPAA-compliant, it can be moved to the next step for Production Testing. Transactions that are not deemed *sufficiently HIPAA-compliant** must be revised and edits made until submissions are HIPAA-compliant.

The phrase *sufficiently HIPAA-compliant* is meant to acknowledge the reality that HIPAA-compliance is a goal that will develop over time, not a single state of operation. The implicit challenge is to support as many partners as possible by accommodating *reasonable lapses* in compliance without interrupting the current flow of business operations. This support and the definition of *reasonable lapses* will be left to the discretion of DHMH.

ii. Testing for Production

Production testing may be significantly more involved than compliance testing since many more systems may become involved in the end-to-end test.

C. Methods of Exchange

Please refer to the Enrollment Form in Appendix B of this document.

D. Limitation of CLM segments per transaction

- i. In order to have expedited processing and due to limitations of the system, the number of CLM segments per transaction (ST-SE envelope) should be a maximum of 1000.
- ii. There are no limitations on the number of ST-SE transactions within GS-GE or ISA-IEA.
- iii. Example 1: an 837P batch file of size 10 MB will not be successfully processed if it has more than 1000 claims (CLM segments) in the same ST-SE. A file of the same size will be successfully processed if claims are distributed over multiple ST-SE segments each containing less than 1000 CLM segments.

E. Exchange Management

i. Acknowledgements

During the testing phases, DHMH is capable of responding to submitted transactions with human-readable error reports. These reports are far more detailed and user friendly than the industry accepted 997 acknowledgement, leading to shorter testing cycles overall.

Production-level acknowledgments will use the 997 format. Depending on the chosen method of EDI exchange, this file will be delivered to the submitter's *download* folder, directly to their system or other location clarified during the test setup process.

ii. Troubleshooting and Contingency Procedures

For questions or concerns, please contact the Production Support Team listed in section C of Administrative Details above.

DHMH – Breast and Cervical Cancer Detection (BCCDT) --Specific Requirements

This section includes control and situational data that is required by BCCDT to process healthcare transactions. The first table represents data requirements for the Interchange and Functional envelopes for all transactions. A subsequent table is included for each transaction.

Examples of information included in each table are:

- Identifiers to use until the appropriate national standards are adopted
- Parameters in the implementation guide that provide options.

Interchange and Functional Envelopes for All Transactions			
Loop	Element ID	Description	
Interchange Control Header	ISA01	00 until Security Regulations mandate otherwise	
	ISA03	00 until Security Regulations mandate otherwise	
	ISA05	DHMH Same for all transactions. The sender must identify the recipient of the transaction within the interchange and functional envelopes	
	ISA06	Sender ID (assigned during enrollment) Also see note attached to ISA05 above	
	ISA07	30 for U.S. Federal Tax Identification Number	
	ISA08	DHMH – Federal Tax ID Number	
	Functional Group Header	GS02	Mail Code Suffix Include DHMH-issued suffix here
		GS03	BCCDT Use this element to identify BCCDT as the recipient of this transaction

837P: Professional Health Care Claims		
Loop	Element ID	Description
1000B	NM103	BCCDT Use this element to identify BCCDT as the recipient of this transaction
2010AB	NM109	Federal Tax ID Use NM108 to specify SSN or EIN
2010BA	NM109	Subscriber ID (BCC Patient ID) Use "ZZ" in NM108 to indicate agreement on the identifier for subscribers
2010BB	NM103	Same as NM103 in Loop 1000B above
2010CA	NM109	Subscriber ID (BCC Patient ID for dependents) Use "ZZ" in NM108 to indicate agreement on the identifier for dependents
2300	NTE01	The code "ADD" should be used to identify the type of data Include DHMH-required service type here as the data contents
2300	NTE02	service type code
2010AA	REF01	The code "LU" should used to identify the type of billing provider secondary identifier, Provider Suffix.
2010AA	REF02	Provider Suffix
837I: Institutional Health Care Claims		
Loop	Element ID	Description
1000B	NM103	BCCDT Use this code to identify BCCDT as the recipient of the transaction
2010AB	NM109	Federal Tax ID Use NM108 to specify SSN or EIN
2010BA	NM109	Use "ZZ" in NM108 to indicate agreement on the identifier for subscribers
2010BC	NM103	Same as NM103 in Loop 1000B above
2010CA	NM109	Use "ZZ" in NM108 to indicate agreement on the identifier for dependents
2300	NTE01	The code "ADD" should be used to identify the type of data Include DHMH-required service type here as the data contents
2300	NTE02	service type code*
2010AA	REF01	The code "LU" should used to identify the type of billing provider secondary identifier, Provider Suffix.
2010AA	REF02	Provider Suffix

