

Companion Guide to the
HIPAA Transactions
Version 3.0

Kidney Disease Program

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Preface

This document is Maryland Department of Health and Mental Hygiene's Companion Guide to the ASC X12N Implementation Guides for the electronic transactions adopted under the Health Insurance Portability and Accountability Act of 1996 (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 (DHMH) for the Kidney Disease Program (KDP).

This document has been prepared for provider and trading partner use in conjunction with the ANSI ASC X12N National Implementation Guides. This document supplements, but does not replace, any requirements in the Implementation Guides and addenda. It assumes that the trading partner is familiar with the HIPAA requirements in general, and the HIPAA X12 requirements in particular. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com/Insurance_40.asp.

All instructions in this document were written using information known at the time of publication and are subject to change. This version and future changes to the document will be available on our website <http://www.dhmheclaims.org>. Please be sure that any printed version is the same as the latest version available at the Web site. DHMH is not responsible for the performance of software you may use to complete the electronic transactions in compliance with HIPAA or this Companion Guide.

In conjunction with this Companion Guide, additional documentation may be developed to assist trading partners with transmitting batch and inquiry/response transactions. Any such material will be available to users of our systems via the Web Site (developed by who – are we assuming responsibility for posting documentation developed outside of the MD DHMH effort?).

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

Trading partner agreements are not required for all submitters. Based on an assessment of the quantity of transactions submitted to the system and the impact on business operations, DHMH will make determinations about use of trading partner agreements with some submitters. Such submitters will be contacted by DHMH.

- 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 C of this document. If for some reason you do not find an Enrollment form attached, please contact Ash Rofail 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

Mike Brass

Phone: 410-767-5104

E-mail: brassm@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) Ensure that an existing agreement between the Provider/Trading Partner and DHMH is in place
- (2) Implement practices or processes to comply with the submission requirements as stated in this Companion Guide and the applicable Implementation Guides for both testing and production modes of EDI exchange
- (3) Review and understand this Companion Guide
- (4) Enroll via form submission or on-line
- (5) Agree on response formats for both testing and production modes of EDI exchange
- (6) Submit a preliminary EDI test file for assurance of HIPAA compliance
- (7) Test production level data for each inbound and outbound transaction

The Santeon portal automatically regulates the submission of EDI by refusing to accept any EDI until the sender has successfully submitted at least a single compliant transaction. Once this testing phase is completed by the sender, they are free to submit EDI. Please note the section below for more details about testing.

B. Testing

i. Testing for Compliance

For testing purposes, create a test file that includes at least 10 live transactions (define?). If you wish to submit multiple files, please adhere to the batching standards in the Implementation Guides. This file should contain transaction samples of all types you will be submitting electronically, and should not contain "dummy data".

It is expected that Protected Health Information (PHI) included in your test or live data provided in ACS X12N transactions will be handled in accordance with the privacy requirements of HIPAA. We further expect that submitters as covered entities or business associates of covered entities will also comply with the HIPAA privacy requirements.

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 a 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 made 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 testing.

C. Methods of Exchange

Please refer to the Enrollment form in Appendix C of this document.

User IDs and passwords will be issued upon receipt of an enrollment form as described in the Administrative Details section A, subsection ii.

Each file submission consists of the following steps:

1. Access Web site or FTP Server
2. Submit File(s)
3. Receive Results

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 some other location clarified during the test set-up 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 Kidney Disease Program (KDP) --Specific Requirements

This section includes control and situational data that is required by KDP to process healthcare transactions. The first table represents data requirements for the Interchange and Functional envelopes for all transactions. A subsequent table follows for each specific 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	ZZ 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	GS03	KDP Use this element to identify KDP as the recipient of this transaction

837P: Professional Health Care Claims		
Loop	Element ID	Description
1000B	NM103	KDP Use this element to identify KDP as the recipient of this transaction
2010AB	NM109	Federal Tax ID Use NM108 to specify SSN or EIN
2010BA	NM109	Subscriber ID (KDP Patient ID)
2010BB	NM103	Same as NM103 in Loop 1000B above
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	The service type
2320	CAS01	Claim Adjustment Group Code
2320	CAS02	Claim Adjustment Reason Code
2320	CAS03	Adjustment Amount
2010AA	REF01	The code " LU " should used to identify the type of billing provider secondary identifier, Provider Store Number
2010AA	REF02	Provider Store number

837D: Dental Health Care Claims		
Loop	Element ID	Description
1000B	NM103	KDP Use this code to identify KDP 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	The service type
2320	CAS01	Claim Adjustment Group Code
2320	CAS02	Claim Adjustment Reason Code
2320	CAS03	Adjustment Amount
2010AA	REF01	The code " LU " should used to identify the type of billing provider secondary identifier, Provider Store Number
2010AA	REF02	Provider Store number

837I: Institutional Health Care Claims		
Loop	Element ID	Description
1000B	NM103	KDP Use this code to identify KDP 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
2320	CAS01	Claim Adjustment Group Code
2320	CAS02	Claim Adjustment Reason Code
2320	CAS03	Adjustment Amount
2010AA	REF01	The code " LU " should used to identify the type of billing provider secondary identifier, Provider Store Number
2010AA	REF02	Provider Store number

270: Eligibility or Benefit Inquiry		
Loop	Element ID	Description
2100A	NM101	PR – Payer
	NM103	KDP Use this code to identify KDP 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	KDP Use this code to identify KDP as the recipient of this message

278: Request for Health Care Services Review

Loop	Element ID	Description
2010A	NM103	KDP

Appendix A:
Frequently Asked Questions (FAQ)

1. **Will DHMH/KDP 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/KDP 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/KDP require or request certification?**

Our testing process includes a certification component at the outset as defined in section B, subsection 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:

Mike Brass
 Phone: 410-767-5104
 E-mail: brassm@dhmh.state.md.us

Please direct technical questions to Mike Brass at DHMH/KDP or 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. 1. Which of the following transactions will you be testing?
2. 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	_____	_____