837D: Dental Health Care Claims		
Loop	Element ID	Description
1000B	NM103	BCCDT Use this code to identify BCCDT as the recipient of this transaction
2010AB	NM109	Federal Tax ID Use NM108 to specify SSN or EIN
2010BA	NM109	Use "ZZ" in NM108 to indicate agreement on the identifier for subscribers
2010BB	NM103	Same as NM103 in Loop 1000B above
2010CA	NM109	Use "ZZ" in NM108 to indicate agreement on the identifier for dependents
2300	NTE01	The code "ADD" should be used to identify the type of data Include DHMH-required service type here as the data contents
2300	NTE02	service type code *
2010AA	REF01	The code "LU" should used to identify the type of billing provider secondary identifier, Provider Suffix.
2010AA	REF02	Provider Suffix

270: Eligibility or Benefit Inquiry

Loop	Element ID	Description
2100A	NM101	PR – Payer
	NM103	BCCDT Use this code to identify BCCDT as the recipient of this message
2010BB	NM103	Same as NM103 in Loop 1000B above

276: Claim Status Request

Loop	Element ID	Description
2100A	NM103	BCCDT Use this code to identify BCCDT as the recipient of this message

278: Request for Health Care Services Review

Loop	Element ID	Description
2010A	NM103	BCCDT

***Service Types:**

837 Professional

X12 Claim Type	Service Type	Service Type Code
837P	Physician / Nurse Practitioner	MDNP
837P	Anesthesia	ANES
837P	Laboratory	LAB
837P	DME (Durable Medical Equipments)	DME
837P	Occupational Therapy / Physical Therapy	OTPT

837 Institutional

X12 Claim Type	Service Type	Service Type Code
837I	Home Health Care	HHLT
837I	Outpatient	OUTP
837I	Inpatient	INP
837I	FASC	FASC

Appendix A

Frequently Asked Questions (FAQ)

1. **Will DHMH - BCCDT - continue to accept paper claims? If not, when will paper claims no longer be accepted?**

Paper claims will continue to be accepted until industry regulations require otherwise. Several of our partners are currently submitting paper claims and will continue to do so for some time. We will make every effort to accommodate these partners with the same levels of responsiveness to which they are accustomed.

2. **What security measures are taken at DHMH - BCCDT - to protect PHI?**

We are committed to protecting the privacy of our partners and their clients. Since HIPAA Privacy laws are currently in effect they dictate the levels of privacy at which we operate.

3. **Does DHMH - BCCDT - require or request certification?**

Our testing process includes a certification component at the outset as defined in section B.i of "EDI Exchange" above.

Appendix B:



EDI Enrollment Form

Maryland Department of Mental Health and Hygiene

ELECTRONIC DATA TRANSMISSION ENROLLMENT FORM

Complete all fields and return to:

Timothy McGinn
Phone: 410-767-4496
E-mail: tmcginn@dhmh.state.md.us

Please direct technical questions to Santeon's Technical Department.

Santeon Contact Information:
Phone: 703-970-9200 or 866-Santeon, option 4 for technical assistance
Fax: 703-970-9200
E-mail: support@santeon.com

Provider Name		
Tax ID		
Address		
City	State	Zip
Telephone	Fax	
Email Address		
Target Start-Up Date		

EDI Contact Name	
Telephone	Extension
Email Address	

Connection/Transmission Type (Check One):

1. FTP to and from your site
2. Website upload

Please answer the following three questions for each applicable transaction:

1. Which of the following transactions will you be testing?
2. Can you provide an estimate of the volume of transactions you will send per month?

Transaction	Volume Estimate (per month)	Response
1. 837 Institutional Claims	_____	_____
2. 837 Professional Claims	_____	_____
3. 837 Dental Claims	_____	_____
4. 270 Eligibility Inquiry	_____	_____
5. 276 Claim Status Inquiry	_____	_____
6. 278 Authorization / Referral	_____	_____
7. 835 Remittance Advice	_____	_____